

293 RITTLE, JAMES D, 35 290 437 SGT, INF, EUROP. AREA (W. VA.) 45gf ✓

21 June 1950

293 Sgt James D. Kittle, ASN 35 290 437  
Plot C, Row 10, Grave 23  
Headstone: Cross  
Neuville-en-Condroz, Belgium  
United States Military Cemetery

Mrs. Edith M. Kittle  
2034 Eastern Avenue  
Baltimore, Maryland

Dear Mrs. Kittle:

This is to inform you that the remains of your loved one have been permanently interred, as recorded above, side by side with comrades who also gave their lives for their country. Customary military funeral services were conducted over the grave at the time of burial.

After the Department of the Army has completed all final interments, the cemetery will be transferred, as authorized by the Congress, to the care and supervision of the American Battle Monuments Commission. The Commission also will have the responsibility for permanent construction and beautification of the cemetery, including erection of the permanent headstone. The headstone will be inscribed with the name exactly as recorded above, the rank or rating where appropriate, organization, State, and date of death. Any inquiries relative to the type of headstone or the spelling of the name to be inscribed thereon, should be addressed to the American Battle Monuments Commission, Washington 25, D. C. Your letter should include the full name, rank, serial number, grave location, and name of the cemetery.

While interments are in progress, the cemetery will not be open to visitors. You may rest assured that this final interment was conducted with fitting dignity and solemnity and that the grave-site will be carefully and conscientiously maintained in perpetuity by the United States Government.

Sincerely yours,

H. FELDMAN  
Major General, USA  
The Quartermaster General



JUN 21 5 02 PM '50  
COMM & R SR

lbc

1

USMC Neuville en Condroz  
Plot: C Row: 10 Grave: 23  
Date of Burial: 24 Apr 50  
Verified by GRS Officer  
M. R. Swart, Capt QMC

DISINTERMENT DIRECTIVE

SECTION A  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

1260 21252

DATE

15 12 49

DAY MONTH YEAR

NAME

KITTLE JAMES D

SERIAL NUMBER

35290437

GRADE

SGT

ARM

1

RACE

1

RELIGION

1

CEMETERY

NEUVILLE BELGIUM

PLOT

JJ

ROW

10

GRAVE

239

DISPOSITION OF REMAINS

1202

80

CODE

DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

FLAG SENT 24 Apr 50

NAME AND ADDRESS OF CONSIGNEE

NEUVILLE-EN-CONDROZ, BELGIUM

NAME AND ADDRESS OF NEXT OF KIN

EDITH M. KITTLE (WIFE)  
2034 EASTERN AVENUE  
BALTIMORE, MARYLAND

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS

MARKER

USAGF

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

SEE ATTACHED SHEET

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE

BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE

BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

PREV. UNK X-8073

MAT  
FILE  
RECORDS ANNOTATED  
DATE 21 June 50  
NAME [Signature]  
BR. MEM. DIV.

57 [Signature] FINAL LETTER SENT 21 JUN 1950 [Signature]

RECEIVED BY THE DIRECTOR

NOV 1954

### RECORD OF CUSTODIAL TRANSFER

#### 1. SHIPPED

FROM BUEA * DISK X-8013		TO TYPE NYC	
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 RENAITGE-EN-COMBOS * BELGIUM		TO DIA * KILLGE (MICE)	
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

# DISINTERMENT DIRECTIVE

1	SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER		DATE 25 May 1949		
NAME X-8073- KITTLE, James D.				SERIAL NUMBER 35290437		GRADE Sgt	ARM	RACE	RELIGION
CEMETERY Neuville				PLOT JJ	ROW 10	GRAVE 239	DISPOSITION OF REMAINS		
							CODE	DIST. CTR.	

## 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 UNKNOWN 8073		SERIAL NUMBER UNK		GRADE UNK	DATE OF DEATH		DATE DISTINTERRED 25 MAY 1949		
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <b>EMB, R.O.B.</b> <input type="checkbox"/> MARKER	ORGANIZATION			RELIGION UNK		IDENTIFICATION VERIFIED BY <b>CLYDE B SPINKS, CAPT FA</b> NAME AND TITLE			

## SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL <b>REMNANTS OF UNIFORM</b>				CONDITION OF REMAINS <b>REMAINS COMPLETE, SKELETAL STAGE</b>					
OTHER MEANS OF IDENTIFICATION <b>NONE</b>									

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

**NONE**

REMAINS PREPARED AND PLACED IN CASKET

**27 JUNE 1949****VEACHEL M VIBBERT**

DATE BY

CASKET SEALED BY

**VEACHEL M VIBBERT**

EMBALMER (Signature)

**VEACHEL M VIBBERT, EMBALMER**CASKET BOXED AND MARKED **VEACHEL M VIBBERT****27 JUNE 1949 EMBALMER**

DATE BY

IDENTIFICATION VERIFIED BY TAGS, MARKINGS, PLATES  
 VERIFIED BY: **CLYDE B SPINKS, CAPT FA**

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

**CLYDE B SPINKS, CAPT FA**

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

\* Ltr Hq AGRC dtd 11 Aug 49 - Ident. of Unknowns  
 Evac under IZ-1470; processed 13 May 1949 at CIP.

I certify that the entries on this form are true copies of the entries on Copy Number 4 of this Disinterment Directive which contains the signatures of the persons whose names are typed hereon.

### 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

2034 Eastern Ave  
Baltimore 31, Md.  
Dec. 15, 1949

To Whom It May Concern

Dear Sir,

I am writing in regards of <sup>my</sup> husband James D. Kittle. A.S.N. 352 90437. I wish for him to be buried over seas. As I am not able to have him brought back here. Thanks alot for calling me today and getting me straight on this. It was very kind.

Expt #1 I thank you

Widow  
Mrs. Edith M. Kittle  
2034 Eastern Ave.  
Baltimore 31, Md.

Letter accepted in file of 345  
DD-101-239  
Hawthorn  
Belgium

clear  
21 Dec 49  
Ltr 12-21-49  
Per Ltr 7 Dec, 49

DEC 22 1949

Coded 28 Dec 49  
345  
D. DeLham  
Baltimore

DEC 22 1949

DD Dec. 13 '50

QMKMF 293  
Kittle, James D.  
SN 35 290 437

28 November 1949

Mrs. Edith M. Kittle  
2034 Eastern Avenue  
Baltimore, Maryland

Dear Mrs. Kittle:

I am writing to you with reference to your husband, the late Sergeant James D. Kittle.

The remains were recovered by personnel of the American Graves Registration Service from an isolated grave at Schaapsweide, Mook-Middelhaar, Holland. As identification could not be established at that time, an Unknown designation was assigned pending further investigation, and interment was made in Plot JJ, Row 10, Grave 239, in the United States Military Cemetery Neuville-en-Candros, located nine miles southwest of Liege, Belgium.

The investigation which has been conducted in an effort to identify his remains is now complete and the identification has been established. I regret that it was not possible to furnish you with this information sooner, however, I feel sure that you realize the necessity of first completing the investigation. With the identification established, the remains have been casketed and are being held in above-ground storage pending instructions from the next of kin regarding final interment, either in a permanent United States Military Cemetery overseas or for return to the United States.

There are inclosed informational pamphlets regarding the Return of World War II Dead Program, including a Disposition Form on which you may indicate your desires in this matter. Upon receipt of the properly completed form, you may be assured that the Department of the Army will attempt to comply with your instructions as indicated thereon.

In order that this office may take immediate action toward the final disposition of the remains of your husband, it is urged that you complete the inclosed form, "Request for Disposition of Remains" and mail it to this office, without delay, in the inclosed self-addressed envelope which requires no postage.




QMMP 293  
Kittle, James D.  
SN 35 290 437

28 November 1949

May I extend my sincere sympathy in your great loss.

Sincerely yours,

W. E. CAMPBELL  
Lt. Colonel, GIC  
Memorial Division

  
WEC

Incls

MSW

FR

Nov 20 1 12 PM '49  
FILE & RECORDS BRANCH



### CORRESPONDENCE ACTION SHEET

PREVIOUS BURIAL LOCATION (Cemetery and Country)	PLOT	ROW	GRAVE
PRESENT BURIAL LOCATION (Cemetery and Country)	PLOT	ROW	GRAVE
ADDRESSEE MR. MISS MRS.	ADDRESS (Street, City, State)		
RELATIONSHIP			

*Neerille - on - Conderz, Bdg JY. " 239*

*Edith M. Kettle*

*2034 Eastern Ave. Baltimore, Md.*

*Widow*

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

*Retype ltr to widow etc  
2 Nov 49 at above address.*

*Incls:*

*2 Copies to FR*

NAME OF DECEDENT (Last, First, Middle)

GRADE

SERIAL NUMBER

ANALYST INITIALS AND DATE	TYPIST INITIALS	REVIEWER INITIALS AND DATE
---------------------------	-----------------	----------------------------

*35-290437*

*att*

QMGHW DEPT OF ARMY WASH DC ABRONSMITH X-5057

UNCLASSIFIED

VA DISTRICT OFFICE #4  
900 NORTH LOMBARDY STREET  
RICHMOND VIRGINIA

PRIORITY

CHARGE GRAVES NW II

XC 4167606 PLEASE ADVISE THIS OFFICE CURRENT ADDRESS AND MARITAL  
STATUS WIDOW SGT JAMES D KITTLE COMMA 35290437. ALSO NAMES COMMA AGES  
AND ADDRESSES CLOSE SURVIVING BLOOD RELATIVES. REPLY BY TELEGRAM.  
URGENT END

CAPT VOGL  
Memorial Division  
OQME

*A*  
JFV

NOV 21 3 36 PM '49  
TELE. CAB  
SECTION

IA  
K

vhp

UNCLASSIFIED

QMGHW 293

Kittle, James D., 35290437 21 Nov 49

Captain, *J. E. VOGL*, Memorial Division

*JFV*

QMCMF 293  
Kittle, James D.  
SN 35 290 437

2 November 1949

*JP*

Mrs. Edith M. Kittle  
Ashley, West Virginia

Dear Mrs. Kittle:

I am writing to you with reference to your husband, the late Sergeant James D. Kittle.

The remains were recovered by personnel of the American Graves Registration Service from an isolated grave at Schaapsweide, Mook-Middelaar, Holland. As identification could not be established at that time, an Unknown designation was assigned pending further investigation, and interment was made in Plot JJ, Row 10, Grave 239, in the United States Military Cemetery Neuville-en-Condroz, located nine miles southwest of Liege, Belgium.

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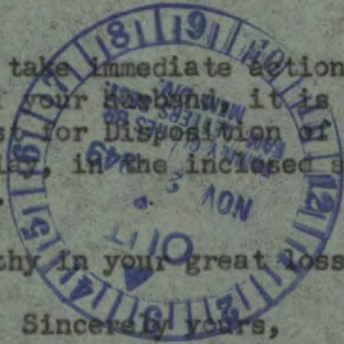
May I extend my sincere sympathy in your great loss.

Sincerely yours,

W. E. CAMPBELL  
Lt. Colonel, QMC  
Memorial Division

Incls. ma  
INITIAL LOI

NOV 25 5 25 PM '49  
MAIL & RECORDS BRANCH



*JP*

WEC

## CORRESPONDENCE ACTION SHEET

PREVIOUS BURIAL LOCATION ( <i>Cemetery and Country</i> )		PLOT	ROW	GRAVE
PRESENT BURIAL LOCATION ( <i>Cemetery and Country</i> ) USMC Neuville-en-Condroz, Belgium		JJ	10	239
ADDRESSEE MR. MISS Mrs. Edith M. Kittle MRS.		ADDRESS ( <i>Street, City, State</i> ) Ashley, West Virginia		
RELATIONSHIP widow				
PARAGRAPHS ( <i>Sequence</i> )	ADDITIONAL DATA — MODIFICATIONS			
Para. 1	<u>NEW FORM LTR "A"</u> <span style="float: right;"><u>INITIAL LOI</u></span>			
Para. 2	-----Line 2 - an isolated grave at Schaapsweide, Mook-Middelaar, Holland 4 - Plot JJ, Row 10, 5 - Grave 239, ----- USMC Neuville-en-Condroz, -----			
Para. 3	-----			
Paras. 5, 6 and 7	----- Incls:  Note action sheet for letter to Effects QM			
ANALYST INITIALS AND DATE DA 1 Nov 49		TYPIST INITIALS		REVIEWER INITIALS AND DATE

NAME OF DECEDENT (*Last, First, Middle*)

Kittle, James D.

GRADE

Sgt

SERIAL NUMBER

35 290 437

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

1949 OCT 24

**—BATTLE CASUALTY REPORT**

AG 201	NAME <b>KITTLE JAMES D</b> ASN 35290437	GRADE <b>SGT</b> <b>HUS</b>	DATE CAS. REPORT RECEIVED <b>10 51</b>
NAME AND AD. DRESS OF E. A.	<b>MRS EDITH M KITTLE</b> <b>ASHLEY WEST VIRGINIA</b>		DATE TELEGRAM SENT <i>24 Oct 49</i>

THE INDIVIDUAL NAMED BELOW DESIGNATED THE ABOVE 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.

THE SECRETARY OF ~~WAR~~ HAS ASKED ME TO EXPRESS HIS DEEP REGRET THAT YOUR **HUSBAND**

GRADE	NAME	SERIAL NUMBER	ARM OR SERVICE	REPORTING THEATRE	F OR J STATUS	SHIPMENT NUMBER
<b>SGT</b>	<b>KITTLE, JAMES D.</b>	<b>35290437</b>	<b>INF</b>			<b>297004-11-1X</b>
TYPE OF CASUALTY		PLACE OF CASUALTY	DATE OF CASUALTY			CASUALTY CODE
<b>KILLED IN ACTION</b>		<b>IN HOLLAND</b>	DAY <b>30</b>	MONTH <b>SEP</b>	YEAR <b>44</b>	

REMARKS: AG 201 /21 OCT 49/

CORRECTED COPY

**MOOK.**  
 MEMO DET UNIT APPROVED OIC CAS SEC PAB. PL ~~MOOK~~ SOURCE OF INFO. RPT OF BURIAL DTD 25 JUL 48, APPROVED BY CH, IDENTIF. BR., OQMG 10 OCT 49. SEE MSG FOR DETAILS. STA AND PL OF DEATH ETO. FOD ISSUED PREV UNDER SEC 5, MPA, SHOWING PRESUMED DATE OF DEATH 1 OCT 45. RPT OF DEATH BASED ON INFO RECD SINCE THAT DATE ISSUED IN ACCORD WITH SEC 9 OF SAID ACT AND ITS EFFECT ON PRIOR PAYMENTS AND SETTLEMENTS IS AS PRESCRIBED IN SEC 9. FIGHT PER S.O. 73 HQ 325TH GLIDER INF DTD 7 AUG 44.

HOME ADDRESS AT TIME OF ENTRY: **MILL CREEK RANDOLPH COUNTY WEST VIRGINIA**  
 PROCESS IN ACCORD WITH OPER BUL 35, 1945. ROUTE TO OPER UNIT FOR NOTIF. CPY 0 NOTIF LTR TO BE FWD TO DET UNIT /FOR QMG/. Report of Death issued 27 Oct 49. pmr

ACTION BY COMPOSITE SECTION:  REPORT VERIFIED  FORM 43  AG 201 REQ. DATE \_\_\_\_\_

CASUALTY BRANCH FILE ATTACHED  OR CHARGED TO \_\_\_\_\_

PREVIOUSLY REPORTED NO. \_\_\_\_\_ YES \_\_\_\_\_ (AS INDICATED BELOW):

FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED
	<b>490</b>	<b>DD</b>	<b>1 Oct 45</b>	<i>[Signature]</i>

FORWARDED TO:  SPEC. IDEN.  C. & P.  TELEGRAM  LETTER  CERTIF.  F. REL.  CORRES.  REPAT.  S. R. & D.  NON-DEL.

REPORT NOT VERIFIED  NO FORM 43  NO CAS. BR. FILE  CHECKED BY *[Signature]* REVIEWED BY *[Signature]*

DISTRIBUTION "A"  **31** COPIES DISTRIBUTION "B"  COPIES *[Signature]*

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

In Reply refer to **QMGMF 293**

**Kittle, James D.**  
**SN 35 290 437**

2 November 1949

SUBJECT: Identification of former UNKNOWN deceased.

TO: Commanding Officer  
Quartermaster Activity  
Kansas City Records Center  
Kansas City 1, Missouri  
Attn: Effects Quartermaster

1. The remains which were previously interred as UNKNOWN X ~~8073~~,  
Plot JJ, Row 10, Grave 239, USMC Neuville-en-Candres, Belgium  
have been identified by a GRS Field Board of Review as those of \_\_\_\_\_

Sgt James D. Kittle, 35 290 437

whose Next of Kin, according to the records of this Office, is \_\_\_\_\_

NOK - Mrs. Edith M. Kittle - widow - Ashley, West Virginia

2. The identification has been approved by this Office.

BY COMMAND OF MAJOR GENERAL FELDMAN:

*W. E. Campbell*  
W. E. CAMPBELL  
Lt. Colonel, QMC  
Memorial Division

*WEC*  
WEC

ma  
Nov 25 5 19 PM '49  
MAIL & RECORDS BRANCH

GREEN COPY

**AIRMAIL**

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

IN REPLY REFER TO QMCGMT 293

RETTLE, James D.  
Sgt. 35 290 437

12 October 1949

*JH*

SUBJECT: Identification of World War II Deceased

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

1. The identification of Sgt. James D. Little, 35 290 437,  
(formerly X 8073, Plot JJ, Row 30 and  
Grave 239, USMC Newville-et-Combray, Belgium)

as established by your Headquarters has been approved by this office.

