

REPORT OF BURIAL

FM 10-630 AND AR 30-1815

176 15 July 1944
Date
10 Oct 44

243

Hoffmann		Elmer		F	1st Lt	0-1307969	
Last Name		First		Initial	Rank	Serial No.	
82A/B		507 Para Inf Reg		Organization		689	
Unit		Unknown		13 July 44	KIA	Cause of Death	
France		Date of Death		Name or Coordinates of Location		1130 13 July 1944	
Place of Death		Blosville, France		Name of Cemetery		Type of Marker	
1130 13 July 1944		M		Cross		Grave No.	
Time and Date of Burial		Plot Number		Type of Marker		Grave No.	
99		5		M		Cross	
Grave Number		Row Number		Plot Number		Type of Marker	

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

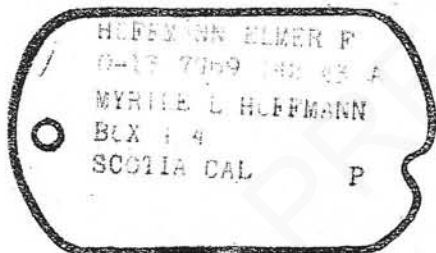
If No Identification Tags
How were remains identified?

What means of identification were buried with the body?

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

Who is buried on:	Elmer F. Farnham	01292494	1st Lt	82A/B	100
Deceased's Right:	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	Herbert Weiss	36547711	Ukn	101 A/B	98
	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 Myrtle L. Hoffmann
Name

Box 404, Scotia Cal.
Address

Religion Protestant

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

None

Signature of Officer or other person reporting burial
F.A. GREILICH
F.A. GREILICH
Capt QMC

Verified by G.R.S. Officer
MON 27 1944
F.L. ap.

Inc # 84

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

3508 02182

DATE

15 04 48
DAY MONTH YEAR

NAME HOFFMANN ELMER F				SERIAL NUMBER 01307969	RANK 1 LT	ARM 1	DATE OF DEATH DAY MONTH YEAR 15 04 48
CEMETERY BLOSVILLE - CARENTAN							DISPOSITION OF REMAINS 1 7600 09 CODE DIST. PT.
PLOT M	ROW 5	GRAVE 99	COUNTRY FRANCE		CAUSE OF DEATH 6		

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE FRED BADER FUNERAL HOME, INC. 631 NORTH PARK AVENUE FREMONT, NEBRASKA	NAME AND ADDRESS OF NEXT OF KIN RUDOLF HOFFMANN (FATHER) CEDAR BLUFFS, NEBRASKA
--	---

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME Hoffmann Elmer F	SERIAL NUMBER 01307969	RANK 1 Lt	DATE OF DEATH Unk	DATE DISTINTERRED 13 Feb '48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION USAGF	RELIGION Prot	IDENTIFICATION VERIFIED BY T. C. Murray, Capt QMC NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL O.D. Uniform	CONDITION OF REMAINS Skull Crushed
OTHER MEANS OF IDENTIFICATION None	
MINOR DISCREPANCIES None	



REMAINS PREPARED AND PLACED IN CASKET
DATE 10-3-48 BY W. T. Bush, Emb

CASKET SEALED BY W. T. Bush, Emb	EMBALMER (Signature) W. T. Bush
-------------------------------------	------------------------------------

CASKET BOXED AND MARKED DATE 10-3-48 BY H. J. Cummings, Clk-Rec	SHIPPING ADDRESS VERIFIED BY John Palyok, Jr, 1st Lt FA
--	--

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

John Palyok Jr
John Palyok, Jr, 1st Lt FA
SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC Blossville		TO Casketing Point "A" Cherbourg	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Col. Gregory	
SIGNATURE OF SHIPPER <i>Donald J. Murray</i> Donald J. Murray, Capt. OMC	DATE 5-3-48	SIGNATURE OF RECEIVER <i>Everett N. Ciampo</i> Everett N. Ciampo, 1st Lt FA	DATE 5-3-48

2. SHIPPED

FROM Casketing Point A, Cherbourg		TO Port Unit, Cherbourg	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER T/Sgt J. G. Fuller	
SIGNATURE OF SHIPPER <i>E. N. Ciampo</i> E. N. CIAMPO, 1st Lt, FA	DATE	SIGNATURE OF RECEIVER <i>John E. Hendry Jr.</i> JOHN E. HENDRY JR, Maj. CAC	DATE

3. SHIPPED

FROM PORT UNIT CHERBOURG		TO NYPOE	
KIND OF CONVEYANCE USAT GREENVILLE VICTORY		NAME OF CONVOYER RAYMOND MC MANUS, CAPT. TC.	
SIGNATURE OF SHIPPER JOHN E. Hendry JR. MAJ. CAC.	DATE 21/6/48	SIGNATURE OF RECEIVER <i>Raymond McManus</i>	DATE 17/6/48

