

**REPORT OF BURIAL**  
**RESTRICTED**

243

13435

July 23, 1944  
Date

Lempke, Reuben F.  
Last Name First Initial  
507 Para Inf Post  
Unit  
82nd AB.  
Organization

36800072  
Serial No.

SEP 14 1944

Normandy, France 11 Est. June 8, 1944 KIA, Body Decomposed  
Place of Death Date of Death Cause of Death

2000 July 23, 1944 Ste. Mere Eglise # 2, Ste. Mere Eglise, Fr.  
Time and Date of Burial Name of Cemetery Name or Coordinates of Location

76 4 Q Cross  
Grave Number Row Number Plot Number Type of Marker

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

If No Identification Tags  
How were remains identified?

What means of identification were buried with the body?

**Embossed tag.**

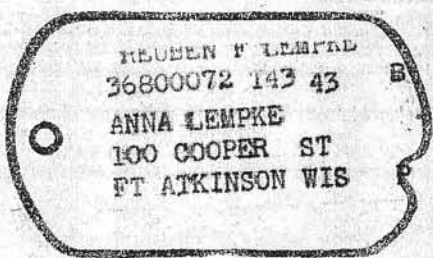
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right: Hock 14142709   77  
Name Serial No. Rank Organization Grave No.

Deceased's Left: Jacobs 14018918 Pfc. 101 AB 75  
Name Serial No. Rank Organization Grave No.

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



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

Emergency Addressee \_\_\_\_\_ Name

\_\_\_\_\_ Address

Religion Protestant.

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

**Knife**

( Forwarded to Effects Quartermaster)

1 pound  
\$ 1.00

[Signature]  
Signature of Officer or other person reporting burial

[Signature]

Handwritten notes:  
4-2-44  
76145  
C...

3680007 ✓

Reuben F. LEMPKE

Serial No. \_\_\_\_\_ Name \_\_\_\_\_  
Grade \_\_\_\_\_ Rank \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
Nearest Relative \_\_\_\_\_  
Address \_\_\_\_\_  
Killed in Action  Died of Disease \_\_\_\_\_  
Date 7/23/04 Hospital \_\_\_\_\_  
Battle Area \_\_\_\_\_ Information \_\_\_\_\_  
Place of Burial 500 New Quarter  
Point of Coordination \_\_\_\_\_  
Description of Body \_\_\_\_\_

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

—BATTLE CASUALTY REPORT

NAME LEMPKE REUBEN F			SERIAL NUMBER 36800072			GRADE PVT	ARM OR SERVICE INF	REPORTING THEATRE ETO
PLACE OF CASUALTY FRANCE		DATE OF CASUALTY DAY MONTH YEAR 11 JUN 44		FLYING OR JUMPING STAT J	TYPE OF CASUALTY KIA	SHIPMENT NUMBER 133		

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 ANNA LEMPKE			RELATIONSHIP MOTHER		DATE NOTIFIED 24 July 1944	
NO. AND NAME OF STREET—CITY—STATE 100 COOPER STREET FORT ATKINSON WISCONSIN						

REMARKS:

CORRECTED COPY Evidence of death received in W.D.



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 *[Signature]* REVIEWED BY *[Signature]*

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"  38 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.

**WAR DEPARTMENT**  
**THE ADJUTANT GENERAL'S OFFICE**

WASHINGTON 25, D. C.

**REPORT OF DEATH**

DATE 4 Aug 1944  
bv 4632

FULL NAME <u>Lempke, Reuben F.</u>				ARMY SERIAL NUMBER <u>36 800 072</u>				GRADE <u>Pvt</u>							
HOME ADDRESS <u>Fort Atkinson, Wisconsin</u>						ARM OR SERVICE <u>Parachute Infantry</u>				DATE OF BIRTH <u>13 Feb 1924</u>					
PLACE OF DEATH <u>European Area</u>						CAUSE OF DEATH <u>Killed in action</u>						DATE OF DEATH <u>11 June 1944</u>			
STATION OF DECEASED <u>European Area</u>						DATE OF ENTRY ON CURRENT ACTIVE SERVICE <u>21 Jan 1943</u>				LENGTH OF SERVICE FOR PAY PURPOSES					
										YEARS <u>1</u>		MONTHS <u>4</u>		DAYS <u>21</u>	
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <u>Mrs. Anna Lempke, mother, 100 Cooper Street, Fort Atkinson, Wisconsin</u>															
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <u>Anna Lempke, mother, 100 Cooper Street, Fort Atkinson, Wisconsin</u> <u>Mrs. Clifford Nelson, sister, Rt. #1, Fort Atkinson, Wisconsin</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