2. Request all records be amended accordingly.

FOR THE QUARTERMASTER GENERAL:

*12 1 53 PM '49*  
*DO NOT RECORD*  
*[Signature]*

L. Marks; jlj  
Rowinski  
Berry

T. H. METZ  
Lt. Colonel, QMC  
Memorial Division

*B*  
REB

TEC

cc: Adm. Sect.

*293 - unk. Belgium X-8073 (Newville) Post Ident*

**AIRMAIL**



293 Kittle, James D. 35290437

2034 Eastern Ave

Baltimore, Md

Dec 2 - 49

Ltr R. 12-7-49

no apt.

Dear Sir

I received your letter and papers. I have decided not to fill them out at this time as I do not feel able to go in to it at this time so I am sending them back. I wrote you a letter about two week ago asking about the Bonus of my husband, Sgt James D. Kittle with war Drafted in W.D.A. and was killed over sea. am I Edith May Kittle his wife. Entitled to his State Bonus.

ASN. No 35290437

Thanking Very Much  
Mrs. Edith M. Kittle

Stamp: Full Name, Social Security Number, Date of Birth, Sex, Race, Religion, Education, Occupation, and other personal information.

OQMG FORM 638  
REV 1 APR 48OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY  
**INTRAOFFICE REFERENCE SHEET**

DUE, HOUR AND DATE \_\_\_\_\_

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
1.	Unit 2 Res. Sec. Repat.Br. Mem. Div. widow, 2034 Eastern Avenue, Results: Widow returned form necessary.	Capt. Vogl.	12 Dec. 1949	Subject: Kittle, James D. Sgt. 35 290 437 JJ-10-239 Neuville-en-Condroz, Belgium  1. Next of kin established as: Mrs. Edith May Kittle, Eastern Avenue, Baltimore, Maryland.  2. Form 345 was dispatched to widow 28 November 1949. together with attached letter dated 12 December 1949.  3. Forwarded to your office for action deemed  Slaughter 74173  Clarke
2	Repat Br Mem Div  a nearby drugstore.  She called in later in the day and spoke to Captain Vogl as undersigned was out of the office. She desires overseas burial of remains and will send letter to confirm these instructions.  ACTION: Suspend until 27 December 1949	Res Sec Unit II Repat Br Mem Div	16 Dec 49	293 Kittle, James D., ASN 35 290 437 Neuville, JJ-10-239  Placed telephone call to widow on 15 December 1949, by having a message sent to her residence through  CRAIG 4652  <i>Letter acc apt. acc 21 Dec 49 BC</i>  <i>Clarke 21 Dec 49</i>  Name ..... Action ..... Acceptance Section Family Comm. Branch 21 Dec 49
	Incl Ltr fr Widow dtd 2 Dec 49 OQMG Form 345 Cy ltr to Widow dtd 28 Nov 49 OQMG Form 1910 Ltr to Widow dtd 2 Nov 49 Cy tel fr VADO Richmond, Va. dtd 23 Nov 49 OQMG Form 399 M Liaison Request Form dtd 14 Nov 49 293 file			

THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE

# REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

293

Sgt James D. Kittle, 35 290 437  
Plot JJ, Row 10, Grave 239  
United States Military Cemetery  
Neuville-en-Condroz, Belgium

28 November 1949

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

(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

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

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

(NAME AND LOCATION OF CEMETERY)

- 3. BE RETURNED TO \_\_\_\_\_ (FOREIGN COUNTRY), 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.*)

*Handwritten:* 293  
*Red Stamp:* FILE  
*Red Stamp:* ACTION  
*Red Stamp:* ACCEPTANCE SECTION  
*Red Stamp:* FAMILY  
*Red Stamp:* BRANCH  
*Handwritten:* 5 Dec 49

**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			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	TELEPHONE No.	

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

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

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

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.

(SIGNATURE OF NEXT OF KIN)

(STREET AND NUMBER)

(NAME PRINTED OR TYPED)

(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this \_\_\_\_\_ day of \_\_\_\_\_,

19\_\_\_\_, at city (or town) of \_\_\_\_\_, county of \_\_\_\_\_, and State (or Territory or

District) of \_\_\_\_\_

(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

(OFFICIAL TITLE)

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

**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)



## REPLY FORM ACTION REQUEST

TO: <i>Res. Sec.</i>		FROM: <i>Res. Sec. Unit 2</i>	
NAME (Last, First, Middle) <i>29</i> <i>Kittle, James D.</i>		RANK <i>Sgt.</i>	SERIAL NUMBER <i>35 290 437</i>
CEMETERY <i>Newville - ex. Condroy Belgium</i>	PLOT <i>J.J.</i>	ROW <i>10</i>	GRAVE <i>239</i>
NEXT OF KIN MR. MISS MRS. <i>E. Litch May Kittle</i>	ADDRESS (Street, City, State) <i>2034 Eastern Ave. Baltimore, Md.</i>		
RELATIONSHIP TO DECEASED <i>Widow</i>	OPTION SELECTED <i>X X</i>	OQMG FORM 345 EXECUTED BY <i>X X</i>	

WRITE NOK FOR CORRECTION OR COMPLETION OF REPLY FORM ON ITEMS CHECKED BELOW

- |   |   |
|---|---|
| <input type="checkbox"/> RELATIONSHIP TO DECEASED   | <input type="checkbox"/> SIGNATURE OF NOK                           |
| <input type="checkbox"/> OPTION DESIRED   | <input type="checkbox"/> NOTARIZATION                               |
| <input type="checkbox"/> NATIONAL OR PRIVATE CEMETERY INTERMENT DESIRED                                       | <input type="checkbox"/> NATIONAL CEMETERY SELECTED IS CLOSED       |
| <input type="checkbox"/> COUNTRY (Homeland) OF DECEASED OR NOK  | <input type="checkbox"/> REPLY TO "REMARKS" ON FORM 345             |
| <input type="checkbox"/> NAME AND/OR <input type="checkbox"/> ADDRESS OF CONSIGNEE                            | <input type="checkbox"/> SPECIAL INSTRUCTIONS                       |
| <input type="checkbox"/> SECURE DOCUMENTS: <input type="checkbox"/> REMARRIAGE <input type="checkbox"/> BIRTH | <input type="checkbox"/> DEATH <input type="checkbox"/> OTHER _____ |

## SPECIAL INSTRUCTIONS

*Send 345 and relating papers to widow at the above address as given in telegram from V.A.*

*when action completed please return 293 to Res. Sec. Unit 2*

*Charles*  
*Mar*  
Name  
Action  
Acceptance Section  
Family Center, Branch  
*21 Dec 49*

DATE <i>23 Nov 1949</i>	CLERK'S SIGNATURE <i>Charles - Unit 2</i>
----------------------------	--

EU 1319Z

CUA013

RR UEPOG

DE UEPRH 3/3E

R 231300Z

FM CRRSS MGR VADO RICHMOND VIR

TO MEMORAIL DIV OFFICE OF QUARTERMASTER GEN WASH D C

VETS GRNC

VVOGL/ REURTX NOV 21 INRE XC 4167606 CMA SGT JAMES D KITTLE CMA

35290437 PD CURRENT ADDRESS OF WIDOW CMA EDITH MAY KITTLE CMA  
2034 EASTERN AVENUE CMA BALTIMORE MARYLAND PD

OTHER RELATIVES OF RECORD ARE JOHNIE KITTLE CMA BROTHER CMA

BELLINGTON CMA WEST VIRGINIA CMA AND REBECCA ELLEN

STARKEY CMA STEP-MOTHER CMA ASHLEY WEST VIRGINIA

RV8

CFN 21 XC 4167606 35290437 2034

23/1310Z

C20383

243

EL & LAB  
SECTION

Nov 23 8 20 AM '49

Rep Res.

Notes: *Clark*  
Action: *na*  
Acceptance Section  
Family: *Branch*  
21 Dec 49

*clark*  
*11-23-49*  
*Newville*  
*28.10.239*

REQUEST FOR NEW LETTER OF INQUIRY

Telegram

TO LETTER OF INQUIRY SECTION REPATRIATION RECORDS BRANCH		FROM Rto Sec. Unit 2	
NAME OF DECEDENT (First, Middle, Last) James D. Kittle		GRADE Sgt	SERIAL NUMBER 35 290 437
CEMETERY Newville in Condruz Belgium		PLOT 88	ROW 10
LETTER OF INQUIRY TO BE SENT TO: MR. / MISS / MRS. Veterans Administration		RELATIONSHIP	
STREET Dist. Office # 4 -		CITY AND STATE	

AUTHORITY FOR LETTER OF INQUIRY AND REMARKS

X-C 4 167 606

Request marital status of widow  
name, address, and relationship  
of next.

X C 4167606 Please advise this Office current  
address and marital status widow Sgt James  
D. Kittle, 35290437. Also names, ages and  
addresses close surviving blood relatives.  
Reply by telegram. Urgent

21 Nov 49

None  
Action  
Acceptance Section  
Family Conv. Branch  
11 Dec 49

DATE 18 Nov 49	CLERK'S SIGNATURE Clarke - Unit 2
-------------------	--------------------------------------



QM  
PENTAGON LIAISON  
MEMORIAL DIVISION

DATE 14 Nov 1949

Requested By

<u>NAME</u>	<u>SECTION</u>	<u>ROOM NO.</u>	<u>TELEPHONE</u>
Clarke	Presob. Sec	2418 "B"	74173

297  
Request: ~~Kittle, James S. Sgt. 35-290 437~~  
~~88-10-239 - Newville -~~  
 marital status of widow.  
 Dist. Office #  
 X-C #

Information Received From:

no record of widow's remarriage  
 Edith May Kittle  
 15-17 E. Baltimore St.  
 Baltimore, Md.  
 X-C 4167 606  
 D.O. #4

For 293 File

*Clarke*  
*at*  
 Jordan  
 Name  
 Action  
 Acceptance Section  
 Family Cont. Branch  
 2/20/49



ND 11-1-49

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

IN REPLY REFER TO

QMGMF 293  
Kittle, James D.  
SN 35 290 437

2 November 1949

Mrs. Edith M. Kittle  
Ashley, West Virginia

Dear Mrs. Kittle:

I am writing to you with reference to your husband, the late Sergeant James D. Kittle.

The remains were recovered by personnel of the American Graves Registration Service from an isolated grave at Schaapsweide, Mook-Middelaar, Holland. As identification could not be established at that time, an Unknown designation was assigned pending further investigation, and interment was made in Plot JJ, Row 10, Grave 239, in the United States Military Cemetery Neuville-en-Condroz, located nine miles southwest of Liege, Belgium.

The investigation which has been conducted in an effort to identify his remains is now complete and the identification has been established. I regret that it was not possible to furnish you with this information sooner, however, I feel sure that you realize the necessity of first completing the investigation. With the identification established, the remains have been casketed and are being held in above ground storage pending instructions from the next of kin regarding final interment, either in a permanent United States Military Cemetery overseas or for return to the United States.

There are inclosed informational pamphlets regarding the Return of World War II Dead Program, including a Disposition Form on which you may indicate your desires in this matter. Upon receipt of the properly completed form, you may be assured that the Department of the Army will attempt to comply with your instructions as indicated thereon.

In order that this office may take immediate action toward the final disposition of the remains of your husband, it is urged that you complete the inclosed form, "Request for Disposition of Remains" and mail it to this office, without delay, in the inclosed self-addressed envelope which requires no postage.

May I extend my sincere sympathy in your great loss.

Sincerely yours,

*W. E. Campbell*

W. E. CAMPBELL  
Lt. Colonel, QMC  
Memorial Division

*Returned  
widow does  
not want  
to sign  
now.*

Incls.

*W. Clark  
mat  
21 Dec 49*

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL

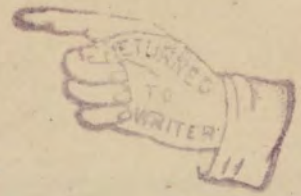
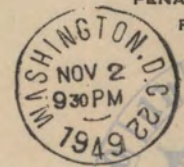
WASHINGTON, D. C.

OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID

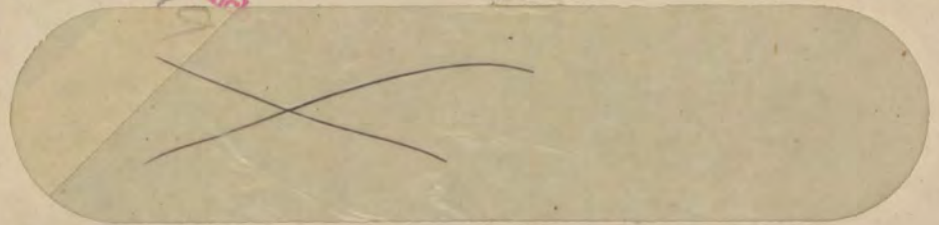
PAYMENT OF POSTAGE, \$300.

(PMGC)



Removed, left  
no address.

Name *W. H. ...*  
Action *...*  
Acceptance Section *...*  
Family Comm. Branch *...*



## INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE \_\_\_\_\_

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
2	Rec Unit Resol Sec Repat Br Mem Div	Chief Repat Br Corr Sec	31 Oct 49	<p><i>293</i> Request dispatch of necessary letter to NOK of <u>KITTLE, James D.</u>, and dispatch of notification to <u>Effects QM.</u></p> <p>Return file to Miss Thomas.</p> <p>1 Incl 293 file</p> <p><i>[Signature]</i> ARROWSMITH 5057</p> <p>Thomas 71672</p> <p>mmf</p>
3	Chief Repat Br Corr Sec Mem Div	Records Unit Resolution Section Repat Br Mem Div  Attn: Miss Thomas	2 Nov 49	<p>1. Returned herewith is 293 file for KITTLE, James D.</p> <p>2. Combination grave location - LOI and letter to Effects QM have been dispatched.</p> <p>Incl n/c</p> <p><i>K</i> KERSCHER 5072</p> <p>Harris</p>
4	Rec Unit Resol Sec Repat Br Mem Div	Accep & Proc Unit Resol Sec Repat Br	3 Nov 49	<p>Records corrected in Records Unit. 293 file forwarded for continuation of action.</p> <p>1 Incl 293 file</p> <p><i>[Signature]</i> ARROWSMITH 5057</p> <p>Thomas 71672</p> <p>mlg</p> <p><i>[Stamps]</i> Name <i>[Signature]</i> Action <i>[Signature]</i> Acceptance Section Family Correspondence Branch <i>[Signature]</i></p>

OFFICE THE QUARTERMASTER GENERAL OF THE ARMY

4405

INTRAOFFICE REFERENCE SHEET

NO AGO

DUE, HOUR AND DATE

1 NO.	2 FROM-	3 TO-	4 DATE	5 MESSAGE
1	Chief Id Br. Mem Div	Chief Repat Br Resol Sec Records Unit ATTN: Mr. McMorris  IN TURN  Corres Section	12 Oct. 1949	<p>1. Attached case file forwarded for necessary correction of records and deflagging.</p> <p>2. All records in Ident. Section have been amended and the Field notified.</p> <p>1. For necessary Grave Location Letter to NOK.</p> <p>2. For dispatch of notification to Effects Q.M.</p> <p>1 Incl METZ BARRY 293 file for 74059 2462 KITTLE, James D. Sgt. 35 290 437</p> <p><i>Barry</i></p>
<p>NOTE: This 293 file contains no AG/Report of Death. Following action taken: B/R sent for Photostat: 18 Oct 49, Photostat sent to AGO: 19 Oct 49, Case released from AGO: 31 Oct 49.</p> <p>ARROWSMITH</p> <p><i>Clark</i> Name Action Acceptance Section Family Graves Branch <i>ms Dec 49</i></p>				

REPATRIAL RECORDS BRANCH

OCT 13 2 18 PM '49

MEMORIAL DIVISION

Leah Marks, Investigator

## IDENTIFICATION CHECK LIST

DATE 6 Oct 1949

UNKNOWN X- NO. OR OTHER DESIGNATION	CEMETERY	PLOT	ROW	GRAVE
X-8073	USMC, Neuville, Belgium	JJ	10	239
IDENTIFIED AS				
Kittle, James D Sgt 35 290 437				
ITEM	FAVORABLE	UNFAVORABLE	UNKNOWN	
DATE AND PLACE OF DEATH	X			
CAUSE OF DEATH	X			
DENTAL CHART	X (Excellent)			
COLOR HAIR	X			
ESTIMATED HEIGHT	X			
ESTIMATED WEIGHT				
SCARS, FRACTURES, ETC.				
LAUNDRY MARKS				
SHOE SIZE COMBAT BOOTS	X			
TYPE CLOTHING	X			
IDENTIFICATION TAG				
PERSONAL EFFECTS				
STATEMENT OF CIVILIANS	X			
ENEMY RECORDS				
EMERGENCY MEDICAL TAG				
PAY BOOK (EM/OFF.)				
SIGNED STATEMENT OF IDENTITY				

REMARKS Report of Burial for Subject Unknown X-8073 indicates that remains were previously buried at Schaapsweide (estate), Mook-Middelaar, Holland, (coordinates 51.43N - 5.55E).

Company G, 401 Glider Inf, 82nd A/B Div., to which Sgt Kittle was attached on date of death, was operating in this area o/a 30 Sept 1944.

AGO records indicate that Sgt Kittle was reported MIA in the vicinity of Breedeweg, Holland, (coord 51.45N - 5.57E).

There are no other Burial Reports for Unknowns of record in this office, which can be associated with this case.