4. SHIPPED

FROM USAT GREENVILLE VICTORY		TO <i>Port Unit</i>	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER RAYMOND E. MC MANUS Capt. TC	DATE 27/6/48	SIGNATURE OF RECEIVER <i>James E. McKinnon</i> JAMES E. MCKINNON COLONEL, T. C. PORT TRANSFER	DATE JUN 26 1948

5. SHIPPED

FROM <i>Port Unit</i>		TO <i>Port Unit</i>	
KIND OF CONVEYANCE Train		NAME OF CONVOYER <i>James E. McKinnon</i>	
SIGNATURE OF SHIPPER JAMES E. MCKINNON COLONEL, T. C.	DATE 1/7/48	SIGNATURE OF RECEIVER <i>Robert C. Watson</i> ROBERT C. WATSON (EV-1) E601	DATE 1/7/48

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

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

REPORT OF DEATH

DATE 19 Sept 1944
Moore

2903

FULL NAME <u>Hoffmann, Elmer E.</u>				ARMY SERIAL NUMBER <u>01307969</u>				GRADE <u>1st Lt.</u>					
HOME ADDRESS <u>Cedar Bluff, Nebraska</u>				ARM OR SERVICE <u>Infantry</u>				DATE OF BIRTH <u>15 Jul 1916</u>					
PLACE OF DEATH <u>European Area</u>				CAUSE OF DEATH <u>Killed in action</u>				DATE OF DEATH <u>13 Jul 1944</u>					
STATION OF DECEASED <u>European Area</u>				DATE OF ENTRY ON CURRENT ACTIVE SERVICE <u>14 Jan 1943</u>				LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS					
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <u>Mrs. Myrtle L. Hoffmann, wife, Box 404, Scotia, California</u>													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <u>Mrs. Myrtle L. Hoffmann, wife, Box 404, Scotia, California</u> <u>Mrs. Ella Hoffmann, mother, Box 115, Cedar Bluffs, Nebraska</u> <u>Mr. Rudolph Hoffmann, father, same as mother.</u>													
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES*	NO
												X	X

ADDITIONAL DATA AND/OR STATEMENT

* On parachute pay.

The individual named in this report is shown by the records of the War Department to have been absent in a missing in action status on 6 Jun 1944 and subsequently reported killed in action 13 Jul 1944, such absence was terminated on 13 Aug 1944, on which date evidence of death was received by the Secretary of War from a commander in the European Area.

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

BATTLE
 NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR

John T. Wynn
John T. Wynn
ADJUTANT GENERAL

SEP 1944 FILE
0.77

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

REPORT OF DEATH

DATE 19 Sept 1944
Moore

FULL NAME <u>Hoffmann, Elmer T.</u>		ARMY SERIAL NUMBER <u>01307069</u>	GRADE <u>1st Lt.</u>
HOME ADDRESS <u>Cedar Bluff, Nebraska</u>		ARM OR SERVICE <u>Infantry</u>	DATE OF BIRTH <u>16 Jul 1916</u>
PLACE OF DEATH <u>European Area</u>	CAUSE OF DEATH <u>Killed in action</u>		DATE OF DEATH <u>13 Jul 1944</u>
STATION OF DECEASED <u>European Area</u>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <u>14 Jan 1943</u>	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <u>Mrs. Myrtle L. Hoffmann, wife, Box 404, Scotia, California</u>			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <u>Mrs. Myrtle L. Hoffmann, wife, Box 404, Scotia, California</u> <u>Mrs. Ella Hoffmann, mother, Box 115, Cedar Bluffs, Nebraska</u> <u>Mr. Harold Hoffmann, father, same as mother.</u>			
INVESTIGATION MADE?		IN LINE OF DUTY	OWN MISCONDUCT
YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE	
YES	NO	YES	NO
IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO



ADDITIONAL DATA AND/OR STATEMENT

* On parachute pay.

The individual named in this report is shown by the records of the War Department to have been absent in a missing in action status on 6 Jun 1944 and subsequently reported killed in action 13 Jul 1944, such absence was terminated on 13 Aug 1944, on which date evidence of death was received by the Secretary of War from a commander in the European Area.