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:

*J. A. Marshall*  
J. A. Marshall

ADJUTANT GENERAL

21 AUG 1944 FILE

*Neuf*  
*Final*

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

154569

**REPORT OF DEATH**

DATE 4 Aug 1944  
by 4632

FULL NAME <u>Lempke, Reuben F.</u>		ARMY SERIAL NUMBER <u>36 800 072</u>		GRADE <u>1st</u>	
HOME ADDRESS <u>Fort Atkinson, Wisconsin</u>		ARM OR SERVICE <u>Parachute Infantry</u>		DATE OF BIRTH <u>12 Feb 1924</u>	
PLACE OF DEATH <u>European Area</u>		CAUSE OF DEATH <u>Killed in action</u>		DATE OF DEATH <u>11 June 1944</u>	
STATION OF DECEASED <u>European Area</u>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <u>21 Jan 1943</u>		LENGTH OF SERVICE FOR PAY PURPOSES	
				YEARS <u>1</u>	MONTHS <u>4</u>
				DAYS <u>21</u>	
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <u>Mrs. Anna Lempke, mother, 100 Cooper Street, Fort Atkinson, Wisconsin</u>					
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <u>Anna Lempke, mother, 100 Cooper Street, Fort Atkinson, Wisconsin</u> <u>Mrs. Clifford Nelson, sister, Rt. #1, Fort Atkinson, Wisconsin</u>					
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT	
YES	NO	YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS	
YES	NO	YES	NO	YES	NO
OTHER PAY STATUS (SPECIFY BELOW)					
				YES	NO
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



ADDITIONAL DATA AND/OR STATEMENT

On Parachute Pay

COPIES FURNISHED:

S. G. O.	F. B. I.	F. O., U. S. A.
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G. A. C.	VET. ADMIN.	A. G. 201 FILE

BATTLE

NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

*J. A. Marshall*

J. A. Marshall  
ADJUTANT GENERAL



# DISINTERMENT DIRECTIVE

# 1

SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER <b>3586 02472</b>		DATE <b>15 12 47</b>		
NAME <b>LEMPKE REUBEN F</b>				SERIAL NUMBER <b>36800072</b>		RANK <b>PVT</b>		ARM <b>1</b>
CEMETERY <b>ST MERE EGLISE NO 2 - CARENTAN</b>				DISPOSITION OF REMAINS <b>1 6300 08</b>		DATE OF DEATH DAY MONTH YEAR		
PLOT <b>Q</b>	ROW <b>4</b>	GRAVE <b>76</b>	COUNTRY <b>FRANCE</b>		CODE		DIST. PT. <b>6</b>	
CAUSE OF DEATH <b>6</b>								

### SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE <b>DOWNING FUNERAL SERVICE 118 SOUTH 3RD WEST FORT ATKINSON, WISCONSIN</b>				NAME AND ADDRESS OF NEXT OF KIN <b>MRS. ANNA LEMPKE (MOTHER) 100 COOPER STREET FORT ATKINSON, WISCONSIN</b>			
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### SECTION C — DISINTERMENT AND IDENTIFICATION

NAME <b>Lempke Reuben F</b>		SERIAL NUMBER <b>36800072</b>	RANK <b>Pvt</b>	DATE OF DEATH <b>8 June 1944</b>	DATE DISINTERRED <b>22 Apr 1948</b>
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER		ORGANIZATION <b>USAGF</b>		RELIGION <b>Prot</b>	IDENTIFICATION VERIFIED BY <b>C. R. Tompkins, Emb</b> NAME AND TITLE

### SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL <b>Jumpsit and boots</b>	CONDITION OF REMAINS <b>Adv. Decomp. Missing: R. Clavicle</b>
OTHER MEANS OF IDENTIFICATION <b>None</b>	
MINOR DISCREPANCIES <b>None</b>	