List of names aboard the glider, or Serial Number of the aircraft to which glider was attached, is not available. (See attached exhibit)

File 11 Oct 1949  
Leah Marks  
Ident See

## DENTAL CHART

Unknown X- 8073  
Processed 12 May 1949

Name Kittle, James D  
Sgt 35 290 437  
MIA 30 Sept 1944- age 24

R-8 moA - o-cavity  
R-7 doA  
R-6 X  
R-5  
R-4 doA  
R-3  
R-2 broken  
R-1 X posth

R-8 moA  
R-7 doA oA  
R-6 X  
R-5  
R-4 doA  
R-3  
R-2  
R-1

L-1 X posth  
L-2 X posth  
L-3  
L-4 doA  
L-5 moA  
L-6 oA oA oA  
L-7 oA - o-cavity  
L-8 o-cavity

L-1  
L-2 mS  
L-3  
L-4 doA  
L-5 moA  
L-6 oA oA oA  
L-7 oA  
L-8

R-16 doLA fac.cavity  
R-15 X  
R-14 X  
R-13 doA  
R-12 X posth  
R-11  
R-10  
R-9 X posth

R-16 loA  
R-15 X  
R-14 X  
R-13 doA  
R-12  
R-11  
R-10  
R-9

L-9 X posth  
L-10 ling.cavity  
NO SPACE \*- L-11 X  
L-12  
L-13  
L-14 X  
L-15 X  
L-16 oA

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

\*L-11 permanent, growing in mandible  
facial to the roots of R-9; L9,10.

Est: 5' 11-5/8". Hair: Blonde Age;25/30  
Remn. of 1 pr of Jump Boots, size  
9-1/2 D.  
also remn. of USA clothing.

Dental: 79's Feb & Sept 1943  
& Exam 20 Mar 1942.

5' 9 1/2" 145 lbs. Hair: Blonde  
Shoe Size: 9 1/2 D

Unk X-8073, Newville

4 Oct 1949

TO: QM LIAISON - Ex 73090

KITTLE, James D Sgt 36 290 437

List of passengers in glider and a/c Number to which glider was attached.

Date of Casualty: 30 Sept 1944

PLACE: Holland.

Major Sekowski states that manifests for gliders were not retained in the Field and Historical Records would not have such information.



Circumstances surrounding death in  
agony. To the best of my  
knowledge to the best of K-111.  
H. companion & shoe size  
possible.

No NO4 correspondence.

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <i>X-8073</i>			2. DATE OF REPORT <i>May 13 1949</i>	
3. NAME OF CEMETERY <i>Newville</i>	4. PLOT <i>JJ</i>	5. ROW <i>10</i>	6. GRAVE <i>239</i>	7. DATE OF DISINTERMENT
				REINTERMENT

## PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <i>25/30</i>	AGE <i>AGE</i>	9. ESTIMATED HEIGHT <i>5' 11 5/8"</i>	10. COLOR OF HAIR <i>Blonde</i>	11. RACE <i>W.T.D.</i>
-------------------------------------	-------------------	--	------------------------------------	---------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

*You Found*

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

*You Found*

14. WAS BODY BURNED? TO WHAT EXTENT?

 YES  NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

 YES  NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

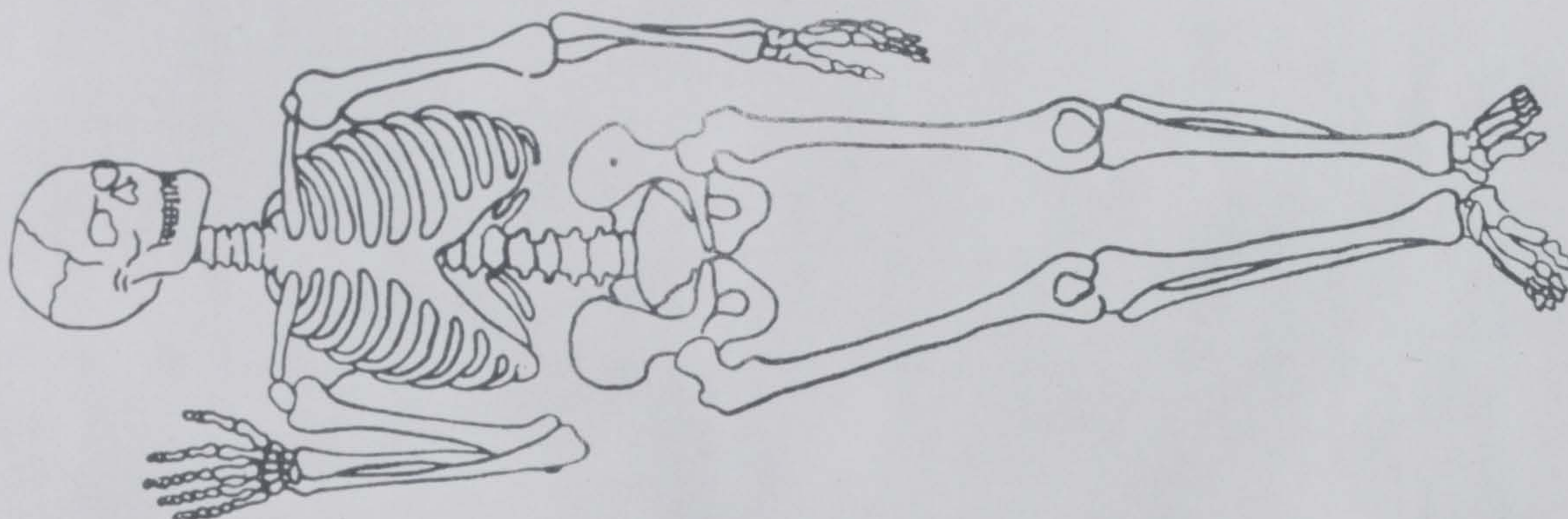
*You Found.*

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

*Remnants of 1 pair of Jump Boots size 9 1/2 D*  
*" " O.P. Trousers also M. 4 3 Field jacket.*  
*" " O.P. Sheet*  
*" " Web Belt.*  
*" " Cotton drawers*  
*" " Under shirt*  
*Have no markings*

19. BLACK OUT PARTS OF BODY NOT RECOVERED

X-8073



20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)  
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: \_\_\_\_\_ NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Remains received in skeletal form.  
Teeth found with the remains and charted.  
Fluoroscope unavailable  
Estimated age . 25 - 30 years old.  
Estimated height. 5' 11 5/8  
Clothing found with the remains  
Bone ind markings.

(6)

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

Processed by Gregory  
and Wetzel

John Gregory

SKELETAL CHART.

X-8073

W-10-239

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT.

LEFT.

SKULL 20 1/2 INCH.

SEE TOOTH CHART

HUMERUS

HUMERUS

36.4

ULNA

ULNA

29

RADIUS

RADIUS

26.4

FEMUR

FEMUR

49.3

TIBIA

TIBIA

40.3

FIBULA

FRACTURED

39.6

SHATTERED

MISSING

BURNED

IZ 1470

signature BRICKLEY

CHART "A-1"

ESTIMATED HEIGHT

5

Ft. 11 5/8 Inches.

(62)

*Newville* *17-10-23912-1470*

# TOOTH CHART

*13 May 49*  
Date

*X-8073*

Last Name	First	Initial	Grade	Serial No.
<i>unk</i>	<i>unk</i>	<i>unk</i>	<i>unk</i>	<i>unk</i>
Place of Death	Date of Death	Organization	Cause of Death	
<i>unk</i>	<i>unk</i>	<i>unk</i>	<i>unk</i>	

Right

Left

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	A MO	A DO	X		A DO		Broken	P	P	P		A DO	A MO	A 0-3	A 0	CARIES 0
Side views																
TOP VIEWS																
Side Views																
	A DOL	X	X	A DO	P			P	P	Carie L	X			X	X	A 0
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

*NOTE SEE REMARKS*

This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

*Harold S. Wheeler*

Signature of Officer or other person who prepared Tooth chart

Verfield by G. R.C. Officer

(3)

<p><b>MISSING TEETH</b>.. All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :</p>	
<p><b>CROWNED TEETH</b>... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :</p>	
<p><b>BRIDGE WORK</b>... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :</p>	
<p><b>FILLINGS</b>.. Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :</p>	
<p><b>CARIES (CAVITIES)</b>. Outline location and size of cavity, shade in thus :</p>	

**DENTURES (PLATES)**... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"

**ADDITIONAL SPACE FOR FURTHER REMARKS**

*Size - average  
Color - chalky white*

*Posthumously missing - R1, 9, 12; L1, 2, 9*

*Spaces - R7, 2mm; R4-3, 2mm; R16-13, 15mm; L11, None;*

*L12-13, 2mm; L13-16, 15mm.*

*L6 dropped from occlusal line 2mm*

*R11 rotated distally 10°*

*L10 rotated mesially 45°; inclined distally*

*Note: L11 permanent, growing in mandible facial to the roots of R9; L9, 10*

*L12 rotated mesially 45°; inclined mesially.*

*L16 heavily inclined mesially + lingually.*

*Calculus - medium.*

HOLLAND Special Case 281

NOTICE OF DISINTERMENT

GRS-GZ Form No. 8

Date 14 April 1949

The below listed U.S. deceased personnel have this date been disinterred from the location as shown and have been evacuated to U.S. Military Cemetery, NEUVILLE EN CONDROZ, BELGIUM for reburial.

<u>UNKNOWN</u> (NAME)	<u>UNKNOWN</u> (RANK)	<u>UNKNOWN</u> (ASN)	<u>"SCHAAPSWEIDE", Comm. MOOK-MIDDELAAR</u> (PLACE OF DISINTERMENT) If communal cemetery show Plot, Row and Grave No., if available
IZ - 1470			

*Hendrick L. Veigh*

(Officer or NCO in charge of  
Disinterment)

REMAINS CLASSIFIED

UNKNOWN X-8073

HENDRICK L. VEIGH, USDA Civ. D-150596

Hqs 7855 AGRC, Zone One, APO 58 US Army  
(Organization)

# REPORT OF INVESTIGATION

## AREA SEARCH

AGRC Form # 10 (Revised)

1 January 1946.

Date \_\_\_\_\_

NAME Unknown X-8073 RANK \_\_\_\_\_ ASN \_\_\_\_\_

ORGANIZATION AGF

MEANS OF IDENTIFICATION none

(All statements above this line will be completed, upon final processing, by the clerical staff at the unit processing point.)

### SECTION A - GENERAL (To be completed by investigators in all cases)

1. Was positive identity acquired for the deceased through the surface investigation?  
If so, state the following information :

a. NAME UNKNOWN RANK UNK ASN UNK

b. ORGANIZATION UNK

2. Was partial identification established? . If so, state the facts as to whom you believe the deceased to be :

a. NAME UNKNOWN RANK UNK ASN UNK

b. ORGANIZATION UNKNOWN

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY NONE

(Use reverse side for listing of crew members from MACR)

a. Date of above burials DNA Common Graves? DNA



- 5. Name and Type of Cemetery DNA  
(Military or Civilian)
- 6. Map Coordinates of the Cemetery DNA
  - a. Town DNA Country DNA
- 7. Give exact location in cemetery of the remains.
  - a. Section DNA Row DNA Grave DNA
  - b. Is Sketch attached? DNA
- 8. If remains are not located in a cemetery, give exact location.
  - a. Town MOOK-MIDDELAAR Coordinates HOLLAND 2A E/74
  - b. Is sketch attached? YES
  - c. Is area mined? NO
- 9. How is the grave marked? NOT MARKED
- 10. If grave is marked with cross, give exact markings thereon DNA
  - a. From what source was this information obtained? DNA  
(Identification tags, personal effects)
  - b. By Whom DNA
- 11. Where are the cemetery records? TOWNHALL MOOK-MIDDELAAR  
(Town Hall, cemetery, burgermeister's office)
  - a. What information was contained thereon? NONE
  - b. Where was the information obtained? DNA
  - c. By Whom? DNA
- 12. What is the date of death? Est. 17 Sept-30 Sept 44
  - a. Give basis SEE STATEMENT
- 13. What is the cause of death? UNK
  - b. Give basis DNA
- 14. What is the date of burial? UNKNOWN
  - a. Give basis DNA

15. Where was the place of death? SCHAAPSWEIDE, COMM. MOOK-<sup>middelbaar</sup> Coords HOLL 2A E/74

Give basis SEE ATTACHED STATEMENT

16. Where were the remains founds? MOOK-MIDDELAAR Coords HOLL 2A/E/74

a. By Whom? WYNAND WYNHOVEN, B-140, MIDDELAAR

b. Is sketch attached? YES

17. Was a casket used? NO Who furnished the casket? DNA

Type of casket DNA How marked? DNA

18. Who made the burial UNKNOWN  
(Civilian, American Mil. or German Mil).

a. What are the names and addresses? DNA

b. Are certificates and statements attached? DNA

**SECTION B - AIR CORPS DECEASED (To be Completed only if Deceased is believed to be a member of the AAF).**

19. Were remains found in the plane wreckage?

a. Give location in plane from which the bodies were removed

(Tail gunner, pilot, radio, turret, etc., or front, side, of plane)

b. Near wreckage?

20. Scene of crash must be investigated. Give complete results of Investigation (if removed, state when and by whom).

a. Type of Plane

b. Markings and/or name on plane

c. Give numbers on motors, machine guns, instruments, radios or other equipment:

21. How did crash occur? Anti-aircraft

Enemy Planes? Collision?

22. Did plane explode in the air? \_\_\_\_\_ On ground? \_\_\_\_\_

23. Did plane burn in the air? \_\_\_\_\_ On ground? \_\_\_\_\_

24. What was the direction of the flight? \_\_\_\_\_

25. What was the civilian opinion regarding destination of plane? \_\_\_\_\_

26. Had bombs been released prior to the crash? \_\_\_\_\_

27. Does specific time and date of crash correspond with date of death of above named deceased? \_\_\_\_\_

28. Number of planes in formation prior to crash \_\_\_\_\_

29. State precise time and date of plane crash \_\_\_\_\_

(Night? Day?)

30. Were parachutists seen? \_\_\_\_\_ How many? \_\_\_\_\_ Escaped? \_\_\_\_\_

Prisoners? \_\_\_\_\_

**SECTION C - ARMORED CORPS DECEASED (To be completed only if deceased is believed to have been a member of the Armored Force).**

31. Were remains found in wreckage of a tank? \_\_\_\_\_

a. Give specific position in tank from which deceased was removed. \_\_\_\_\_

(Radio man, driver, assistant driver or... front, side, or back)

b. Near wreckage? \_\_\_\_\_

32. Location of destroyed tank must be investigated. Give complete results of investigation. (If removed, state when and by whom)

a. Type of tank \_\_\_\_\_

b. Markings and/or name of tank \_\_\_\_\_

c. Numbers on motors, machine guns, ammunition, instruments, etc \_\_\_\_\_

33. What was the type of enemy action that resulted in the tank's disablement? \_\_\_\_\_

34. Did tank explode? \_\_\_\_\_ Burn? \_\_\_\_\_

35. Number of tanks in immediate vicinity at time of disablement \_\_\_\_\_

36. Does specific time and date of disablement correspond with date of death of above named deceased ?

37. Precise time and date of destruction of tank \_\_\_\_\_  
(Night ? Day ?)

38. Did any of the crew members escape ? \_\_\_\_\_ Prisoners ? \_\_\_\_\_

SECTION D - OTHER BRANCH (To be filled out if B & C are not applicable)

39. Did death occur from any other means ? (i. e., truck, jeep, mines, drowning, or small arms fire) \_\_\_\_\_

It so, give, complete and thorough results of the interrogation.

a. Are all certificates and statements of people who possessed knowledge of the case attached ?

40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECTION E - GENERAL (To be completed by investigation in all cases)

41. Were personal effects recovered by the investigating team \_\_\_\_\_ NO

If not, state reason \_\_\_\_\_ NONE

a. Were identification tags found at the time of death ? \_\_\_\_\_ UNK

Where ? \_\_\_\_\_ UNK By Whom ? \_\_\_\_\_ UNK

Present disposition \_\_\_\_\_ UNK

If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with this form until final identification is made, or investigation is abandoned.

b. Were personal effects found at the time of death ? \_\_\_\_\_ UNK

Where ? \_\_\_\_\_ UNK By Whom ? \_\_\_\_\_ UNK

Present disposition \_\_\_\_\_ UNK

- c. Was deceased identified by living members of the crew at the time of death? \_\_\_\_\_  
UNK
- d. Did Cemetery register or cross indicate the immunization shot? DNA
42. Was Deceased given first aid? UNK If so, where? UNK  
By whom? UNK Are statements from the medical people attached? DNA
43. Was deceased evacuated to a German civilian hospital? NO  
WHERE? DNA Names of people concerned DNA
44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? NO
45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains?  
NO  
(Burnt? Decapitated? etc)
46. Do facts surrounding death show any evidence that it might be an atrocity case? NO
- a. If so, give basis for positive assumption DNA
- b. If so, has higher headquarters been notified? DNA
47. Was case previously investigated? NO By Whom? DNA  
When? DNA
48. Give full names, addresses, and information obtained from each person interviewed  
WYNAND WYNHOVEN, B-140 MOOK-MIDDELAAR (See Attached Statement)
49. Are all positive statements regarding identification and particulars surrounding death attached?  
YES

50. Has any information been given concerning isolated burials in the area outside the immediate vicinity?

no

51. Was investigation preceded by advanced publicity?

(If special investigation, give case number)

52. Give Brief Narrative NARRATIVE NO ACCOMPLISHED AS PRIOR INVESTIGATION WAS

NOT NECESSARY

(Use attached sheets, if necessary)

*Hendrick L. Veigh*

Signature of Interpreter

HENDRICK L. VEIGH

CAF 6 D-150596

Rank

ASN

HQS 7855 AGRC Zone One

Organization

*Hendrick L. Veigh*

Signature of Investigator

HENDRICK L. VEIGH

CAF 6 D-150596

Rank

ASN

HQS 7855 AGRC ZONE ONE

Organization

HOLLAND Special Case #281

MINISTERIE VAN OORLOG  
(WAR DEPARTMENT)  
Directie Administrative Diensten  
Afdeling B 6 Bur. 1 Nr.