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

BATTLE
 NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR

John T. Wilson
John T. Wilson
ADJUTANT GENERAL

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

2209
 1944

BATTLE CASUALTY REPORT

NAME HOFFMANN ELMER F				SERIAL NUMBER 01307969			GRADE 1 LT		ARM OR SERVICE INF		REPORTING THEATRE ETO	
PLACE OF CASUALTY FRANCE				DATE OF CASUALTY DAY: 06 MONTH: JUN YEAR: 44			FLYING OR JUMPING STAT J		TYPE OF CASUALTY MIA		SHIPMENT NUMBER 141	

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 MRS MYRTLE L HOFFMANN		RELATIONSHIP WIFE	DATE NOTIFIED 3 AUGUST 1944 ERB
NO. AND NAME OF STREET—CITY—STATE BOX 404 SCOTIA CALIFORNIA			

REMARKS:

CORRECTED COPY

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED **FORM 43** **AG 201 REQ**

CASUALTY BRANCH FILE ATTACHED OR CHARGED TO _____ DATE _____

PREVIOUSLY REPORTED NO YES _____ (AS INDICATED BELOW):

FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED

FORWARDED TO 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 Anton Augly REVIEWED BY

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 PCS.	RESIDENCE		COMP	RACE											
		DAY	MO.	YR.		DAY	MO.	YR.			STATE	COUNTY													
34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59

DISTRIBUTION "A" 32 COPIES

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

DISTRIBUTION "B" _____ COPIES

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

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

(Read Explanation on Reverse Side before completing form)

DATE: 6 August 48

NAME OF DECEDENT (Last, First, Middle Initial)		BRANCH OF SERVICE	
HOFFMANN, ELMER F		7600 A	
RANK OR GRADE	SERIAL NO.		
01307969	1LT	USAGF	

TO BE FILLED IN BY CLAIMANT SMITH

It. Col., F. D.
St. Louis, Mo.
Symbol 210 684
Station 801

A. INTERMENT EXPENSES (Civilian or Private Cemetery)

B. TRANSPORTATION EXPENSES (National or Post Cemetery)

INSTRUCTIONS TO PERSONS SIGNING THIS FORM

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

FILL IN THIS STATEMENT IF BOX "A" IS CHECKED

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

NAME: Fremont Memorial Park

CITY OR COUNTY: Fremont

STATE: Nebraska

FILL IN THIS STATEMENT IF BOX "B" IS CHECKED

I certify that the sum of \$ _____ was paid by me from personal funds in connection with the transportation of the remains of the above-named decedent from: (City, town, or place from which remains were shipped)

TO: (Name and Location of National or Post Cemetery)

RETURN FOUR COPIES TO

SIGNATURE OF CLAIMANT
Rudolf Hoffmann

ADDRESS (Street number of RFD, City and State)
RUDOLF HOFFMANN
CEDAR BLUFFS, NEBRASKA

RELATIONSHIP TO DECEDENT
FATHER Cedar Bluffs, Nebraska

REMARKS

Check # 1036075 dated SEP 14 1948 AMOUNT \$75.00



RECEIPT OF REMAINS

DISTRIBUTION CENTER CO KANSAS CITY QUARTERMASTER DEPOT
KANSAS CITY MISSOURI

DAY LETTER hs

ROUTINE

AUG 3 1948

REMAINS CONSIGNED TO: FRED BADER FUNERAL HOME INC
631 NORTH PARK AVENUE
FREMONT NEBRASKA

REMAINS OF LATE FIRST LIEUTENANT ELMER F HOFFMANN BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT DUE TO ARRIVE FREMONT STATION NINE FIFTY NINE A M RAILROAD TIME SIX AUGUST ON UNION PACIFIC TRAIN NUMBER TWENTY THREE. REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT STATION UPON ARRIVAL. NEXT OF KIN HAS BEEN NOTIFIED.

S ZABLOCKI
1ST LT QMC



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

THIS 6 DAY OF Aug, 19 48

John A. Day
WITNESS (Escort)
Captain, QMC

Fred Bader Funeral Home Inc
CONSIGNEE Am Chambers

9331

NAT
FILE
RECORDS ANNOTATED
DATE 31 Aug 48
NAME Day
R & R RP

INSPECTION CHECK LIST

ROUTING

- MORTICIAN
- REPAIR SHOP
- PAINT SHOP
- INSPECTOR
- OPERATIONS OFFICER
- ADMINISTRATIVE BRANCH

IDENTIFICATION CONTROL

HOFFMANN, ELMER F 7600 A
 01307969 1LT USAGF
 M W NR P
 RUDOLF HOFFMANN
 CEDAR BLUFFS NEBRASKA

FRED BADER FUNERAL HOME INC
 631 NORTH PARK AVENUE
 FREMONT NEBRASKA

Sw... 5-9-45 7/1/50

SHIPPING CASE

SEC.	REPAIR SHOP	DESCRIPTION	SEC.	PAINT SHOP
		STUD BOLTS (BOTTOM)		
		INTERIOR		
1	3-5-7-8-TA-TA	CLEATS		
		ANGLE STRAPS		
		GROMMETS		
		DRAW BOLTS		
		HANDLES		
		RIVETS		
1-2-3-5-8-TA-TA		MOULDING		
2-5-6		Panel		