REMAINS PREPARED AND PLACED IN ~~CASKET~~ **Transfer Case**

DATE **22 April 1948** BY **C. R. Tompkins, Embalmer**

CASKET SEALED BY  
**H. F. Pergande, Embalmer**

CASKET BOXED AND MARKED  
DATE **6/5/48** BY **Ben Benjamin, Clk Rec**

EMBALMER (Signature)  
*H. F. Pergande*  
**H. F. Pergande**

SHIPPING ADDRESS VERIFIED BY  
**John Palyok, Jr**  
All markings, tags plates verified by: *John Palyok Jr*

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

*Robert B. Howard*  
**Robert B. Howard, 2d Lt Inf**  
SIGNATURE OF GRS INSPECTOR

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

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>St Mere Eglise No. 2</b>		TO <b>Casketing Point "A" Cherbourg</b>	
KIND OF CONVEYANCE <b>Truck</b>		NAME OF CONVOYER <b>T/4 Kovalski</b>	
SIGNATURE OF SHIPPER <b>Allyn P. King, 1st Lt CAV</b>	DATE <b>21/4/48</b>	SIGNATURE OF RECEIVER <i>Everett N. Ciampo</i>	DATE <b>21/4/48</b>

## 2. SHIPPED

FROM <b>Casketing Point "A" Cherbourg</b>		TO <b>Port Unit, Cherbourg</b>	
KIND OF CONVEYANCE <b>Truck</b>		NAME OF CONVOYER <i>Car</i>	
SIGNATURE OF SHIPPER <i>Everett N. Ciampo</i>	DATE <b>21/4/48</b>	SIGNATURE OF RECEIVER <i>John Hendry, Jr.</i>	DATE <b>21/4/48</b>

## 3. SHIPPED

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

## 4. SHIPPED

FROM <b>USAT GREENVILLE VICTORY</b>		TO <b>NYPOE</b>	
KIND OF CONVEYANCE <b>USAT GREENVILLE VICTORY</b>		NAME OF CONVOYER <b>RAYMOND E. MCMANUS</b>	
SIGNATURE OF SHIPPER <b>RAYMOND E. MCMANUS Captain, TC Transport Commander</b>	DATE <b>25/6/48</b>	SIGNATURE OF RECEIVER <i>James L. McKinnon</i>	DATE <b>JUN 26 1948</b>

## 5. SHIPPED

FROM <b>NYPOE</b>		TO <b>DCOB</b>	
KIND OF CONVEYANCE <b>T. Train</b>		NAME OF CONVOYER <b>Pvt Thomas R. Twining 12297202</b>	
SIGNATURE OF SHIPPER <b>JAMES L. MCKINNON COLONEL, T. C. PORT TRANSPORTATION OFFICER</b>	DATE <b>25/6/48</b>	SIGNATURE OF RECEIVER <i>J. A. Benton</i>	DATE <b>6/8/48</b>

## 6. SHIPPED

FROM <b>0 4 SE LBANCE</b>		TO <b>e</b>	
KIND OF CONVEYANCE <b>0 4 SE LBANCE</b>		NAME OF CONVOYER <b>J. A. BENTON Captain, OMC Chief, Operations Br.</b>	
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

# CERTIFICATE

(AR 30-1830)

FORM II  
CONTROL NO. 6257

1. FILL IN EITHER PART A OR PART B; NOT BOTH.
2. USE PART A WHEN INTERMENT IS IN A CIVILIAN OR PRIVATE CEMETERY.
3. USE PART B WHEN REMAINS ARE DELIVERED TO HOME OR OTHER PLACE OR NATIONAL OR POST CEMETERY.

TO OFFICE OF  
QUARTERMASTER GENERAL, WASHINGTON 25, D. C.  
ATTN: HDQRS., A. G. R. S.

## PART A - CIVILIAN OR PRIVATE CEMETERY

**A**

### REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT <b>LEMPKE, REUBEN F.</b>	GRADE <b>PVT.</b>	SERIAL NUMBER <b>36800072</b>	COMPONENT <b>US ARMY</b>
--	----------------------	----------------------------------	-----------------------------

I certify that the sum of \$ 80.00 was paid by me from personal funds in connection with the interment of the remains of the above named decedent in the below named cemetery.