's-Gravenhage 5th April 1949

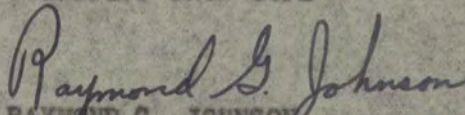
I beg to enclose translation of a report dated 25th March 1949, I received from the Service for Identification and Exhumation, unit Eindhoven II, and relating to a dispersed grave at Nook/Middelaar, presumably that of an American soldier.

I kindly request you to let me know when you will instruct your investigator to identify the body so that a member of the staff of the Service for Identification and Exhumation be present for assistance.

/s/ B.J. van Tuil  
/t/ B.J. VAN TUIL  
Head of Section B 6

TO: H.Q. American Graves Registration.

CERTIFIED TRUE COPY

  
RAYMOND G. JOHNSON  
1st Lt. Inf

TRANSLATION

Service for Identification and Exhumation  
Unit Eindhoven II  
Report No. 30

REPORT

In accordance with the written order of the Head of the Service for Identification and Exhumation, No. A 4882, dated 18th March 1949, I went to Mook-Middelbaar with the Unit, on 24th March 1949, in order to identify -together with the "Hulpverleningsdienst"- a body presumably of an American.

The grave is situated in the estate "St. Jan's Berg", at a spot named "Schaapsweide".

The remains were discovered by the staff of the estate while planting new trees. In view of the fact that there were also hand-grenades in the grave, the Police of Mook was immediately notified who, in their turn, informed the "Hulpverleningsdienst".

Since the ammunition had been cleared away, I opened the grave once more in order to be able to identify the body.

I found in the grave:

1. a "Miles" hand-grenade;
2. Remnants of material among which that of a khaki pullover or sweater;
3. Pieces of a Webb belt;
4. Bone buttons;
5. Specific American Boots (lace-up boots with leather anklets connected to them).

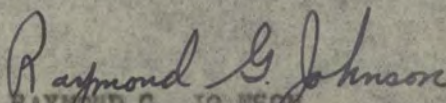
I re-buried all these things, with the remains, in half a mattress-cover.

It has been established that these remains are not those of a German soldier but those of an allied soldier.

I have not been able to establish with absolute certainty the American nationality, but I suppose so in connection with the fact that the paratroopers of the 82nd Airborne Division were dropped at that place.

Eindhoven, 25th of March 1949  
/s/ B. Boodt, Captain.

CERTIFIED TRUE COPY

  
RAYMOND G. JOHNSON  
1ST Lt. Inf



MIDDELAAR, .4 April 1949

The undersigned, WYNAND WYNHOVEN, forest-guard on the estate "St. Jansberg", community Mook-Middelbaar, declares that towards the end of November 1948, on the spot names "SCHAAPSWEIDE", he found the mortal remains of a soldier. Judging by the clothing and equipment it was an American.

The date of death is estimated between 17 and 30 September 1944. On the 21st of September 1944 violent fighting took place on the Schaapsweide, where the American was found.

I found no personal effects nor identity discs.

The Forest-Guard  
/s/ W. Wynhoven

CERTIFIED TRUE COPY

*Raymond G. Johnson*  
RAYMOND G. JOHNSON  
1st Lt. Inf

CERTIFIED TRUE TRANSLATION

*Hendrick L. Veigh*  
Hendrick L. Veigh  
US DA Civilian



X - Isolated Grave  
MR: 2A/E 74-51

UNKNOWN NO. X-8073 U.S. MILITARY CEMETERY, Neuville, Belgium.  
(Location)

CASE HISTORY.

Sgt. James D. Kittle was a member of Company "G", 401st Glider Infantry, 82d Airborne Division. He was reported as MIA near area of Breedeweg, Holland on 30 Sept. 1944 which is closeby to Mook-Middlelaar, Holland where Unknown X-8073 was recovered by American Disinterment Team on 27 May 1949 for transfer and reburial to USMC, Neuville, Belgium.

No information as to cause of death is available but date of death is estimated as end of Sept. 1944. This information was reported by Dutch civilians along with the fact that paratroopers of the 82d Airborne Division were dropped in this area and engaged in heavy fighting with the enemy (see statements in case papers).

J. D. Hudnor.

Newville JJ-10-237 12-1470

# TOOTH CHART

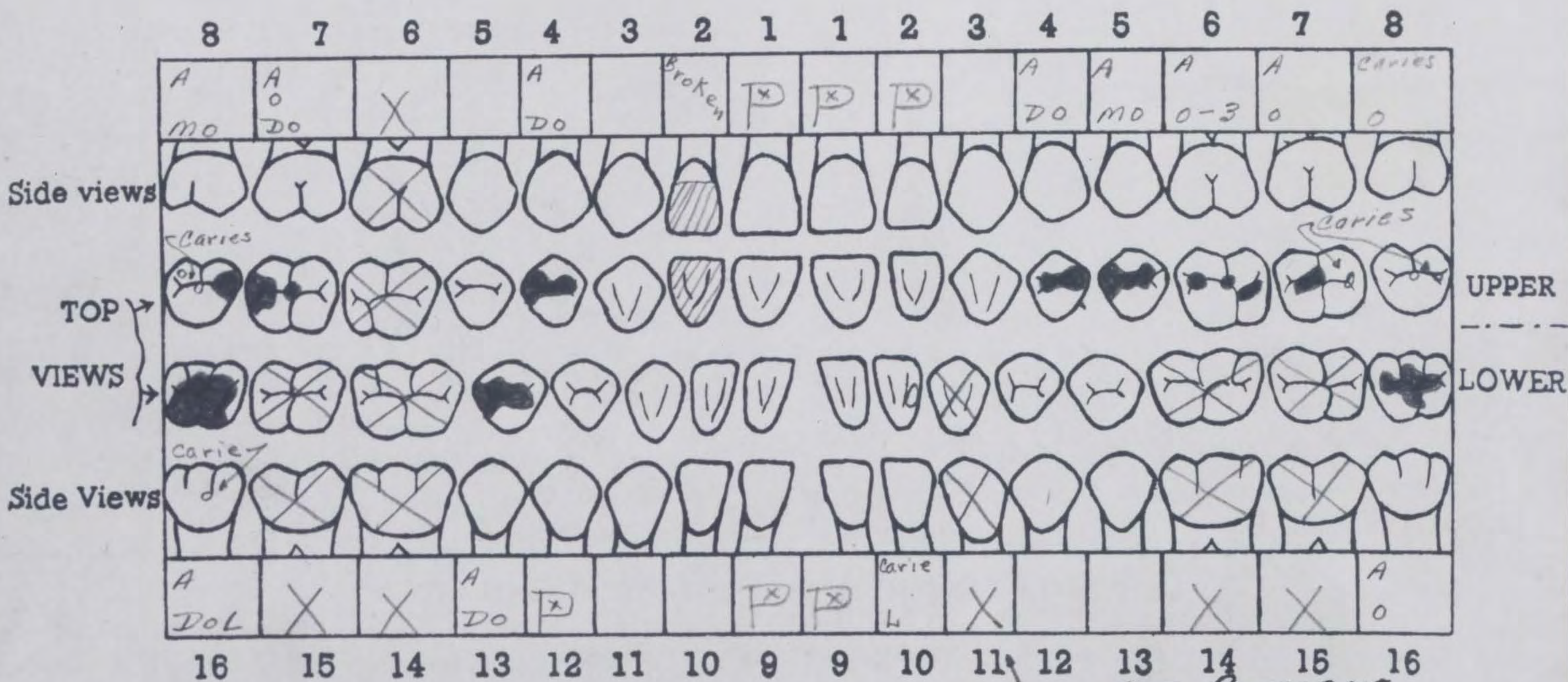
13 May 49  
Date

X-8073

Last Name	First	Initial	Grade	Serial No.
unk	unk	unk	unk	
Place of Death	Date of Death	Organization	Cause of Death	
unk	unk	unk	unk	

Right

Left



This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

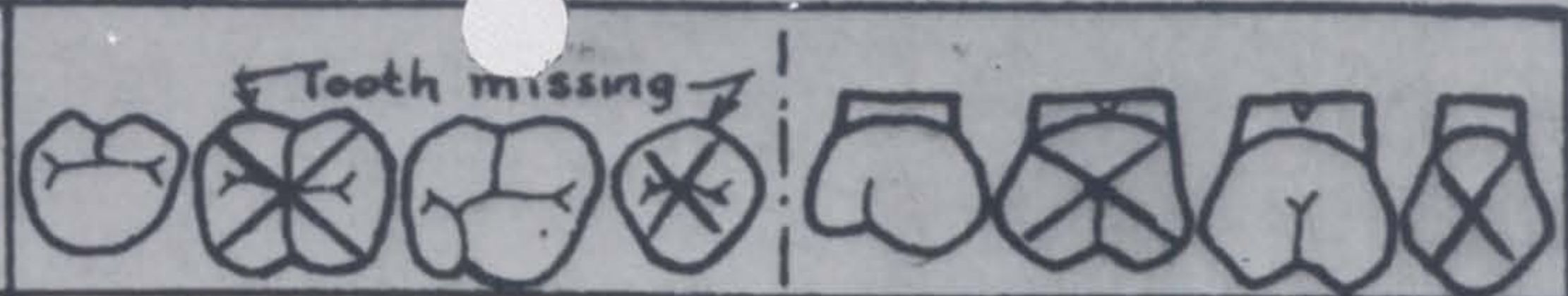
18F

Harold D. Wheeler 4068

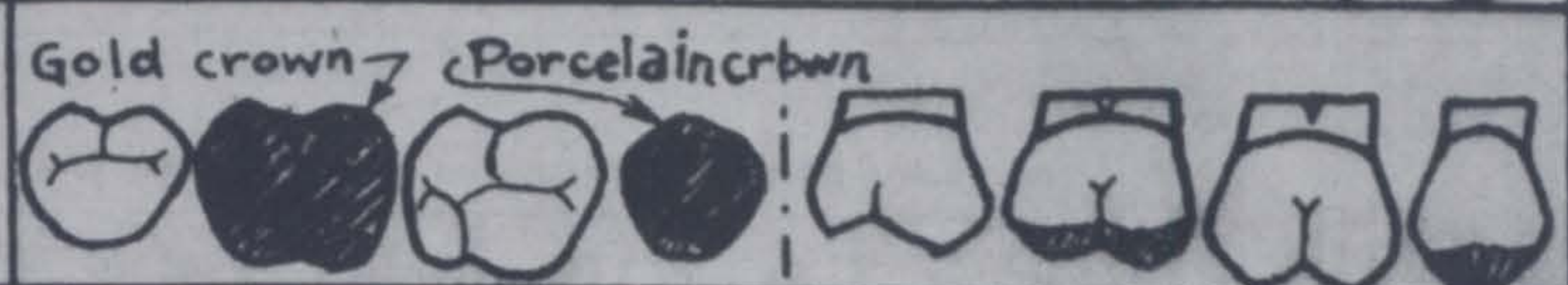
Signature of Officer or other person who prepared Tooth chart

Verified by G. R.C. Officer

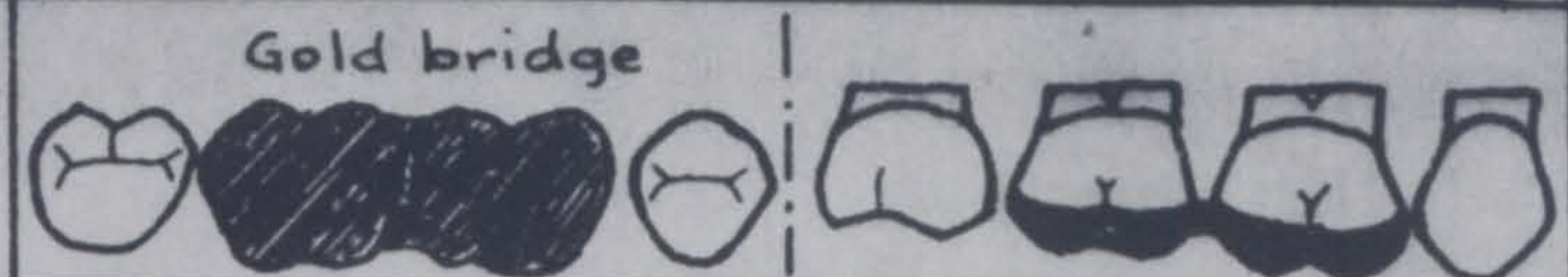
**MISSING TEETH...** All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



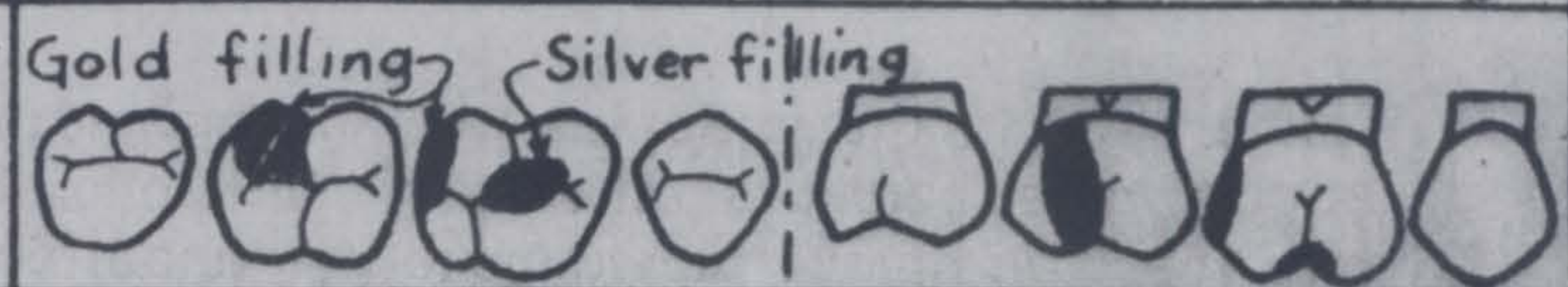
**CROWNED TEETH...** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



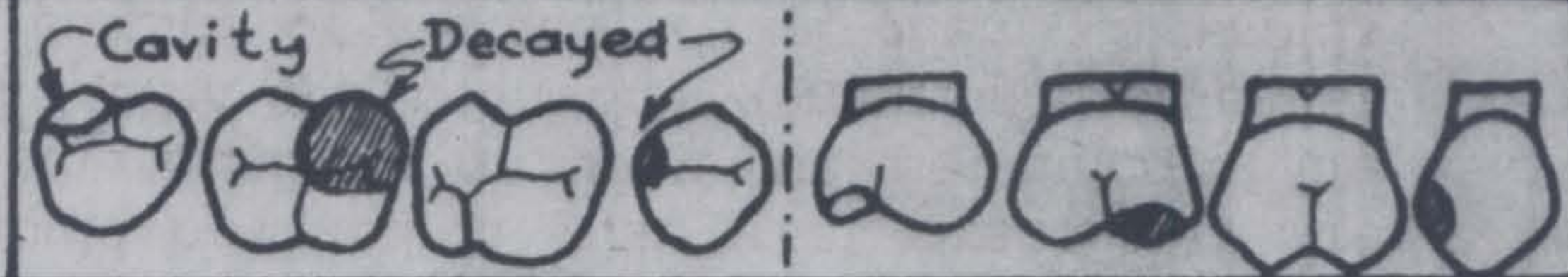
**BRIDGE WORK...** Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



**FILLINGS...** Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :



**CARIES (CAVITIES).** Outline location and size of cavity, shade in thus :



**DENTURES (PLATES)...** Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"

**ADDITIONAL SPACE FOR FURTHER REMARKS**

*Size - average  
Color - chalky white*

*Posthumously missing - R1, 9, 12; L1, 2, 9*

*Spaces - R7, 2mm; R4-3, 2mm; R16-13, 15mm; L11, None;*

*L12-13, 2mm; L13-16, 15mm.*

*L6 dropped from occlusal line 2mm.*

*R11 rotated distally 10°*

*L10 rotated mesially 45°; inclined distally*

*Note: L11 permanent, growing in mandible facial to the roots of R9; L9, 10*

*L12 rotated mesially 45°; inclined mesially.*

*L16 heavily inclined mesially & lingually.*

*Calculus - medium.*

19F  
*[Signature]*

REGISTER OF DENTAL PATIENTS AT  
 STATION COMPLEMENT DENTAL CLINIC 2

CAMP CLAIBORNE, LA

(1) SURNAME (2) CHRISTIAN NAME

Kittle, James D. 35290437

(3) RANK (4) COMPANY (5) REGIMENT OR STAFF CORPS

Pvt. C 326th Inf.

(6) AGE YEARS (7) RACE (8) NATIVITY (9) SERVICE YEARS

22	W	W. Va.	4/12	(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.	(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS	(12) RESULTS AND REMARKS
				Adm. E	July 28, 1942	Cl - I
				(9) Abs Peri R <sup>L</sup> 4	TE AnesCn	
				(9) Abs Peri R15	EE Anes 7/28	HSK

RDF

*William J. Reymond*  
 Dental Corps, U. S. A.

FORM 79—MEDICAL DEPARTMENT, U. S. A.  
 (Revised Feb. 24, 1941)

REPORT OF DENTAL SURVEY

2A

UPPER TEETH

Right								Left							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
OK															

LOWER TEETH

Right								Left							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
											X				

CLASS I

Occlusion: Normal; Calculus: Slight, Medium, Heavy

Periodontoclasia Yes

Dental foci suspected: Yes No

Other conditions \_\_\_\_\_

Supragingival  
Scale Teeth in all

Date 11-2-8, 194<sup>7</sup>

21 F

Dental Corps, U. S. A.