CASKET

		CASKET TOP	7-2-48	
		CAM LOCKS		Retouch
		GASKET		
		LIP (ANGLE RING)	1-2-4-5-6-7-8	
		HAND RAIL		
		FINIAL	2-3-4-5-6-7-8	
		HAND RAIL PLATE	2-3-4-5-6-7-8	
		CASKET BODY		
		MOULDING		

MORTUARY

WORK COMPLETED BY	DATE	TIME	SIGNATURE
MORTICIAN			
CARPENTER			
PAINTER	7-2-48	8:10 AM	
INSPECTOR	7-2-48	8:20 AM	
OPERATIONS OFFICER	7-2-48	10:00	

CO KANSAS CITY QUARTERMASTER DEPOT
KANSAS CITY MISSOURI

DAY LETTER

RUDOLF HOFFMANN

AUG 3 1918

CEDAR BLUFFS NEBRASKA

hs

REMAINS OF LATE FIRST LIEUTENANT ELMER F HOFFMANN BEING SHIPPED TO FRED BADER
FUNERAL HOME INC FREMONT NEBRASKA ACCOMPANIED BY MILITARY ESCORT DUE TO ARRIVE
FREMONT STATION NINE FIFTY NINE A M RAILROAD TIME SIX AUGUST ON UNION PACIFIC
TRAIN NUMBER TWENTY THREE. FUNERAL DIRECTOR HAS BEEN NOTIFIED.

S ZABLOCKI
1ST LT QMC

CLASS OF SERVICE

This is a full-rate Telegram or Cablegram unless its deferred character is indicated by a suitable symbol above or preceding the address.

WESTERN UNION

JOSEPH L. EGAN
PRESIDENT

1201

(41)

SYMBOLS

DL=Day Letter

NL=Night Letter

LC=Deferred Cable

NLT=Cable Night Letter

Ship Radiogram

The filing time shown in the date line on telegrams and day letters is STANDARD TIME at point of origin. Time of receipt is STANDARD TIME at point of destination

•K•OMA94 33/32 COLLECT GOVT=CEDAR BLUFFS NEBR 22 1030A=

=QUARTERMASTER DEPOT=

:KSC=

DECEASED FIRST LT ELMER F HOFFMAN ARMY SERIAL NO 0-1307969

FUNERAL ARRANGEMENTS ARE AS YOU STATE IN YOUR MESSAGE OF

YESTERDAY I WILL NOTIFY BADER FUNERAL HOME INC OF FREMONT

NEBR=

RUDOLPH HOFFMANN=

=0-1307969=

CO KANSAS CITY QUARTERMASTER DEPOT
KANSAS CITY MISSOURI

DAY LETTER

RUDOLF HOFFMANN

CEDAR BLUFFS NEBRASKA

JUN 21 1948

bf

THIS HEADQUARTERS HAS BEEN ADVISED THAT THE REMAINS OF LATEST LIEUTENANT
ELMER F HOFFMANN ARE ENROUTE TO THE UNITED STATES.
RECORDS OF THIS OFFICE INDICATE YOU WISH REMAINS DELIVERED TO FRED BADER FUNERAL
HOME INC FREMONT NEBRASKA. PLEASE INSTRUCT
FUNERAL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL. WE
REGRET IT IS NOT POSSIBLE AT THIS TIME TO GIVE YOU A DEFINITE DELIVERY DATE
HOWEVER THREE DAYS PRIOR TO SHIPMENT FROM THIS DEPOT YOUR FUNERAL DIRECTOR
WILL BE NOTIFIED BY TELEGRAM OF RAIL ROUTING AND SCHEDULED TIME REMAINS WILL
ARRIVE AT RAILROAD STATION. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT.
PLEASE CONFIRM OR ALTER ABOVE DELIVERY INSTRUCTIONS AND FURNISH YOUR CORRECT
MAILING ADDRESS BY TELEGRAM COLLECT TO KANSAS CITY QUARTERMASTER DEPOT KANSAS
CITY MISSOURI. IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK ANY
LOCAL PATRIOTIC OR VETERANS ORGANIZATION TO MAKE ARRANGEMENTS. PLEASE INCLUDE
FULL NAME OF DECEASED IN REPLY.