**CLAIM VALID-REPATRIATION 1 AUG 6 1948**

INSERT NAME OF CEMETERY <b>UNION</b>	CITY OR COUNTY <b>JEFFERSON</b>	STATE <b>WISCONSIN</b>
---	------------------------------------	---------------------------

<b>INSTRUCTIONS TO PERSON SIGNING THIS FORM</b> 1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. 2. Return four copies to:  Chicago Q.M. Depot American Graves Registration Div. 1819 W. Pershing Rd. Chicago 9, Illinois	SIGNATURE OF CLAIMANT <b>MRS. ANNA LEMPKE</b> <i>Mrs Anna Lempke</i> ADDRESS OF CLAIMANT (City, Street or RFD, and State) <b>100 COOPER STREET</b> <b>FORT ATKINSON, WISCONSIN</b> RELATIONSHIP TO DECEDENT <b>MOTHER</b> DATE <b>31 JULY 1948</b>
--	--

## PART B - NATIONAL OR POST CEMETERY

**B**

### REQUEST FOR REIMBURSEMENT OF TRANSPORTATION EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

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

I certify that the sum of \$ \_\_\_\_\_ was paid by me from personal funds in connection with the transportation of the remains of the above named decedent from and to the following places:

INSERT CITY OR TOWN (OR ADDRESS NOT IN A CITY OR TOWN) FROM WHICH REMAINS WERE SHIPPED	INSERT NAME AND LOCATION OF NATIONAL OR POST CEMETERY TO WHICH REMAINS WERE SHIPPED
--	---

<b>INSTRUCTIONS TO PERSON SIGNING THIS FORM</b> 1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. 2. Return four copies to:	SIGNATURE OF CLAIMANT ADDRESS OF CLAIMANT (City, Street or RFD, and State) RELATIONSHIP TO DECEDENT DATE
--	---

PAID ON MONEY ACCOUNT AUG 19 1948 COL. F. D. ...



EXPLANATION OF PART A - CIVILIAN OR PRIVATE CEMETERY

1. When the remains are delivered for interment in a civilian or private cemetery, you are responsible for paying all interment expenses. In this connection, you are entitled to the allowance mentioned in paragraph 2 below.
2. An amount not to exceed \$75 is allowed by the government toward actual interment expenses when final interment of the remains is in a private or civilian cemetery. No allowance is authorized toward interment expenses when interment is in a national or post cemetery.
3. The \$75 maximum allowance by the government toward interment expenses includes but is not limited to the payment of one or more of the following items: hearse hire from the railroad station to your home, the funeral home, church, cemetery, or any other place designated by you; vault; church services; newspaper notices; transportation for friends and relatives to and from cemetery; and the services of a funeral director.
4. Reimbursement by the government is made only to the person who paid from his personal funds the expenses of or incident to interment in a private or civilian cemetery. Receipted bills are not required to accompany this form. Any expenses over and above the \$75 maximum must be borne by the person who incurred or paid the additional expenses.

EXPLANATION OF PART B - NATIONAL OR POST CEMETERY

1. When the remains are delivered to you at government expense prior to burial in a national or post cemetery, you are responsible for all additional expenses necessary to deliver the remains from that point to the national or post cemetery grave site. However, you may be entitled to an allowance for the cost of transporting the remains from your home to the national or post cemetery grave site subject to the conditions outlined in paragraph 2, below.
2. Reimbursement of transportation expenses is allowed only when the cost to the government to deliver the remains to you is LESS than what it would have cost the government to deliver the remains direct to the national or post cemetery of final interment. However, the amount which you may be allowed (the difference between cost of delivery to you and cost of delivery by the government direct to the national or post cemetery) may not exceed the amount actually expended by you to deliver the remains to the cemetery grave site. WHETHER OR NOT YOU WILL BE GRANTED AN ALLOWANCE IS DEPENDENT UPON AN AUDIT OF THIS REQUEST. IN ANY EVENT YOU WILL BE NOTIFIED OF ANY ALLOWANCE DUE YOU BY THE OFFICE TO WHICH THIS FORM IS SENT.
3. Reimbursement by the government will be made only to the person who paid from his personal funds for transporting the remains to the national or post cemetery grave site.
4. No interment expense allowance is authorized since interment is made ultimately in a national or post cemetery.