\*Restorable carious teeth by O  
Nonrestorable carious teeth by /  
Missing natural teeth by X

Teeth replaced by denture  
(horizontal line) 

	X	X	X
--	---	---	---

Teeth replaced by fixed bridge  
(oval to include abutments) 

	O		
--	---	--	--

IDENTIFICATION DATA						
1. REMAINS OF UNKNOWN <i>X-8073</i>				2. DATE OF REPORT <i>May. 13-49</i>		
3. NAME OF CEMETERY <i>Newville</i>		4. PLOT <i>JJ</i>	5. ROW <i>10</i>	6. GRAVE <i>239</i>	7. DATE OF DISINTERMENT REINTERMENT	
PHYSICAL DESCRIPTION						
8. ESTIMATED WEIGHT <i>25/30</i>	AGE <i>AGE</i>	9. ESTIMATED HEIGHT <i>5'11 5/8"</i>	10. COLOR OF HAIR <i>Blonde</i>		11. RACE <i>W.T.D.</i>	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS <i>None Found</i>						
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES <i>None Found</i>						
14. WAS BODY BURNED?		TO WHAT EXTENT?				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
15. WAS BODY MANGLED?		TO WHAT EXTENT?				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<i>No Skeletal Chart.</i>				
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS <i>None Found.</i>						
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)						
<i>Remnants of 1 pair of Jump Boots size 9.2 D</i>						
<i>" " O.D. Trousers also M. 43 Field Jacket.</i>						
<i>" " O.D. Sheet</i>						
<i>" " Web Belt</i>						
<i>" " Cotton drawers</i>						
<i>" " Under shirt</i>						
<i>None no markings</i>						

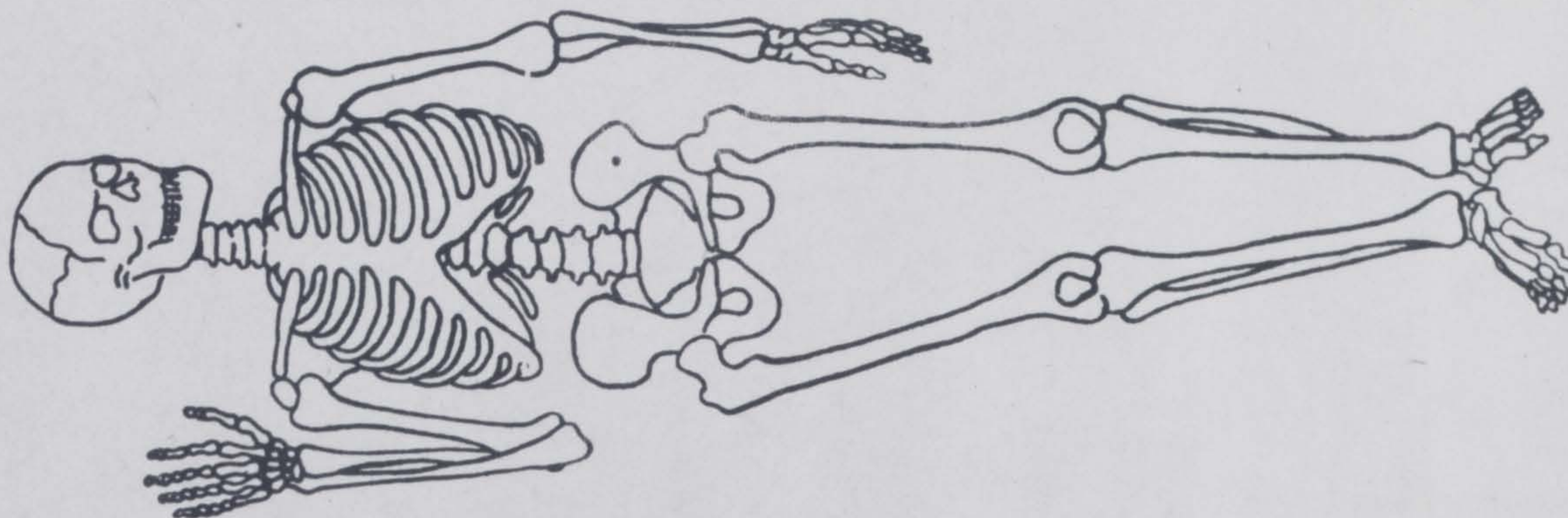
*22F*  
*7/10*

*4068*



19. BLACK OUT PARTS OF BODY NOT COVERED

X-8073



20. MASS BURIAL CERTIFICATE (IF APPLICABLE)  
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: \_\_\_\_\_ NUMBER

\_\_\_\_\_  
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Remains received in skeletal form.  
Teeth found with the remains and charted.  
Forensic microscope unavailable.  
Estimated age . 25- 30 years old.  
Estimated height. 5' 11 5/8  
Clothing found with the remains  
Bare no markings.

923F

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

Processed by Gregory  
and Welch

John Gregory

SKELETAL CHART.

X-8073

N-10-239

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

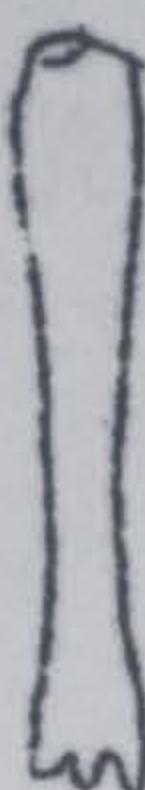
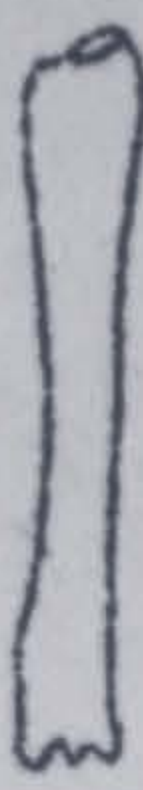
RIGHT.

LEFT.

SKULL 20 1/2 INCH.

SEE TOOTH CHART

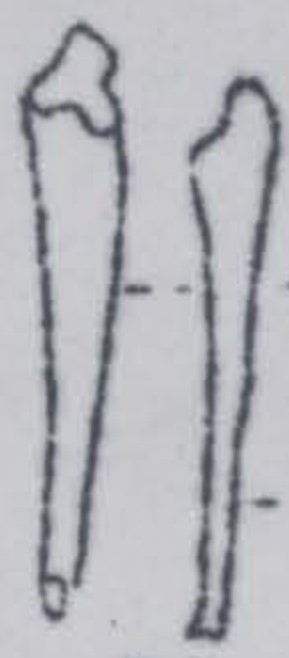
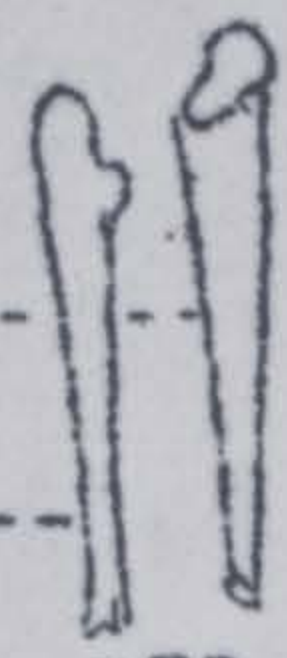
HUMERUS



36.4

HUMERUS

ULNA



29

ULNA

RADIUS



26.4

RADIUS

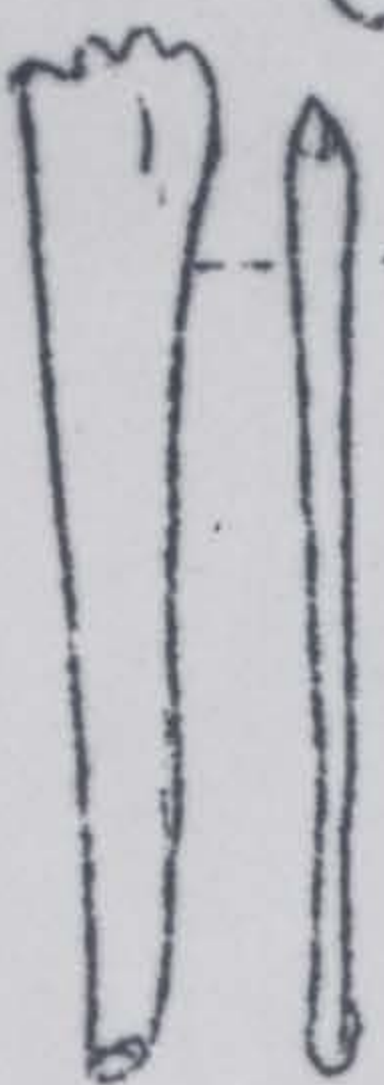
FEMUR



49.3

FEMUR

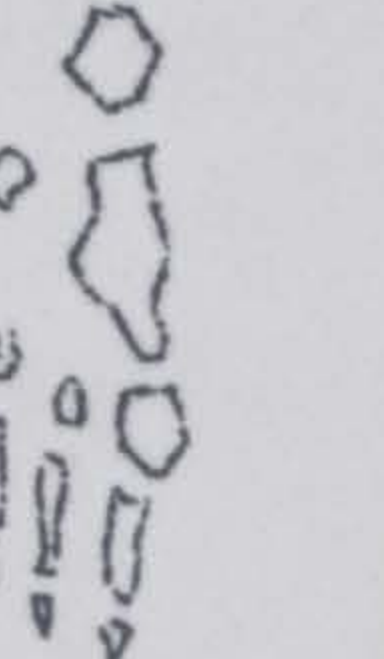
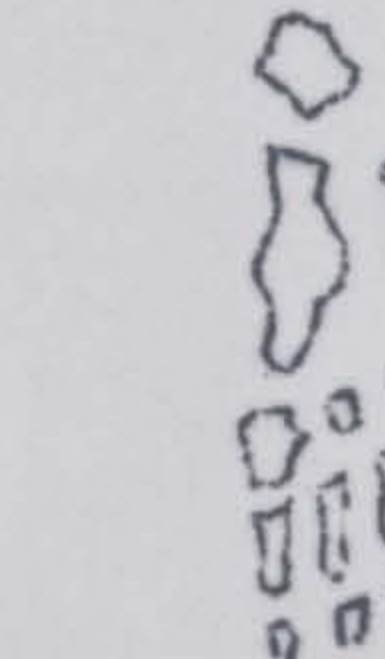
TIBIA



40.3

TIBIA

FIBULA



39.6

FRACTURED

SHATTERED

MISSING

BURNED

248  
IZ 1470

signature BRICKLEY

CHART "A-1"

ESTIMATED HEIGHT

5 Ft. 11 5/8 Inches.



RRE Form #43  
20 Sep 48

*att*

Attached hereto correspondence and/or other identifying media of possible archival value, pertaining to:

KITTLE	James	D.	Sgt	35290437
(Last Name)	(First Name)	(Initial)	(Rank)	(ASN)

*29*

*et*

Subject remains have been permanently interred overseas in the United States Military Cemetery USMC Neuville

STATION FILE

Incl #

IZ 1470

Holland Special  
Case #281

## NAME AND ARMY SERIAL NUMBER

UNKNOWN

GRADE	ARM OR SERVICE	AGE	RACE	NATIVITY	SERVICE, YEARS
UNK	UNK	UNK	UNK	UNK	UNK

LOCATION WHERE TAGGED:	DATE	HOUR
MOOK-MIDDELAAR MAP 2A/E 74	14 Apr 1949	1300

DIAGNOSIS: IF INJURY, STATE HOW, WHEN, WHERE INCURRED

KIA

LINE OF DUTY:

TREATMENT GIVEN:

DISINTERMENT

TETANUS TOXOID:	DOSE	TIME:
OR		
ANTITETANIC SERUM:	DOSE	TIME:
MORPHINE:	DOSE	TIME:

DISPOSITION:	DATE	HOUR
USMC NEUVILLE-EN- CONDROZ, BELGIUM	14 Apr 1949	1730

SIGNATURE, WITH RANK:

*Hendrick L. Veigh*

HENDRICK L. VEIGH USDA CIV

NOTICE OF DISINTERMENT

GRS-GZ Form No. 8

Date 14 April 1949

The below listed U.S. deceased personnel have this date been disinterred from the location as shown and have been evacuated to U.S. Military Cemetery, USMC NEUVILLE EN COND OZ, BELGIUM for reburial.

<u>UNKNOWN</u> (NAME)	<u>UNKNOWN</u> (RANK)	<u>UNKNOWN</u> (ASN)	<u>"SCHAAPSWEIDE", Comm. MOOK-MIDDELAAR.</u> (PLACE OF DISINTERMENT) If communal cemetery show Plot, Row and Grave No., if available
IZ - 1470			

Hendrick L. Veigh  
(Officer or NCO in charge of  
Disinterment)

REMAINS CLASSIFIED

HENDRICK L. VEIGH, US DA Civ. D-150596

UNKNOWN X-8073

Hqs. 7855 AGRC, Zone One, APO 58 US Army  
(Organization)

# REPORT OF INVESTIGATION AREA SEARCH

AGRC Form # 10 (Revised)  
1 January 1946.

Date \_\_\_\_\_

NAME Unknown X-8073 RANK \_\_\_\_\_ ASN \_\_\_\_\_

ORGANIZATION AGF

MEANS OF IDENTIFICATION none

(All statements above this line will be completed, upon final processing, by the clerical staff at the unit processing point.)

## SECTION A - GENERAL (To be completed by investigators in all cases)

- Was positive identity acquired for the deceased through the surface investigation?  
If so, state the following information :  
 a. NAME UNKNOWN RANK UNK ASN UNK  
 b. ORGANIZATION \_\_\_\_\_
- Was partial identification established? . If so, state the facts as to whom you believe the deceased to be :  
 a. NAME UNKNOWN RANK UNK ASN UNK  
 b. ORGANIZATION \_\_\_\_\_ NONE
- NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY \_\_\_\_\_

(Use reverse side for listing of crew members from MACR) DNA

a. Date of above burials \_\_\_\_\_ Common Graves? \_\_\_\_\_

DNA

5. Name and Type of Cemetery \_\_\_\_\_  
(Military or Civilian)

DNA

6. Map Coordinates of the Cemetery \_\_\_\_\_

DNA

DNA

a. Town \_\_\_\_\_ Country \_\_\_\_\_

7. Give exact location in cemetery of the remains.

DNA

DNA

DNA

a. Section \_\_\_\_\_ Row \_\_\_\_\_ Grave \_\_\_\_\_

DNA

b. Is Sketch attached? \_\_\_\_\_

8. If remains are not located in a cemetery, give exact location.

MOOK-MIDDELAAR

HOLLAND 2A E/74

a. Town \_\_\_\_\_ Coordinates \_\_\_\_\_

YES

b. Is sketch attached? \_\_\_\_\_

NO

c. Is area mined? \_\_\_\_\_

NOT MARKED

9. How is the grave marked? \_\_\_\_\_

DNA

10. If grave is marked with cross, give exact markings thereon \_\_\_\_\_

DNA

a. From what source was this information obtained? \_\_\_\_\_  
(Identification tags, personal effects)

DNA

b. By Whom \_\_\_\_\_

TOWNHALL MOOK-MIDDELAAR

11. Where are the cemetery records? \_\_\_\_\_

(Town Hall, cemetery, burgermeister's office)

NONE

a. What information was contained thereon? \_\_\_\_\_

DNA

b. Where was the information obtained? \_\_\_\_\_

DNA

c. By Whom? \_\_\_\_\_

Est. 17 Sept-30 Sept 44

12. What is the date of death? \_\_\_\_\_

SEE STATEMENT

a. Give basis \_\_\_\_\_

UNK

13. What is the cause of death? \_\_\_\_\_

DNA

b. Give basis \_\_\_\_\_

UNKNOWN

14. What is the date of burial? \_\_\_\_\_

DNA

a. Give basis \_\_\_\_\_

15. Where was the place of death? SCHAAPSWIJD, COMM. MOOK-<sup>middelbaar</sup> Coords HOLL 2A E/74  
 Give basis SEE ATTACHED STATEMENT
16. Where were the remains found? MOOK-MIDDELAAR Coords HOLL 2A/E/74  
 a. By Whom? WYNAND WYNHOVEN, B-140, MIDDELAAR  
 b. Is sketch attached? YES
17. Was a casket used? NO Who furnished the casket? DNA  
 Type of casket DNA How marked? DNA
18. Who made the burial UNKNOWN (Civilian, American Mil. or German Mil).  
 a. What are the names and addresses? DNA  
 b. Are certificates and statements attached? DNA

SECTION B - AIR CORPS DECEASED (To be Completed only if Deceased is believed to be a member of the AAF).

19. Were remains found in the plane wreckage?  
 a. Give location in plane from which the bodies were removed  
 (Tail gunner, pilot, radio, turret, etc., or front, side, of plane)  
 b. Near wreckage?
20. Scene of crash must be investigated. Give complete results of Investigation (if removed, state when and by whom).  
 a. Type of Plane  
 b. Markings and/or name on plane  
 c. Give numbers on motors, machine guns, instruments, radios or other equipment:
21. How did crash occur? Anti-aircraft  
 Enemy Planes? Collision?