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

1st Lt Elmer F. Hoffmann, O1 307 969
Plot M, Row 5, Grave 99,
United States Military Cemetery
Blosville, France

13

5 January 1948

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, Rudolf Hoffmann (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
Memorial Park Cemetery, Fremont, Nebraska.
(NAME AND LOCATION OF CEMETERY)

- 3. BE RETURNED TO _____, THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT _____
(FOREIGN COUNTRY) (LOCATION OF CEMETERY SELECTED)

- 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____
(LOCATION OF NATIONAL CEMETERY SELECTED)
(Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)
 YES NO

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

NONE

D.D. Form 4-16-1945-711

Coded 4 March 48
Hallagher

FEB 7 1948

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 FRED BADER FUNERAL HOME, INC.			
NUMBER AND STREET 131 North Park Ave	CITY OR TOWN Fremont ⁰⁹	COUNTY OR PROVINCE Dodge	STATE OR TERRITORY OF U. S. A., OR COUNTRY Nebraska
EXPRESS OFFICE (Nearest railroad passenger station) Fremont Nebr.	TELEGRAPH ADDRESS 131 North Park Ave		TELEPHONE No. 10

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 Hoffmann	FIRST NAME Ella	MIDDLE INITIAL M	RELATIONSHIP TO DECEASED Mother
NUMBER AND STREET	CITY OR TOWN Cedar Bluffs	COUNTY OR PROVINCE Saunders	STATE OR TERRITORY OF U. S. A., OR COUNTRY Nebraska

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.

Rudolf Hoffmann (SIGNATURE OF NEXT OF KIN) _____ (STREET AND NUMBER)
Rudolf Hoffmann (NAME PRINTED OR TYPED) _____ Cedar Bluffs, Nebraska. (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 16th day of January, 1948, at city (or town) of Cedar Bluffs, county of Saunders, and State (or Territory or District) of Nebraska

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

[Signature]
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

 Notary Public
 (OFFICIAL TITLE)

OFFICE OF THE QUARTERMASTER GENERAL
MEMORIAL DIVISION

SUBJECT: NEW LOI
TO: MACHINE SECTION, R & B BRANCH, MEMORIAL DIVISION
ROOM 2701, TEMPORARY B BLDG

Date 4 Dec 1947

1st Lt. Hoffmann, Elmer F 01 367 969
Rank Name Serial No.

LOI to be sent to: Father

Grave Location:

~~Mr.~~
~~Mrs.~~
~~Miss~~ Rudolf Hoffmann
Name

Blossville Ia.
Cemetery

Cedar Bluffs
Street

M. 5 99
Plot Row Grave

City
Nebraska
State

ROGERS
72262

LOI SENT 5 JAN 1948

OFFICE OF THE QUARTERMASTER GENERAL
MEMORIAL DIVISION

SUBJECT: NEW LOI

hb
10 Dec 47
Sanham

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

1st Lt. Elmer F. Hoffman, O1 307 969
Plot M, Row 5, Grave 99,
United States Military Cemetery
Blasville, France

18 September 1947

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

PART I

I, _____ (PLEASE PRINT OR TYPE NAME OF NEXT OF KIN) (Please indicate relationship to the deceased by placing an "X" in the proper box.)

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

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

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

FILE
11 DEC 1947

new - LOJ. SENT 5 JAN 1948 to father fgt

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

LAST NAME <u>Hoffmann</u>	FIRST NAME <u>Rudolf</u>	MIDDLE INITIAL
RELATIONSHIP TO THE DECEASED <u>Father</u>		
NUMBER AND STREET	CITY OR TOWN <u>Cedar Bluffs</u>	STATE OR COUNTRY <u>Nebraska</u>

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

Nov. 11, 1947
(DATE)

Mrs. Myrtle L. Hoffmann
(SIGNATURE OF NEXT OF KIN) Fortuna, California
(STREET AND NUMBER)

Mrs. Myrtle L. Hoffmann Fortuna, California
(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)

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Myrtle L. Hoffmann

SHIP TO:
1st Lt. Elmer F. Hoffmann

Box 404

Effects of: **0-1307969**

Scotia, California

Name

166677 D

ASN

Cas. No.

Wt.

DATE 2 July 1945

CHG:JFH:cc

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.

*Not for [unclear] } [unclear]
v 2 [unclear] } 5-17-45*

REMARKS:

SHIP DAMAGED PROPERTY

FRANKED
Trans. Exp. ()
Exp. rt. Chgs.
No. of packages

JUL 5 1945

Shipping Clerk

PACKAGE DESCRIPTION <i>#1 1st Lt</i>	ARMY EFFECTS BUREAU INVENTORY	DECEASED <input checked="" type="checkbox"/>
		MISSING <input type="checkbox"/>
		P.O.N. <input type="checkbox"/>
		ABANDONED <input type="checkbox"/>
		TALLY NO. <i>7993</i>
		INV. DATE <i>17 May 1945</i>
		ORIG. NO. OF PKGS. <i>1</i>
NAME <i>Elmer F. Hoffman</i>		BOX NO.
A.S.N. <i>0-1307969</i>	<i>1st Lt</i>	SHEET <i>1</i> OF <i>1</i> SHEETS
		ORGANIZATION <i>Hq 3rd Arm Div 507th Recpt Bn</i>