RECEIPT OF REMAINS  
DAY LETTER

*[Handwritten scribble]*

DISTRIBUTION CENTER AGR DIV., CHICAGO QUARTERMASTER DEPOT  
1819 W. PERSHING RD., CHICAGO, ILLINOIS

DOWNING FUNERAL SERVICE  
118 SOUTH 3RD WEST  
FORT ATKINSON, WISCONSIN

ROUTINE

REMAINS CONSIGNED TO:

REMAINS OF THE LATE PVT. REUBEN F. LEMPKE

BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT. ON TRAIN NUMBER 507

C&NW RR

LEAVING CHICAGO 1:00 AM CST FRIDAY 30 JULY 1948

AND DUE TO ARRIVE FT. ATKINSON, WIS., 6:30 AM CST. FRI. 30 JULY 1948

REQUEST THAT YOU IMMEDIATELY INFORM THE NEXT OF KIN AND MAKE ARRANGEMENTS

TO ACCEPT REMAINS AT STATION UPON ARRIVAL. REFER TO CONTROL NUMBER 6257

CARROLL J. GRINNELL  
LT. COL. QMC

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

THIS 29 DAY OF JULY, 1948

Sgt. William O. Brecken WITNESS (Escort) Downing Funeral Service CONSIGNEE  
*[Handwritten signature]*

REV. 18B

NAT  
FILE  
RECORDS ANNOTATED  
DATE 29 July 48  
NAME [Signature]  
R & R BR.

GP

53

# INSPECTION CHECKLIST

NAME	RANK	SERIAL NUMBER
NEXT OF KIN <b>Lempke, Reuben F.</b>	ADDRESS <b>Pvt</b>	<b>36800072</b>

<b>SHIPPING CASE - General Appearance</b> (Check ONLY Discrepancies)	CONDITION OF SHIPPING CASE (Check One) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY
FINISH (Exterior)	REMARKS
FINISH (Interior)	
HANDLES	
HANDLE BOLTS	
STENCILING - NAMEPLATE	
INSPECTED BY: <i>R. M. ...</i>	

<b>CASKET - General Appearance</b> (Check ONLY Discrepancies)	CONDITION OF CASKET (Check One) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY
FINISH (Exterior)	REMARKS
HANDLES AND FASTENINGS	
STENCILING - NAMEPLATE	
CAM LOCKS (Sealing)	
ODOR OR MOISTURE	
INSPECTED BY:	

ROUTED THROUGH	
<input type="checkbox"/> MORTUARY OPERATING ROOM	<input type="checkbox"/> MORTUARY REPAIR SHOP
CONDITION OF REMAINS <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	CASKET REPAIRED <input checked="" type="checkbox"/> <i>Check up self</i>
NECESSARY DISINFECTION (Explain)	CASKET EXCHANGED <input type="checkbox"/>
	SHIPPING CASE REPAIRED <input type="checkbox"/>
	SHIPPING CASE EXCHANGED <input type="checkbox"/>
	REMARKS <b>INSPECTION</b>

TIME	DATE	SIGNATURE OF MORTICIAN	TIME <i>8/10</i>	DATE <i>7/29/68</i>	SIGNATURE OF INSPECTING OFFICER <i>Dalacker</i>
------	------	------------------------	------------------	---------------------	---

REMARKS

**INSPECTION**

STORAGE LOCATION				<b>011</b>
FLOOR	SECTION	BAY	STORAGE NUMBER <b>1403</b>	
<b>OUTGOING</b>				PASS. LIST NUMBER
				CONTROL NUMBER <b>6257</b>

RECEIVED  
SIGNAL CENTER

JUL 3 1 33 PM '48

WU A239 14 GOVT COLLECT

FORT ATKINSON WIS JUL 3 1948 1030A

CARROLL J GRINNELL

IN REGARDS TO PVT REUBEN F LEMKE CONTROL NUMBER 6257

PREVIOUS ARRANGEMENTS SATISFACTORY

MRS ANNA LEMKE

1231P



QMDIG-A-293  
Lempke, Reuben F.  
Pvt.

MJN/djh  
1 July 1948

Mrs. Anna Lempke  
100 Cooper Street  
Fort Atkinson, Wisconsin

Dear Mrs. Lempke:

Inclosed is a copy of telegram to you from this office dated 21 June 1948. To this date we have received no reply from you confirming instructions in regard to final burial of Pvt. Reuben F. Lempke. Request immediate confirmation by telegram collect to this office. Refer to Control Number 6257 and name of deceased.

Sincerely yours,

STANLEY E. MAY  
Captain, Q.M.C.  
Chief, Admin. Br.  
AGR Division

1 Incl;  
Cy Tele to  
Next of Kin

# MESSAGEFORM

MESSAGE CENTER No.

TRANSMITTING MEANS

CRYPTOGRAPH OR CLEAR TEXT

CALLS

STA. SER. No.