- 22. Did plane explode in the air? \_\_\_\_\_ On ground? \_\_\_\_\_
- 23. Did plane burn in the air? \_\_\_\_\_ On ground? \_\_\_\_\_
- 24. What was the direction of the flight? \_\_\_\_\_
- 25. What was the civilian opinion regarding destination of plane? \_\_\_\_\_  
\_\_\_\_\_
- 26. Had bombs been released prior to the crash? \_\_\_\_\_
- 27. Does specific time and date of crash correspond with date of death of above named deceased? \_\_\_\_\_
- 28. Number of planes in formation prior to crash \_\_\_\_\_
- 29. State precise time and date of plane crash \_\_\_\_\_  
(Night? Day?)
- 30. Were parachutists seen? \_\_\_\_\_ How many? \_\_\_\_\_ Escaped? \_\_\_\_\_  
Prisoners? \_\_\_\_\_

**SECTION C - ARMORED CORPS DECEASED (To be completed only if deceased is believed to have been a member of the Armored Force).**

- 31. Were remains found in wreckage of a tank? \_\_\_\_\_
  - a. Give specific position in tank from which deceased was removed. \_\_\_\_\_  
\_\_\_\_\_
 

(Radio man, driver, assistant driver or ... front, side, or back)
  - b. Near wreckage? \_\_\_\_\_
- 32. Location of destroyed tank must be investigated. Give complete results of investigation. (If removed, state when and by whom)
  - a. Type of tank \_\_\_\_\_
  - b. Markings and/or name of tank \_\_\_\_\_
  - c. Numbers on motors, machine guns, ammunition, instruments, etc \_\_\_\_\_
- 33. What was the type of enemy action that resulted in the tank's disablement? \_\_\_\_\_  
\_\_\_\_\_
- 34. Did tank explode? \_\_\_\_\_ Burn? \_\_\_\_\_

35. Number of tanks in immediate vicinity at time of disablement \_\_\_\_\_

36. Does specific time and date of disablement correspond with date of death of above named deceased? \_\_\_\_\_

37. Precise time and date of destruction of tank \_\_\_\_\_  
(Night? Day?)

38. Did any of the crew members escape? \_\_\_\_\_ Prisoners? \_\_\_\_\_

SECTION D - OTHER BRANCH (To be filled out if B & C are not applicable)

39. Did death occur from any other means? (i. e., truck, jeep, mines, drowning, or small arms fire) \_\_\_\_\_

If so, give, complete and thorough results of the interrogation.

a. Are all certificates and statements of people who possessed knowledge of the case attached? \_\_\_\_\_

40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECTION E - GENERAL (To be completed by investigation in all cases)

41. Were personal effects recovered by the investigating team NO

If not, state reason NONE

a. Were identification tags found at the time of death? UNK

Where? UNK By Whom? UNK

Present disposition UNK

If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with this form until final identification is made, or investigation is abandoned.

b. Were personal effects found at the time of death? UNK

Where? UNK By Whom? UNK

Present disposition UNK

c. Was deceased identified by living members of the crew at the time of death? \_\_\_\_\_

UNK

d. Did Cemetery register or cross indicate the immunization shot? \_\_\_\_\_ DNA

42. Was Deceased given first aid? \_\_\_\_\_ UNK If so, where? \_\_\_\_\_ UNK

By whom? \_\_\_\_\_ UNK Are statements from the medical people attached? \_\_\_\_\_ DNA

43. Was deceased evacuated to a German civilian hospital? \_\_\_\_\_ NO

WHERE? \_\_\_\_\_ DNA Names of people concerned \_\_\_\_\_ DNA

44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? \_\_\_\_\_ NO

45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains? \_\_\_\_\_

NO

(Burnt? Decapitated? etc)

46. Do facts surrounding death show any evidence that it might be an atrocity case? \_\_\_\_\_ NO

a. If so, give basis for positive assumption \_\_\_\_\_ DNA

b. If so, has higher headquarters been notified? \_\_\_\_\_ DNA

47. Was case previously investigated? \_\_\_\_\_ NO By Whom? \_\_\_\_\_ DNA

When? \_\_\_\_\_ DNA

48. Give full names, addresses, and information obtained from each person interviewed \_\_\_\_\_

WYNAND WYNHOVEN, B-140 MOOK-MIDDELAAR (See Attached Statement)

49. Are all positive statements regarding identification and particulars surrounding death attached? \_\_\_\_\_

YES

50. Has any information been given concerning isolated burials in the area outside the immediate vicinity?

no

51. Was investigation preceded by advanced publicity?

(If special investigation, give case number)

52. Give Brief Narrative NARRATIVE NO ACCOMPLISHED AS PRIOR INVESTIGATION WAS

NOT NECESSARY

(Use attached sheets, if necessary)

*Hendrick L. Veigh*

Signature of Interpreter

HENDRICK L. VEIGH

CAF 6 D-150596

Rank ASN

HQS 7855 AGRC Zone One

Organization

*Hendrick L. Veigh*

Signature of Investigator

HENDRICK L. VEIGH

CAF 6 D-150596

Rank ASN

HQS 7855 AGRC ZONE ONE

Organization

HOLLAND Serial Case #281

MINISTERIE VAN OORLOG  
(WAR DEPARTMENT)  
Directie Administrative Diensten  
Afdeling B 6 Bur. 1 Nr.

's-Gravenhage 5th April 1949

I beg to enclose translation of a report dated 25th March 1949, I received from the Service for Identification and Exhumation, unit Eindhoven II, and relating to a dispersed grave at Mook/Middelbaar, presumably that of an American soldier.

I kindly request you to let me know when you will instruct your investigator to identify the body so that a member of the staff of the Service for Identification and Exhumation be present for assistance.

/s/ B.J. van Tuil  
/t/ B.J. VAN TUIL  
Head of Section B 6

TO: H.Q. American Graves Registration.

CERTIFIED TRUE COPY

*Raymond G. Johnson*  
RAYMOND G. JOHNSON  
1st Lt. Inf

TRANSLATION

Service for Identification and Exhumation  
Unit Eindhoven II  
Report No. 30

REPORT

In accordance with the written order of the Head of the Service for Identification and Exhumation, No. A 4882, dated 18th March 1949, I went to Mook-Middelhaar with the Unit, on 24th March 1949, in order to identify -together with the "Hulpverleningsdienst"- a body presumably of an American.

The grave is situated in the estate "St. Jan's Berg", at a spot named "Schaapsweide".

The remains were discovered by the staff of the estate while planting new trees. In view of the fact that there were also hand-grenades in the grave, the Police of Mook was immediately notified who, in their turn, informed the "Hulpverleningsdienst".

Since the ammunition had been cleared away, I opened the grave once more in order to be able to identify the body.

I found in the grave:

1. a "Miles" hand-grenade;
2. Remnants of material among which that of a khaki pullover or sweater;
3. Pieces of a Webb belt;
4. Bone buttons;
5. Specific American Boots (lace-up boots with leather anklets connected to them).

I re-buried all these things, with the remains, in half a mattress-cover.

It has been established that these remains are not those of a German soldier but those of an allied soldier.

I have not been able to establish with absolute certainty the American nationality, but I suppose so in connection with the fact that the paratroopers of the 82nd Airborne Division were dropped at that place.

Eindhoven, 25th of March 1949  
/s/ B. Boodt, Captain.

CERTIFIED TRUE COPY

*Raymond G. Johnson*  
RAYMOND G. JOHNSON  
LST Lt. Inf

MIDDELAAR, .4 April 1949

The undersigned, WYNAND WYNHOVEN, forest-guard on the estate "St. Jansberg", community Mook-Middelhaar, declares that towards the end of November 1948, on the spot names "SCHAAPSWEIDE", he found the mortal remains of a soldier. Judging by the clothing and equipment it was an American.

The date of death is estimated between 17 and 30 September 1944. On the 21st of September 1944 violent fighting took place on the Schaapsweide, where the American was found.

I found no personal effects nor identity discs.

The Forest-Guard  
/s/ W. Wynhoven

CERTIFIED TRUE COPY

*Raymond G. Johnson*  
RAYMOND G. JOHNSON  
1st Lt. Inf

CERTIFIED TRUE TRANSLATION

*Hendrick L. Veigh*  
Hendrick L. Veigh  
US DA Civilian





MINISTERIE VAN OORLOG.

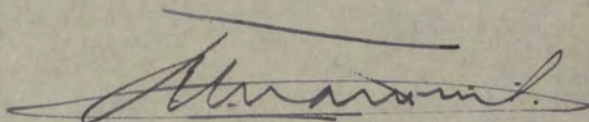
's-GRAVENHAGE, 5th April 1949

Directie Administratieve Diensten.

Afdeling B 6 Bur. 1 Nr.

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B.J. van Tuil,  
Head of Section B 6.

To: H.Q. American Graves Registration.

HOLLAND Special Case #281

MINISTERIE VAN OORLOG  
(WAR DEPARTMENT)  
Directie Administrative Diensten  
Afdeling B 6 Bur. 1 Nr.

's-Gravenhage 5th April 1949

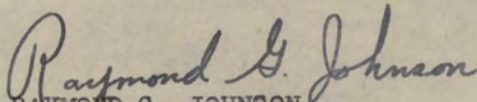
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CERTIFIED TRUE COPY

  
RAYMOND G. JOHNSON  
1st Lt. Inf

Vertaling.

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CERTIFIED TRUE COPY

*Raymond G. Johnson*  
RAYMOND G. JOHNSON  
LST Lt.                      Inf

Middelbaar 194-49.

Ondergetekende Wynand Wijnhoven  
Boschwachter op het Landgoed de "St  
Jansberg" gemeente Mook in Middelbaar  
verklaart dat door hem eind Novem-  
ber 1948 op genoemd Landgoed, ter-  
plaats genaamd de Schaaps wei de  
stoffelijke resten van een militair  
zijn gevonden. Aan de kleding en uitrus-  
ting te oordelen een Amerikaan.  
De datum van dood wordt geschat,  
tussen 17 en 30 Sept 1944. Op een en  
twintig <sup>F. Sept. 1944.</sup> is op de Schaaps wei waar  
de Amerikaan gevonden is te wig ge-  
vochten. Ik heb geen persoonlijke eigen-  
dommen, noch identiteitsplaatje waar  
hem is gevonden.

De Boschwachter.

W. Wijnhoven

293 FILE **B** **DATE ON REMAINS NOT YET RECOVERED OR IDENTIFIED**

NAME (Last, First, Middle Initial) <b>243</b> <b>KITTLE, JAMES D.</b>		GRADE <b>SGT</b>	PRESENT SERIAL NUMBER <b>35 298 437</b>
ORGANIZATION <b>Co. G. 401st GLIDER INF.</b>	RACE <b>WHITE</b>	CREED <b>Methodist</b>	FORMER SERIAL NUMBER (If Applicable)
DATE OF DEATH/MIA <b>30. SEPT. 44</b>	CAUSE OF DEATH <b>DED</b>	PLACE OF DEATH OR PLACE LAST SEEN IF MIA <b>IN HOLLAND</b>	
DATE OF FOD <b>1st. Oct. 45</b>	HEIGHT <b>69 1/2 in</b>	WEIGHT <b>14.5</b>	COLOR EYES <b>Blue</b>
		COLOR HAIR <b>Blonde</b>	SHOE SIZE <b>9 1/2 D</b>

**INDUCTION DENTAL CHART** DATE **20 March 42**

UPPER RIGHT <b>X 7 X 5 4 3 2 1</b>	UPPER LEFT <b>1 2 3 4 5 6 7 8</b>
LOWER RIGHT <b>16 15 14 13 12 11 10 9</b>	LOWER LEFT <b>9 10 11 12 13 14 15 16</b>

**X = Extracted                      O = Cavious                      1 = Cavious Non-Restorable**

FRACTURES AND/OR BREAKS <b>Fracture left leg - 1937</b> <b>Fracture-Carpal Capitate bone right wrist.</b>	TATTOOS AND/OR BIRTHMARK <b>None</b>
---	---

ADDITIONAL INFORMATION  
**2 Forms 79-attached**

**FILE**  
**DEC 3 1948**  
**G.W. Rogers Capt.**  
**CERTIFICATION BRANCH**

*Peterson*  
*File 294*  
*K. Hospital*  
*1 Dec*

REGISTER OF DENTAL PATIENTS AT  
35290437  
Div. Dental Clinic

(1) SURNAME  
KITTLE, JAMES D.

(2) CHRISTIAN NAME  
PVT. G

(3) RANK  
PVT. G

(4) COMPANY  
401GL. Inf. 101.

(5) REGIMENT OR STAFF CORPS  
401GL. Inf. 101.

(6) AGE, YEARS  
23

(7) RACE  
wh.

(8) NATIVITY  
Del.

(9) SERVICE, YEARS  
7/12

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.	(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS	(12) RESULTS AND REMARKS
Exam.	Routine	FTN Ix H.J.Pollack
Pp. L-14	TE Anes Cn.	-Ix +IIac H.J.P.
Cal.	C.R.	FTN IIac F.M.Shober
Car L 7 0	A	FTN IIac J.M.Dohahue
Car L 6 0	A	
Car L 6 0	A	
Car L 2 M	S	FTN IIac J. <sup>th</sup> .D.
Car R 7 0	A	FTN IIac J.K.Eby
Car R 7 do	A	
Car R 8 MO	A	FTN IIac J.K.E.
<i>Case closed</i>		
<i>Th. Burns Th. Cal. D.</i>		

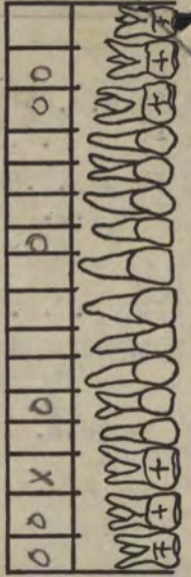
(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS  
1943 Feb.

Dental Corps, U. S. A.

# \*REPORT OF DENTAL SURVEY

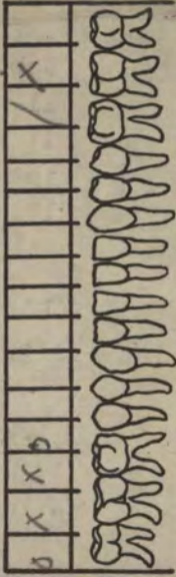
## UPPER TEETH

Right 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8  
Left



## LOWER TEETH

X Right 16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16  
Left



CLASS IX

Occlusion favor: Calculus: Slight, Medium, Heavy

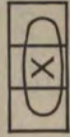
Periodontoclasia Advanced

Dental foci suspected: Yes No

Other conditions None

Date 2/11, 1943  
Capt J. L. Amburgio  
Dental Corps, U. S. A.

\*Restorable carious teeth by O  
Nonrestorable carious teeth by /  
Missing natural teeth by X





REGISTER OF DENTAL PATIENTS AT  
 CAMP SHANKS, NEW YORK  
 DENTAL CLINIC NO. 35290437

SURNAME

CHRISTIAN NAME

Kittler, James D

RANK

Pvt.

CO.

G

REGIMENT OR STAFF CORPS

P651-G

AGE

23

RACE

W

NATIVITY

Deh.

SERVICE

17/12

DIAGNOSIS

Canis R16 L0  
 " R13 D0  
 R4 D0  
 L16 9  
 L4 20  
 L5 M0  
 L6 0

TREATMENT

Exam. 9/1/43

OA

OA

OA

OA

OA

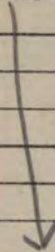
OA

OA

II-IV

REMARKS

Capt Eisenberg



RIGHT

8 7 ~~6~~ 5 (4) 3 2 1

(16) 15 ~~14~~ (13) 12 11 10 9

X-RAY FOR OBSERVATION  
PULPITIS  
PERICORONITIS  
ABS. PERI.

LEFT

1 2 3 (4) (5) (6) 7 8

9 10 11 12 13 ~~14~~ ~~15~~ (16)

CALCULUS

CLASS # II

293 FILE

DATE ON REMAINS NOT YET RECOVERED OR IDENTIFIED

NAME (Last, First, Middle Initial)

GRADE

PRESENT SERIAL NUMBER

B  
KITTLE, JAMES D.

SGT

35 290 437

ORGANIZATION

RACE

CREED

FORMER SERIAL NUMBER  
(If Applicable)CO "G"  
401ST GLIDER INF

WHITE

PROTESTANT

-

DATE OF DEATH/MIA

CAUSE OF DEATH

PLACE OF DEATH OR PLACE LAST SEEN IF MIA

30 SEPT 44

DATE OF FOD

1 OCT 45

FOD

FAILED TO RETURN FROM  
MISSION IN HOLLAND

HEIGHT

WEIGHT

COLOR EYES

COLOR HAIR

SHOE SIZE

69 1/2

145

BLUE

BLONDE

9 1/2 D

PHOTOSTAT

DENTAL CHART

ATTACHED

UPPER RIGHT

UPPER LEFT

8 7 6 5 4 3 2 1

1 2 3 4 5 6 7 8

LOWER RIGHT

LOWER LEFT

16 15 14 13 12 11 10 9

9 10 11 12 13 14 15 16

X = Extracted

O = Cavious

I = Cavious Non-Restorable

FRACTURES AND/OR BREAKS

TATTOOS AND/OR BIRTHMARK

ADDITIONAL INFORMATION

VIC. BREDEWEG (7153) COORD, HOLLAND

716

11-16-48  
G. W. Rogers  
Capt., QMC  
Identification Branch

WAR DEPARTMENT  
 MEMO ROUTING SLIP

1	NAME OR TITLE KITTLE JAMES O ✓ ORGANIZATION AND LOCATION 35/290 437 ✓	INITIALS	CIRCULATE
2	C.O. "G" 401 GLIDER INF	DATE	CONCURRENCE FILE INFORMATION
3	O/A 30 SEPT 44 ✓		NECESSARY ACTION NOTE AND RETURN
4	LOCATION ON ABOVE DATE		SEE ME
	A. STAINS 2477-B		SIGNATURE
REMARKS <p>He became MIA on above date when he was engaged in combat with the enemy in the vic. of "BREDEWEG"- (7753) coord, HOLLAND.          He has been declared dead as of 1 Oct. 45.</p> <p>GSGS 4042          Map: N.W. EUROPE 1:250,000          Sheet # 2a&amp;3a</p>			
FROM NAME OR TITLE			DATE
ORGANIZATION AND LOCATION			TELEPHONE

**IDENTIFICATION SECTION  
MEMORIAL DIVISION**

**IDENTIFICATION DATA**

LAST NAME - FIRST NAME - MIDDLE INITIAL			ARMY SERIAL NUMBER		GRADE
Kittle, James D.			35290437		Sgt.
HEIGHT	WEIGHT	COLOR EYES	COLOR HAIR	SHOE SIZE	DATE OF DEATH
69 1/2 in	145	Blue	Blonde	9 1/2 d	1 Oct. 45
LAST ORGANIZATION TO WHICH ATTACHED OR ASSIGNED (Give complete designation)					
Co. G. 401st Glider INF.					
PLACE OF DEATH OR PLACE LAST SEEN IF MIA					
MIA in Holland					
LIST ALL CAMPS IN WHICH STATIONED IN U.S. PRIOR TO SERVICE OVERSEAS, WITH INCLUSIVE DATES AT EACH.					