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

**1 Clock*

DAMAGED LAUNDRY 7/2

REMARKS <i>Mrs Myrtle L. Hoffman Box 404 Scotts, California</i>	ATTACHMENTS <i>1 inventory</i>	FORM #54	FORM #100
<i>* glass broken out of clock</i>		WEIGHT	G.I. REMOVED
C.A.T. <i>none</i>			<input checked="" type="checkbox"/> SHORTAGE ON REVERSE
WAREHOUSE SPACE <i>7-215</i>	STORED BY <i>JA</i>		<input type="checkbox"/> IDENT. TAGS REMOVED
INVENTORIED BY <i>Gunn</i>		DATE SHIPPED <i>MAY 5 1945</i>	<input type="checkbox"/> DIARY REMOVED
PACKED BY <i>Ranks</i>	CHECKED BY <i>G</i>		<input type="checkbox"/> LOCKED STORAGE
			<input type="checkbox"/> LAUNDRY REMOVED
			<input type="checkbox"/> FILM REMOVED

Flush light misty, of no value removed (18)

SHORTAGES

U.S. GOVT. CHECK SHORT

2 Sheets

NUMBER

1 pillow case

DATE

2 Pencils

SYMBOL

4 pens

AMOUNT

1 or rings

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

INVENTORY CLERK

SUPERVISOR

G.I. REMOVED

NAME HOFFMANN, ELMER F. LT 7969

BAY	PALLET	BOX	TALLY
43	25		7993

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
F.L.		

507TH PARACHUTE INFANTRY
APO 230, U.S. ARMY

14 August 1944
Date

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. SOE, ETOUSA, is inventory of Effects con-
cerning subject named below.

<u>Hoffman</u>	<u>Elmer</u>	<u>F.</u>	<u>1st Lt.</u>	<u>01307969</u>	
(Last Name)	(First Name)	(MI)	(Rank)	(A.S.N.)	(Control No.) (For use of Effects AM ETOUSA)

Organization Hq Co., 3rd Bn., 507th Probt Inf.
(UNIT -----Not Branch of Service)

*Status. (Deceased, ~~Missing in Action, Prisoner of War~~) on the 15th
day of July 1944.

Designated Beneficiary (With Address)

**Mrs. Myrtle L. Hoffman,
Box 404,
Scotia, California.**

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

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

U.S.M.O. \$ _____ Amt \$ _____ U.S.M.O. \$ _____ Amt \$ _____

U.S. Official Check \$ None Amt _____ Bank _____
(Name & Branch)

#Bank Accounts None _____

#Debtors None _____

#Creditors None _____

#Inclosed is No Inclosures
(Will, Power of Attorney, War Bond, Travelers Checks
Describe fully)

REMARKS (if any) None

*Strike out words no applicable.
#Negative report where applicable.

INVENTORY OF EFFECTS
(Attach extra sheets if necessary)

- 29 Pieces of Underclothes ✓
- 1 Scarf ✓
- 1 Valet Set ✓
- 2 Pipes ✓
- 1 Fountain Pen ✓
- 1 Flashlight ✓
- 1 Money Belt ✓
- 2 Wallets ✓
- 28 pr of Socks ✓
- 2 Webb Belts ✓
- 2 pr of Gloves ✓
- 4 Towels ✓
- 7 Ties ✓
- 3 Caps ✓
- 2 Sheets ○
- 1 Pillowcase ○
- 6 Shirts ✓
- 3 Blouses ○
- 1 Sheep-skin Vest ○
- 9 pr of Trousers ○
- 1 Field Jacket ✓
- 1 Photo ✓
- 1 Ring ✓
- 1 Wrist Watch ✓
- 1 Book ✓
- 4 U. S. Insignias ✓
- 4 Inf. Insignias ✓
- 1 507th Patch, background ✓
- 1 pr of Preht Wings ○
- 6 Handkerchiefs ✓
- 4 1st Lt. Bars ✓
- 1 pr of Shoes ✓

I certify that the foregoing inventory comprises all of the subject's effects and that effects were shipped to Effects QM. ETCUSA, APO #507, 3-14, U. S. Army by delivering to QM, 82nd A/B Div., APO

409, USA on 14 August 1944.

Signature - (In ink)

(Block
Letters)

Rank and organization

SUBJECT: Report of transaction in disposing of the effects of

Elmer F. Hoffmann O-1307969 late a
(Name of deceased) (Army Serial Number)
First Lieutenant Infantry who died
(Grade) (Organization, Army or Service)
on the 13 day of July, 1944, at xx in European Area

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

1. Complying with A.W. 112, a Summary Court-Martial, convened at Kansas City Mo. Pursuant to S.O., 22S Hq., KCM Depot, dated 25 September 1943, for the purpose of disposing of the effects of the above-named soldier, or person subject to military law, reports that:

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

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

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

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

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 14 June 1945, pursuant to Special Orders 22S, Headquarters KCM Depot, dated 25 September 1943, the application or affidavit of Mrs. Myrtle L. Hoffmann

for the effects of the above-named deceased soldier, or person subject to military law, now in the possession of the United States, with other relevant evidence, was duly considered;

Whereupon, this Summary Court-Martial finds that, under the provisions of A.W. 112, Mrs. Myrtle L. Hoffmann of Box 404 Scotia State of California (Number, Street or Avenue) (City, Town or Village) is the widow of the (Relationship or Capacity)

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

(Signature of Summary Court Officer)

JOHN R. MURPHY, Colonel, Q.M.C.