STATION	DATES
Ft. Hayes, Ohio Recpn. Cen	26 MAR. 42
Cp. Claiborne LA	28 MAR. 42 To 9-3-42
Ft. Benning GA	6 Sept. 42 To 16 JAN. 43
Ft. BRagg N.C.	19 JAN. 43 To Shipment

FROM: HQ, AGO CLINICAL RECORDS BRANCH  
NO RECORDS ON FILE

**FILE**

NOV 15 1948

E. J. Collins, 1st Lt., QMC  
IDENTIFICATION BRANCH

FRACTURES AND/OR BREAKS

TATTOOS AND/OR BIRTH MARKS

**DENTAL CHART**

19 Feb. 42

X (7) X 5 4 3 2 1 1 (2) 3 4 5 6 7 8

UPPER RIGHT

UPPER LEFT

(16) X X (13) 12 11 10 9 9 10 X 12 13 X X (16)

LOWER RIGHT

LOWER LEFT

X - EXTRACTED

O - CARIOUS

/ - CARIOUS NON-RESTORABLE

REGISTER OF DENTAL PATIENTS AT  
STATION COMPLEMENT DENT CLINIC

CAMP CLAIBORNE, LA.

(1) SURNAME  
Kittle, James D.  
(2) CHRISTIAN NAME  
38  
(3) RANK  
Pvt.  
(4) COMPANY  
C  
(5) REGIMENT OR STAFF CORPS  
326th Inf.

(6) AGE, YEARS  
22  
(7) RACE  
W  
(8) NATIVITY  
W. Va.  
(9) SERVICE, YEARS  
4/12

(10) DISEASE OR INJURY WITH  
LOCATION, COMPLICATIONS,  
SEQUELAE, ETC.(9) Abs Peri R<sup>L</sup>4

(9) Abs Peri R15

(11) DATES AND NATURE OF TREATMENTS  
AND OPERATIONSAdm. E  
July 28, 1942

TE AnesCn

EE Anes

7/28

(12) RESULTS AND REMARKS

C1- I

HSK

*William J. Zyzanski*  
1942  
Dental Corps, U. S. A.

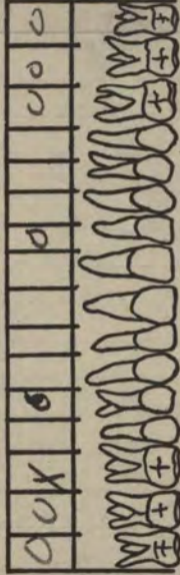
FORM 79—MEDICAL DEPARTMENT, U. S. A.  
(Revised Feb. 24, 1941)

\*REPORT OF DENTAL SURVEY

38A

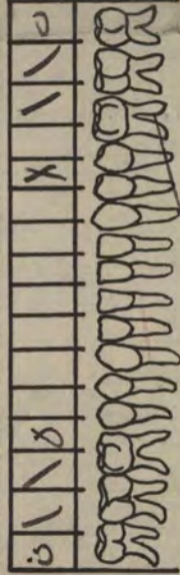
UPPER TEETH

Right 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 Left



LOWER TEETH

Right 16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16 Left



CLASS I

Occlusion Normal: Calculus: Slight, Medium, Heavy

Periodontoclasia Yes

Dental foci suspected: Yes No

Other conditions \_\_\_\_\_

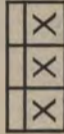
Surgery  
Scale Teeth in 9/11

Date 11-28, 1942

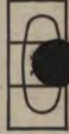
Dental Corps, U. S. A.

\*Restorable carious teeth by O  
Nonrestorable carious teeth by /  
Missing natural teeth by X

Teeth replaced by denture  
(horizontal line)



Teeth replaced by fixed bridge  
(oval to include abutments)



Kittle

Jam D.

Last Name

First Name

To Clinical Records Branch

For disposition

The records show medical treatment as follows:

Hospital	From	To	Register Number
Ht. Benning GA	9 Oct. 42	6 Nov. 42	-

E. Thomas      20 Sept. 46      DPRB

Clerk

Date

Branch



(Basic: Ltr WD OQMG, QMGMM 293, Kittle, James D., 35 290 437, dated 18 July 1947)

RRE 293.9 (IB) 1st Ind

Hq American Graves Registration Command, European Area, APO 58 US Army  
27 October 1947

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

1. Reference is made to First Indorsement, this headquarters, dated 27 October 1947, to letter WD OQMG, QMGMM 293, Lameron, Jerald B., 36 774 705, dated 30 June 1947.

2. Report forwarded applies also to Sergeant James D. Kittle, 35 290 437.

FOR THE COMMANDING GENERAL:

*Walter B. Morrow*  
WALTER B. MORROW *res*  
Major, Infantry  
Actg Asst Adj Gen



*File  
21 Nov 47  
JMP*

A I R M A I L

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON 25, D. C.



16 JUL 1947

In Reply Refer to  
QMGM 293  
Kittle, James D.  
SN 35 290 437

SUBJECT: Additional Information That May Lead to the Recovery and Identification of Remains Not Yet Accounted For.

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

1. There is attached hereto, in duplicate, OQMG Form 371 (covering all available information in the Office of The Quartermaster General and is in addition to any previous information forwarded by this office to your headquarters) for the following deceased individual:

<u>NAME</u>	<u>GRADE</u>	<u>SERIAL NO</u>
Kittle, James D.	Sgt.	35 290 437

2. It is requested that information on the above deceased be furnished this office in accordance with provisions of Letter, The Adjutant General's Office, file AGAO 293.9 (27 Mar 47) D-M, subject Establishment of Boards of Review for Identification of Unknown Dead Overseas, dated 9 April 1947.

FOR THE QUARTERMASTER GENERAL:

*Poole Rogers*

2- Incl  
Form 371 (5 cys)  
Dental Chart

~~XXXXXXXXXXXXXXXXXX~~  
~~XXXXXXXXXXXX~~  
~~XXXXXXXXXXXXXXXXXXXX~~  
POOLE ROGERS  
Captain, QMC  
Memorial Division

JUL 18 15 55 6M '47

A I R M A I L

B

A I R M A I L

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON 25, D. C.

In Reply Refer to  
QMGM 293  
Kittle, James D.  
SN 35 290 437

16 JUL 1947

SUBJECT: Additional Information That May Lead to the Recovery and Identification of Remains Not Yet Accounted For

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

1. There is attached hereto, in duplicate, OQMG Form 371 (covering all available information in the Office of The Quartermaster General and is in addition to any previous information forwarded by this office to your headquarters) for the following deceased individual:

<u>NAME</u>	<u>GRADE</u>	<u>SERIAL NO</u>
Kittle, James D.	Sgt.	35 290 437

2. It is requested that information on the above deceased be furnished this office in accordance with provisions of Letter, The Adjutant General's Office, file AGAO 293.9 (27 Mar 47) D-M, subject Establishment of Boards of Review for Identification of Unknown Dead Overseas, dated 9 April 1947.

FOR THE QUARTERMASTER GENERAL:

2-Incl  
Form 371 (cys)  
Detal. Capt

JUL 16 12 22 PM '47  
O. G. M. G.  
MAIL & RECORDS BRANCH

~~XXXXXXXXXXXX~~  
~~XXXXXXXXXX~~  
~~XXXXXXXXXXXXXXXXXXXX~~

POOLE ROGERS  
Captain, OMC  
Memorial Division

JUL 16 11 AM '47  
MEMOR  
REGISTRATION AND  
RECORDS BRANCH

KK  
KK  
Imp

A I R M A I L

293 FILE

## DATA ON REMAINS NOT YET RECOVERED OR IDENTIFIED

NAME (Last, First, Middle Initial) <b>Kittle, James D.</b>		GRADE <b>Sgt</b>	PRESENT SERIAL NUMBER <b>35 290 437</b>
ORGANIZATION <b>Co. "G" 401st Glider Inf. 82nd Abrn. Div.</b>		RACE <b>White</b>	CREED <b>Prot.</b>
DATE OF DEATH/MIA <b>30 Sept. 44</b>	CAUSE OF DEATH <b>FOD</b>	PLACE OF DEATH OR PLACE LAST SEEN IF MIA <b>Failed to return from mission in Holland</b>	
DATE OF FOD <b>1 Oct. 45</b>			
HEIGHT <b>69½"</b>	WEIGHT <b>145</b>	COLOR EYES <b>Blue</b>	COLOR HAIR <b>Blonde</b>
		SHOE SIZE <b>9½-D</b>	

## DENTAL CHART

19 Feb. 42

UPPER RIGHT  X O X 8 7 6 5 4 3 2 1	UPPER LEFT  O 1 2 3 4 5 6 7 8
LOWER RIGHT  O X X O 16 15 14 13 12 11 10 9	LOWER LEFT  X X X O 9 10 11 12 13 14 15 16

X = Extracted

O = Carious

1 = Carious Non-Restorable

FRACTURES AND/OR BREAKS

-----

TATTOOS AND/OR BIRTHMARK

-----

## ADDITIONAL INFORMATION

Age: 25

He became MIA on above date when he was engaged in combat with the enemy in the vicinity of Breedeweg (7753)Coord, Holland. He has been declared dead as of 10 Oct. 45.

GSGS 4042 Map: N. W. Europe Sheet #2a &amp; 3a

CASUALTY BRANCH  
The Adjutant General's Office  
Washington, D. C.

DEATH 293

AGPC-G 201 Kittle, James D.  
(9 Oct 45) 35290437

14 December 1945

MEMORANDUM FOR RECORD

SUBJECT: Change of Addressee:

A communication has been received from \_\_\_\_\_

**Mrs. Edith M. Kittle, wife**

requesting that the records of this office be amended as follows:

FROM

TO

**Mrs. Edith M. Kittle**  
**Mill Creek, West Virginia**

**Mrs. Edith M. Kittle**  
**Ashley, West Virginia**

Adjutant General

Copies furnished:

Army Effects Bureau  
CG **Fifth** Service Command  
Decorations and Awards Branch  
Director, Bureau of Public Relations  
Director, Veterans Administration  
General Accounting Office  
Liaison Branch, Office of Special Settlement Accounts, Room 2535,  
Tempo. T-7, Gravelly Point, Washington, D. C.  
Memorial Branch, Overseas Section, OQMG  
~~Notification Branch, Personnel Affairs Division, Assistant Chief of Air  
Staff, Personnel, Room 4310, Munitions Building, (AAF personnel only)~~  
~~Prisoner of War Information Bureau (POW personnel only)~~  
~~Mr. E. A. Bloomquist, Claims Section, Division of Maritime  
Insurance, Warshipping Administration, 99 John St., New York 7, New York  
(Civilian ATS employees only)~~  
~~Seaman's Record and Welfare Unit, U.S. Coast Guard (Civilian ATS employees  
only)~~  
~~United States Civil Service Commission (Civilian only)~~  
~~United States Employees Compensation Commission (Civilian only)~~  
~~AG 095 file (War Dept. contract employees and other civilians subject to  
Military Law)~~  
AG 201 file (Military and War Dept. civilian employees)



*JmR*

FILE  
DEC 18 1945

Inves & Corres Sec., 8 August 1945  
(See Oper. Bul. and Changes, No. 34, 1945)

CORRECTED COPY

10

/vi

Graves Registration Form No. 1 (Revised 1 Sept. 1945)

# REPORT OF BURIAL

25 July 1949  
Date

TM 10-630 AND AR 30-1815

*293*  
KITTLE

James

D.

Sgt

35290437

Last Name

First

Initial

Rank

Serial No.

Co G.

401 Glider Inf

82 Airborne Division

Unit

Organization

Mook, Holland

30 September 1944

Unknown

Place of Death

Date of Death

Cause of Death

27 Mar 1949

US Military Cemetery NEUVILLE EN CONDROZ, Belgium

Name or Coordinates of Location

**IDENTIFICATION ACCEPTED**

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

**IDENTIFICATION RECOMMENDED**

10

KITTLE, James D.  
(Name)

Sgt

(Rank)

35290437

(ASN)

previously buried as Unknown X - 8073, USMC NEUVILLE  
Identification accepted in accordance with Letter, File AGAO-2 293.9 (27 Mar 47)  
D-M, War Dept, TAGO, 9 April 47, subject: Establishment of Boards of Review for  
Identification of Unknown Dead Overseas, by the following members of the Board  
of Review, established by Par 5, SO# 16; Hq.A.G.R.C. dated 3 Feb 1949, amendment  
par 2, SO# 32, dated 18 Mar 1949, Hq.A.G.R.C. and SO # 43, dated 19 April 1949,  
Hq. A.G.R.C.

*10 Oct 49*

*Ed Stout*  
Lt. Col. E.D. MULVANEY, O-359598 QMC

Col. H.P. HENRY, O-12589

Chief, Identification Br  
Memorial Division, OMC

*Roger Berger*

Maj. Roger BERGER, O-251736

ORD

Capt. Jack C. HAYES, O-1577297

QMC

Capt. Edward F. PRICE Jr., O-1588236 QMC

*Ed Stout*  
1/Lt. Edward E. STOUT, O-1594512

GE

*10 Oct 49  
Ed Stout  
Refraction*

Signature of Officer or other person

1/LT

Verified by G.R.S. Officer

QMC

CORRECTED COPY

Graves Registration Form No. 1 (Revised 1 Sept. 1943)

# REPORT OF BURIAL

25 July 1949  
Date

TM 10-630 AND AR 30-1815

**KITTLE** Last Name  
**James** First  
**D.** Initial  
**Sgt** Rank  
**35290437** Serial No.

**Co G.** Co  
**401 Glider Inf** Unit  
**82 Airborne Division** Organization

**Mook, Holland** Place of Death  
**30 September 1944** Date of Death  
**Unknown** Cause of Death

**1430 - 27 May 1949** Time and Date of Burial  
**US Military Cemetery NEUVILLE EN CONDROZ, Belgium** Name of Cemetery  
**308** Name or Coordinates of Location

**239** Grave Number  
**10** Row Number  
**JJ** Plot Number  
**CROSS** Type of Marker

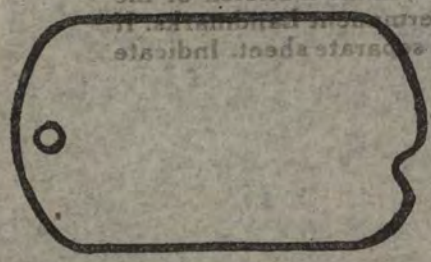
Disposition of Identification Tags : Buried with body Yes  No  Attached to Marker Yes  No

If No Identification Tags **Previously buried as Unknown X-8073 (Neuville)**  
 How were remains identified? Identified through: 1) Tooth chart for Unknown X-8073 is in agreement with dental information for Sgt Kittle 2) Est height, age & hair color reported for X-8073 are in agreement with height, age & hair color of Sgt Kittle 3) Clothing found with remains & report of Dutch civilians indicate that Unknown X-8073 was a member of a Paratroop unit which is in agreement with Army Organizational status of Sgt Kittle 4) Est date & place of death of Unknown X-8073 is in agreement with reported date & place of death of Sgt Kittle.

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

Who is buried on :	<b>ASH</b>	<b>37245494</b>	<b>Pfc</b>	<b>AGF</b>	<b>238</b>
<b>Deceased's Right :</b>	Name	Serial No.	Rank	Organization	Grave No.
<b>Deceased's Left :</b>	<b>X-8074</b>				<b>240</b>
	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 **Unknown** Name

Address

Religion **Protestant**

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

## REBURIAL

Previously buried in isolated grave located at: Schaapsweide, Mook-Middelaar, Holland. (2A E/74)

This corrected copy of Report of Burial prepared in the office of the American Graves Registration Command.

Signature of Officer or other person reporting burial  
*George L Freeman*  
**GEORGE L FREEMAN**  
1/LT OMC

Verified by G.R.S. Officer

CORRECTED COPY

## REPORT OF BURIAL 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.

Previously buried as Unknown X-8073 (Newville)  
 Identified through: (1) Tooth chart for Unknown X-8073  
 (2) Height, age & hair information for Sgt Kittle  
 (3) Clothing found with remains & report of Dutch civil  
 lines indicate that Unknown X-8073 was a member of a Paratroop unit which  
 is in agreement with Army organization data (Est date  
 & place of death of Unknown X-8073 is in agreement with reported date &  
 place of death of Sgt Kittle.

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

25 July 1949

38300487

Division

Unknown

Unknown, Belgium

61038

Type of Marker

Left Hand

2

1

388

340

Grave No.

Organization

Rank

Serial No.

Name

Grave No.

Organization

Rank

Serial No.

Name

401 5117 148

MOOK, HOLLAND

61038 - 07 148

Time and Date of Burial

388

Grave Number

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

If No Identification Tags

How were remains identified? Identified through: (1) Tooth chart for Unknown X-8073 (2) Height, age & hair information for Sgt Kittle (3) Clothing found with remains & report of Dutch civil lines indicate that Unknown X-8073 was a member of a Paratroop unit which is in agreement with Army organization data (Est date & place of death of Unknown X-8073 is in agreement with reported date & place of death of Sgt Kittle.

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

Who is buried on : \_\_\_\_\_

Deceased's Right :

Name \_\_\_\_\_ Rank \_\_\_\_\_ Serial No. \_\_\_\_\_

Deceased's Left :

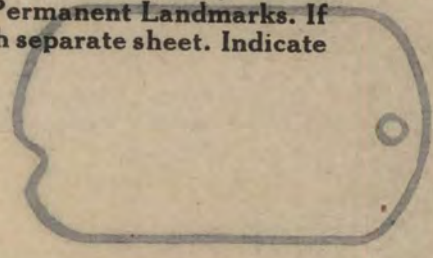
Name \_\_\_\_\_ Rank \_\_\_\_\_ Serial No. \_\_\_\_\_

Thumb

Right Hand

### TOOTH CHART

**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.**



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

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

Characteristics :

Other Data :

Name : Unknown

Address : \_\_\_\_\_

Religion : Protestant

Emergency Address : \_\_\_\_\_

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

### REBURIAL

Previously buried in isolated grave located at: Schapeweide, Mook-Middelbar, Holland. (2A E/74)



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

# REPORT OF BURIAL

25 May 1949

**KITTLE, James D.**

FM 110-630 AND AR 130-1815

Date

**X-8073**

35290437

Serial No.

Last Name

First

Initial

Rank

unk

Unit

unk

Place of Death

1430 hrs 27 May 49

Time and Date of Burial

239

Grave Number

Henry Mankie

Number of Lines

Color of Eyes

Color of Hair

Race

Name of Cemetery

Row Number

Plot Number

H

Organization

unk

Color of Hair

81052-IV

Name or Coordinates of Location

TWC

Type of Marker

Cause of Death

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 copy GRS Form #1 placed in burial bottle and buried with remains.

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

Who is buried on:

ASH

37245494

FFC

AGF

238

Deceased's Right:

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

X-8074

Name

Serial No.

Rank

Organization

Grave No.

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

TOOTH CHART

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

Emergency Addressee

unknown

Name

Address

Religion Protestant

unknown

List only Personal Effects Found on Body and disposition of same: none

Previously isolated burial at Schaapsweide, Mook-Middelher, Hollam. (2A E/74)

Signature of Officer or other person reporting burial

DAN O. MITLER SFC-OMC

Verified by G. R. S. Officer

DON O. FOHLL 1st Lt-FA

Inc 1 # 8

Left Hand

Right Hand

8	8
7	7
6	6
5	5
4	4
3	3
2	2
1	1
0	0

# 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: \_\_\_\_\_
- Weight: \_\_\_\_\_
- Color of Eyes: \_\_\_\_\_
- Color of Hair: \_\_\_\_\_
- Race: \_\_\_\_\_
- Laundry Marks: \_\_\_\_\_
- Number of Rifle: \_\_\_\_\_
- Wear Glasses?  Yes  No
- Is Tooth Chart Attached?  Yes  No

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below.) In space below, state, 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

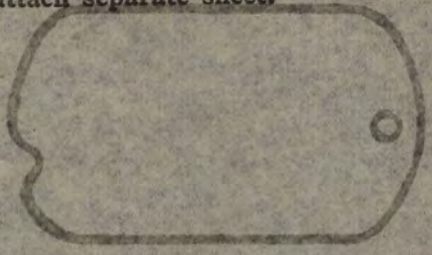
If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.

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

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

Characteristics: \_\_\_\_\_

Other Data: \_\_\_\_\_



Form prescribed by  
Comptroller General, U.S.  
7 October 1944

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

4180

## FINDING OF DEATH OF MISSING PERSON

Pursuant to the provisions of Section 5 of the Act of 7 March 1942 (Public Law 490 77th Cong.) as amended, upon direction and delegation by The Secretary of War, The Chief, Casualty Branch, The Adjutant General's Office, finds Sergeant James D. Kittle, Army Serial Number 35,290,437, Infantry, *CL* to be dead. He was officially reported as missing in action as of the 30th day of September 1944. For the purposes stated in said Act, death is presumed to have occurred on the 1st day of October, 1945.

BY ORDER OF THE SECRETARY OF WAR

*George F. Heahent*

ADJUTANT GENERAL  
CHIEF, CASUALTY BRANCH

## SUMMARY OF INFORMATION

AREA	LYING STATUS	JUMP STATUS	LINE OF DUTY	OWN MIS-CONDUCT	ON DUTY STATUS	ABSENCE AUTH'D
European	No	No	Yes	No	Yes	
PREVIOUS REVIEWS						
None						
DATE OF BIRTH	HOME ADDRESS		DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE (AS OF PRESUMED DATE OF DEATH)		
11 Feb 1920	Mill Creek, West Virginia		20 Mar 1942	YEARS	MONTH	DAYS
				Over	three	years
EMERGENCY ADDRESSEE						
NAME	RELATIONSHIP	ADDRESS				
Mrs. Edith M. Kittle	Wife	Mill Creek, West Virginia				
*BENEFICIARIES						
NAME	RELATIONSHIP	ADDRESS				
Edith May Kittle	Wife	Mill Creek, West Virginia				
Shirley Marie Kittle	Daughter					
NAME	RELATIONSHIP	ADDRESS				
Johnie Kittle	Brother	Bellington, West Virginia				

## REMARKS

Distribution 56

\*Second alternate beneficiary: Alice McCauley, Step-Mother  
Mill Creek, West Virginia

Circumstances of disappearance: Soldier failed to return from a mission in Holland.

Entitled to additional pay for glider flights.

Awarded: Combat Infantryman Badge per S.O. #73, Hq 325th Gli. Inf., 7 Aug 44.

*File  
10-8-45  
HMB*



Form prescribed by  
Comptroller General, U.S.  
7 October 1944

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

4160.

281,709  
m**FINDING OF DEATH OF MISSING PERSON**

Pursuant to the provisions of Section 5 of the Act of 7 March 1942 (Public Law 490 77th Cong.) as amended, upon direction and delegation by The Secretary of War, The Chief, Casualty Branch, The Adjutant General's Office, finds Sergeant James D. Kittle, Army Serial Number 35,290,437, Infantry, to be dead. He was officially reported as missing in action as of the 30th day of September 1944. For the purposes stated in said Act, death is presumed to have occurred on the 1st day of October, 1945.

BY ORDER OF THE SECRETARY OF WAR

*George F. Heahent*  
ADJUTANT GENERAL  
CHIEF, CASUALTY BRANCH

## SUMMARY OF INFORMATION

AREA	ACTING STATUS	JUMP STATUS	LINE OF DUTY	OWN MIS-CONDUCT	ON DUTY STATUS	ABSENCE AUTH'D
European	No	No	Yes	No	Yes	
PREVIOUS REVIEWS						
None						
DATE OF BIRTH	HOME ADDRESS		DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE (AS OF PRESUMED DATE OF DEATH)		
11 Feb 1920	Mill Creek, West Virginia		20 Mar 1942	YEARS	MONTH	DAYS
				Over	three	years
EMERGENCY ADDRESSEE						
NAME	RELATIONSHIP	ADDRESS				
Mrs. Edith M. Kittle	Wife	Mill Creek, West Virginia				
*BENEFICIARIES						
NAME	RELATIONSHIP	ADDRESS				
Edith May Kittle	Wife	Mill Creek, West Virginia				
Shirley Marie Kittle	Daughter					
NAME	RELATIONSHIP	ADDRESS				
Johnie Kittle	Brother	Bellington, West Virginia				

## REMARKS

Distribution 56

\*Second alternate beneficiary: Alice McCauley, Step-Mother  
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**WAR DEPARTMENT**  
**THE ADJUTANT GENERAL'S OFFICE**  
 WASHINGTON 25, D. C.

281709

**-BATTLE CASUALTY REPORT**

NAME <b>KITTLE JAMES D</b>	SERIAL NUMBER <b>35290437</b>	GRADE <b>SGT</b>	ARM OR SERVICE <b>INF</b>	REPORTING THEATRE <b>ETO</b>		
PLACE OF CASUALTY <b>HOLLAND9</b>	DATE OF CASUALTY			FLYING OR JUMPING STAT <b>W</b>	TYPE OF CASUALTY <b>MIA</b>	SHIPMENT NUMBER <b>227</b>
	DAY <b>30</b>	MONTH <b>SEP</b>	YEAR <b>44</b>			

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 <b>MRS EDITH M KITTLE</b>	RELATIONSHIP <b>WIFE</b>	DATE NOTIFIED <b>30 Oct 44 am</b>
NO. AND NAME OF STREET—CITY—STATE <i>chq add.</i> <b>MILL CREEK WEST VIRGINIA</b>		

REMARKS:

 CORRECTED COPY


ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED <input checked="" type="checkbox"/> FORM 43 <input checked="" type="checkbox"/> AG 201 REQ _____					
CASUALTY BRANCH FILE ATTACHED _____ OR CHARGED TO _____ DATE _____					
PREVIOUSLY REPORTED NO <input checked="" type="checkbox"/> YES _____ (AS INDICATED BELOW):					
FILE NO.	MESSAGE NO.	TYPE.	DATE AND AREA	E. A. NOTIFIED	
FORWARDED TO	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SPEC. IDEN.	TELEGRAM	WOUNDED	LETTER	CORRES.
				S. R. & D.	CERTIF.
				M. & M.	NON-DEL.
REPORT NOT VERIFIED _____ NO FORM 43 _____ NO CAS. BR. FILE _____ CHECKED BY <i>Griffin 30 Oct 44</i> REVIEWED BY <i>Person</i>					

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"  \_\_\_\_\_ 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.

281709 ✓

RTB:KD:jc ✓  
September 9, 1945 ✓

CB  
Mrs. Edith M. Kittle ✓  
Ashley, West Virginia

Dear Mrs. Kittle: ✓

This acknowledges your recent letter relative ✓  
to your husband, Sergeant James D. Kittle.

The Army Effects Bureau is charged only with ✓  
the proper disposal of personal effects of military  
personnel received at this Bureau. Since matters ✓  
pertaining to the status of military personnel are under  
the jurisdiction of The Adjutant General, Washington 25,  
D. C., it is suggested that you contact that official ✓  
for any available information.

I hope this information will be useful to you. ✓

Yours very truly, ✓

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

Shelby, West Va  
August 19, 1945

M. Kittle  
8/29

Dear Sir

I would like to know, if you  
have find my husband, Sergeant,  
James, D. Kittle yet. if you have will  
you please let me know at once  
I would like to know if he is  
alright. if you have find him  
and he not alright. I would like  
for you to send me his clothes if you  
please. But I hope and pray he is  
alright and he will come back  
to me. Please and this letter  
real soon

Thanking You

Mrs. Edith M. Kittle

P.S. I would like to know some  
thing about my husband  
his year is up next month



ARMY SERVICE FORCES  
KANSAS CITY QUARTERMASTER DEPOT  
ARMY EFFECTS BUREAU  
601 Hardesty Avenue  
Kansas City 1, Missouri

(S10-6-45)  
RTB:AC:sm  
August 9, 1945

In Reply Refer To: 281709

Mrs. Edith M. Kittle  
Ashley, West Virginia

Dear Mrs. Kittle:

The Army Effects Bureau is forwarding to you the following personal property, recently received here, belonging to your husband, Sergeant James D. Kittle:

1 Package and contents

My action in transmitting the property does not vest title in you. The items are forwarded only in order that you may act as gratuitous bailee in caring for them, pending the return of the owner.

When delivery has been made, I shall appreciate your acknowledging receipt by signing one copy of this letter in the space provided below, and returning it to this Bureau.

For your convenience, there is inclosed an addressed envelope which needs no postage.

Yours very truly,

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

Incl--  
Envelope

Receipt acknowledged:

Mrs. Edith M. Kittle  
(Signature of Bailee)

Aug 18, 1945  
(Date)

281709

ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mrs. Edith M. Kittle  
Ashley, West Virginia

Effects of:  
Name Sgt. James D. Kittle

ASN 35290437

Case No. 281709 M

Wt.

DATE 9 August 1945  
RTB:AC:sm

B. Bennett  
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  
1 Warehouse Division  
2 Files Branch, Adm. Div.

REMARKS:

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

14 AUG 1945

mk  
Shipping Clerk

PACKAGE DESCRIPTION  
*# 1 pkg*

ARMY EFFECTS BUFFER INVENTORY *281709*

DECEASED   
MISSING   
ABANDONED   
P.O.W.   
TALLY NO. *8897*  
INV. DATE *20 July 45*  
ORIG. NO. OF PKGS. *1*  
BOX NO.  
SHEET *1* OF *1* SHEETS  
ORGANIZATION  
*401st. Glider Inf Co. 8.*

NAME *James D. Kittle*  
A.S.N. *35290437* RANK *Sgt*

Belt	TOWELS & WASHCLOTHES	KINGS
<del>BEAT. MONEY (NO MONEY)</del>	CLOTHING	<del>BAGS, CLOTH OR TRAVEL</del>
Cloth, wash	BRACELET IDENT.	<del>BILLFOLD, (NO MONEY) W/C</del>
Coats	Brushes	Case
Footwear, Pr.	CAMERAS	Footlocker
Gloves, Pr.	Glasses	<del>KIT, SEW, TLT. OR WRITING</del>
Handkerchiefs	Knives	BOOKS
Headwear	Lighters	Books, Address
Jackets	<i>X</i> <del>MISC. <i>Trays</i></del>	Books, Pilot Log
Overcoats	Fen, Fountain	<del>DIARY (REMOVED FOR DUT)</del>
Scarfs	Pencil, Mechanical	FILMS
Shirts	Pipes	Letters
Socks, Pr.	<i>X</i> RELIGIOUS ARTICLES	Papers, Personal
Ties	<i>X</i> RIBBONS, DECORATIVE	Photos
Towels	Rings	Shoe shine articles
Trousers, Pr.	Tobacco	<del>SHORT SHORTER</del>
Trunks, Pr.	Toilet articles	SOLVENTS
Underwear	WALCH	<i>X</i> <del>SOME OF MONEY</del>
		Stationery
		TESTIMONIES
		U.S. MONEY (AMOUNT)

REMARKS: *Wife*

ATTACHMENTS

FORM #54

FORM #100

*12w.*

Edith M. Kittle  
1514 Thames St.  
Baltimore Md.

C.A.T. *none*

WAREHOUSE SPACE *1953* STORED BY *mw*

INVENTORIED BY *Covert*

DATE SHIPPED *14 AUG 1945*

WEIGHT

G.I. REMOVED

*X* SHORTAGE ON REVERSE

IDENT. TAGS REMOVED

DIARY REMOVED

LOCKED STORAGE

LASEROY REMOVED

FILM REMOVED

CHECKED BY *E*

FORM #11 (24 FEB 45)

ADDITIONAL REMARKS

1 Money felt dirty of no value  
Salvaged me

SHORTAGES

1 Belt

U.S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

Covert  
INVENTORY CLERK

\_\_\_\_\_  
SUPERVISOR

G.I. REMOVED

NAME KITTLE, JAMES D.

0437

BAY	PALLET	BOX	TALLY
47	75		8897

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
CTN		

(3 Copies to Effects Q. ETOUSA, 1 copy in box with effects, 1 copy retained)

3 November 1944  
Date

401st Glider Infantry APO 472 U.S. Army  
(Organization and APO Number)

SUBJECT: Transmittal of Inventory of Personal Effects.

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

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

Kittle James D. Sgt. 35290437  
(Last Name) (First Name) (MI) (Rank) (ASN) (Control No.)  
(For use of Effects QM ETOUSA.)

Organization Company "G" 401st Glider Inf.  
(UNIT - - - - Not Branch of Service)

\*Status (~~Deceased~~, Missing in Action, ~~Interim~~) on the 30 day of September 1944. Edith M. Kittle (Wife)  
Designated Beneficiary (With Address) 1514 Thames St. Baltimore, Md.

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

U.S.M.O. # None Amt \$ U.S.M.O. # None Amt \$

U.S.M.O. # None Amt \$ U.S.M.O. # None Amt \$

U. S. Official Check # None Amt Bank (Name and Branch)

#Bank Accounts None

#Debtors None

#Creditors None

#Inclosed is None (Will, Power of Attorney, War Bond, Travelers Checks. Describe fully)

REMARKS (if any)

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

EFFECTS

INVENTORY OF EFFECTS  
(Attach extra sheets if necessary)

1 ETO RIBBON ✓  
 1 ATO Ribbon ✓  
 1 Good Conduct Ribbon ✓  
 1 Unit Citation Badge ✓  
 1 Mechanical Pencil ✓  
 1 Nail Clipper ✓  
 1 Pocketknife ✓  
 Misc. Coins ✓  
 Misc. Pictures ✓  
 1 Money Belt ✓  
 1 Leather Belt ①  
 1 Key Ring ✓

I certify that the foregoing inventory comprises all of subject's effects and that effects were shipped to Effects Q.M. ETOUSA, APO 507, G-14, U.S. Army by delivering to Effects QM 82d A/B DIVISION on 3 Nov. 1944.

*V.L. Wyant Jr.*  
\_\_\_\_\_  
Signature - (In ink)

V.L. WYANT JR. } (Block  
 1st Lt. 325th Glider Inf. } letters)  
 Personnel Adjutant }

\_\_\_\_\_  
Rank and Organization