(Name, Rank, Organization)
SUMMARY COURT MARTIAL

ORDER FOR SHIPMENT

Mrs. Myrtle L. Hoffmann

Box 404

Scotia, California

SHIP TO:

1st Lt. Elmer F. Hoffmann

Effects of 6-1307969

Name

166,677 D

ASN

Case No.

Wt.

DATE 16 June 1945

CHG:MR:wp

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
 Dry removed
 Laundry removed

ROUTING:

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

Not Cash June 5/1945

REMARKS:

Fracked ~~FRANKED~~ JUN 27 1945
No. Exp. Chgs.
Est. Exp. Chgs.
No. of packages

Shipping Clerk

ARMY EFFECTS BUREAU
DRY CLEANING LIST

ARMY EF
LAUNDRY

ST
U

JUN 12 1945

TALLY NO. **H-7969E** 039 ✓
L 085 **H-7969E** TALLY NO.

ELMER F. HOFFMAN

01307969 ✓
#/etno

May 1, 1945

166677

DRY CLEANING	do not use	LAUNDRY	do not use
SHIRTS, WOOL		SHIRTS, DRESS, COTTON	
TROUSERS, WOOL		HANDKERCHIEFS	
COAT, SERVICE, WOOL		TROUSERS, COTTON	
JACKET, FIELD		TIE, COTTON	
OVERCOAT, LONG		UNDERSHIRTS, COTTON	
OVERCOAT, SHORT, WOOL		DRAWERS, COTTON	
CAP, GARRISON, WOOL		SWEATSHIRTS, COTTON OR WOOL	
CAP, GARRISON, W/LEATHER COTTON		DRAWERS, WOOL	
CAP, SERVICE WOOL		SOCKS, COTTON, PA	
CAP, SERVICE, W/LEATHER COTTON		SOCKS, WOOL, PA	
TIES, WOOL		PAJAMA TOPS	
GLOVES, LEATHER OR WOOL		PAJAMA BOTTOMS	
SCARFS		FATIGUES, TOPS, COTTON	
SWEATERS		FATIGUES, TROUSERS, COTTON	
TRUNKS, SWIM		CAP, FATIGUE, COTTON	
		BELT, COTTON	
		TOWEL	
		CLOTH, WASH	
		CAP, GARRISON, "NO LEATHER" COTTON	
		CAP, SERVICE, "NO LEATHER", COTTON	
		GLOVES, COTTON	
		LEGGINGS	
		SUPPORTERS, ATHLETIC	
		SCARFS	
		TRUNKS, GYM	
		BAGS, BARRACKS	
		1 sheet ✓ 6 1	
		1 blanket ✓ 12 1	
		1 pillow slip ✓ 3 1	
			21

WAREHOUSE SPACE

2915

STORED BY

com

INVENTORIED BY

Little

WEIGHT

DATE SHIPPED

JUN 27 1945

PACKED BY

CHECKED BY

Tousson

W

PACKAGE DESCRIPTION

ARMY EFFECTS BUREAU INVENTORY

DECEASED	<input type="checkbox"/>
MISSING	<input checked="" type="checkbox"/>
P.O.W.	<input type="checkbox"/>
ABANDONED	<input type="checkbox"/>
TALLY NO.	7609
INV. DATE	May 1, 1945
ORIG. NO. OF PKGS.	1
BOX NO.	
SHEET OF SHEETS	1
ORGANIZATION	509 th Paratrooper

1 *Box*

166677

NAME **ELMER F. HOFFMAN**
 A.S.N. 01307969 RANK 1st LT.

BELT	TOWELS & WASHCLOTHS	WINGS
BELT, MONEY (NO MONEY)	CLOTHING	1 BAGS, CLOTH OR TRAVEL
CLOTH, WASH	BRACELET IDENT.	BILLFOLD, (NO MONEY)
COATS <i>2/1 mis nigra 2/1 mis go.</i>	BRUSHES	CASE
FOOTWEAR, PR.	CAMERAS	FOOTLOCKER
GLOVES, PR.	GLASSES	KIT, SEW, TLT, OR WRITING
HANDKERCHIEFS	KNIVES	BOOKS
HEADWEAR	LIGHTERS	BOOKS, ADDRESS
JACKETS	MISC. INSIGNIA	BOOKS, PILOT LOG
OVERCOATS	PEN, FOUNTAIN	DIARY (REMOVED FOR DUR)
SCARFS	PENCIL, MECHANICAL	FILMS
6 SHIRTS	PIPES	LETTERS
SOCKS, PR.	RELIGIOUS ARTICLES	PAPERS, PERSONAL
TIES	RIBBONS, DECORATION	PHOTOS
TOWELS	RINGS	SHOE SHINE ARTICLES
3 TROUSERS, PR.	TOBACCO	SHORT SNORTER
TRUNKS, PR.	TOILET ARTICLES	SOUVENIRS
UNDERWEAR	WATCH	SOUVENIR MONEY
1 <i>Surv Vest</i>		STATIONERY
		TESTAMENTS
		U.S. MONEY (AMOUNT)

LAUNDRY

REMARKS: Mrs E. F. Hoffman
 Box 404
 Scotia Calif.

ATTACHMENTS: none

FORM #54: none

FORM #100: none

C.A.T. none	STORIED BY <i>Lee</i>	WEIGHT	G.I. REMOVED
WAREHOUSE SPACE 570X		DATE SHIPPED JUN 27 1945	SHORTAGE ON REVERSE
INVENTORIED BY <i>Fedeli</i>	CHECKED BY <i>Schawengardt</i>	X #43 OR ADDITIONAL	IDENT. TAGS REMOVED
PACKED BY			DIARY REMOVED
			LOCKED STORAGE
			LAUNDRY REMOVED
			FILM REMOVED

NAME HOFFMAN, ELMER F. LT 7969

BAY	PALLET	BOX	TALLY
63	25		7609

TYPE OF PKG.	WHISE. SPACE	INVENTORIED
VAL PAK		

CFF/BJV

166870

201-Hoffmann, Elmer F. (Off) 1st Ind.

HEADQUARTERS 82D AIRBORNE DIVISION, APO #469, U. S. Army. 19 August 1944.

TO: Effects Quartermaster, MFCUSA, APO 871, U. S. Army.

MES

H. T. S.



201
→

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ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPOT

601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

GHG:WA:mp
June 21, 1945

IN REPLY REFER TO _____

166677

Mrs. Myrtle L. Hoffmann
Box #404
Scotia, California

Dear Mrs. Hoffmann:

The Army Effects Bureau has received from overseas some personal effects of your husband, First Lieutenant Elmer F. Hoffmann.

These effects are being forwarded to you in two cartons.

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

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

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

Yours very truly,

P. L. KOOB
1st Lt. Q.M.C.
Officer-in-Charge
SJ Unit

166677

GHC:JMI:cc
July 4, 1945

Mrs. Myrtle L. Hoffman
Box 404
Scotia, California

Dear Mrs. Hoffman:

The Army Effects Bureau has received some additional property of your husband, First Lieutenant Elmer F. Hoffman.

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

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

Extending every sympathy, I am

Sincerely yours,

P. L. KOOB
1st Lt. C.M.C.
Officer-in-Charge
SJ Unit

83

SPQYG 293
Hoffmann, Elmer F. 0-1307-1-10

22 March 1946

Mrs. Myrtle L. Hoffmann
Box 404
Scotia, California

Dear Mrs. Hoffmann:

The War Department is most desirous that you be furnished the burial location of your husband, the late First Lieutenant Elmer F. Hoffmann, A.S.N. 0 130 796 9.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery, Bloisville, France, plot M, row 5, grave 99.

This cemetery is located approximately twenty miles northwest of St. Lo, twenty four miles southeast of Cherbourg and five miles north and slightly west of Carentan, all in France, and is under the constant care and supervision of United States military personnel.

Please accept my sincere sympathy in the loss of your husband.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

100-22-3-11-10
MAIL ROOM
MAR 22 1946
kbt

100-22-3-11-10
LMS

1st Lt. Elmer F. Hoffmann, OI 307 969
Plot M, Row 5, Grave 99,
United States Military Cemetery
Blosville, France

18 September 1947

Mrs. Myrtle L. Hoffmann
Box 404
Scotia, California

Dear Mrs. Hoffmann:

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

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

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

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

Sincerely,

THOMAS E. LARKIN
Major General
The Quartermaster General

8 Incls.

reg

B.F.J.

SEP 18 2 02 PM '47
U. S. M. C.
MAIL & RECORDS SECTION

1st Lt Elmer F. Hoffmann, OI 307 969
Plot M, Row 5, Grave 99,
United States Military Cemetery
Bosville, France

5 January 1948

Mr. Rudolf Hoffmann

Cedar Bluffs, Nebraska

Dear Mr. Hoffmann:

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

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

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

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

Sincerely,

THOMAS B. LARKIN
Major General
The Quartermaster General

Incls.