PRECEDENCE

TRANSMISSION INSTRUCTIONS

**WESTERN UNION TELEGRAPH COMPANY  
CHICAGO, ILLINOIS**

ORIGINATOR

DATE-TIME GROUP

V

**DAY LETTER**

NR

ACTION

INFORMATION

EXEMPT

OPERATING SIGNALS

GROUP COUNT

GR

SPACE ABOVE FOR SIGNAL CENTER ONLY

**FROM: (Originator) AGR DIV., CHICAGO QUARTERMASTER DEPOT  
1819 W. PERSHING RD., CHICAGO, ILL.**

SECURITY CLASSIFICATION

ACTION TO:

**· MRS. ANNA LEMPKE  
· 100 COOPER STREET  
· FORT ATKINSON, WISCONSIN****DELR.  
&  
REPORT  
ANY  
CHARGES**PRECEDENCE FOR  
ACTION INFORMATION ORIGINAL MESSAGEREFERS TO ANOTHER MESSAGE  
IDENTIFICATION CLASSIFICATION

INFORMATION TO:

THIS HEADQUARTERS ADVISED REMAINS OF LATE **PVT REUBEN F. LEMPKE** ARE ENROUTE TO UNITED STATES. RECORDS OF THIS OFFICE INDICATE YOU WISH REMAINS DELIVERED TO **DOWNING FUNERAL SERVICE, 118 SOUTH 3RD WEST, FORT ATKINSON, WISCONSIN.**

PLEASE CONFIRM ABOVE DELIVERY INSTRUCTIONS WITHIN 48 HOURS OR SUBMIT NEW DELIVERY INSTRUCTIONS BY TELEGRAM COLLECT TO CHICAGO QUARTERMASTER DEPOT CHICAGO ILLINOIS. THIS IS YOUR FINAL OPPORTUNITY TO CHANGE DELIVERY INSTRUCTIONS AT GOVERNMENT EXPENSE. IMPOSSIBLE TO GIVE YOU DEFINITE DELIVERY DATE. THREE DAYS PRIOR TO SHIPMENT FROM THIS DEPOT YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF RAIL ROUTING AND SCHEDULED TIME OF ARRIVAL AT RAILROAD STATION WHERE HE WILL BE REQUESTED TO ACCEPT REMAINS ACCOMPANIED BY MILITARY ESCORT AND TO INFORM YOU TO COMPLETE FUNERAL ARRANGEMENTS. YOUR COOPERATION WILL GREATLY ASSIST THIS OFFICE. IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD REQUEST LOCAL PATRIOTIC OR VETERANS ORGANIZATION TO MAKE ARRANGEMENTS. IN TELEGRAM REPLY REFER TO CONTROL NUMBER **6257** AND NAME OF DECEASED.

**CARROLL J. GRINNELL,  
LT. COLONEL, QMG,  
CHIEF, AGR DIV.**

REV. 4E

SECURITY CLASSIFICATION

AUTHORIZATION

SIGNATURE

ORIGINATING AGENCY

SYMBOL

DATE-TIME GROUP

**JUN 21 1945**

OFFICIAL TITLE

**CARROLL J. GRINNELL,  
LT. COLONEL, QMG,  
CHIEF, AGR**

PAGE OF

# QUEST FOR DISPOSITION OF REMAINS

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

DATE:

**Pvt Reuben F. Lempke, 36 800 072**  
**Plot Q, Row 4, Grave 76,**  
**United States Military Cemetery**  
**Ste Mere Eglise #2, France**

**25 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, Mrs. Anna Lempke (Please indicate relationship to the deceased by placing an "X" in the proper box.)  
(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> WIDOW   | <input type="checkbox"/> WIDOWER           | <input type="checkbox"/> SON OVER 21 YEARS OLD     | <input type="checkbox"/> DAUGHTER OVER 21 YEARS OLD |
| <input type="checkbox"/> FATHER  | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> BROTHER OVER 21 YEARS OLD | <input type="checkbox"/> SISTER OVER 21 YEARS OLD   |
| <input type="checkbox"/> 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

Union Cemetery, Jefferson, Wisconsin  
(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

*LO/9 P. 10/12/47*

*ended  
17 Nov. 47  
W. Baker*

**NOV 10**

*(Handwritten initials)*



**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 <b>Downing Funeral Service</b>			
NUMBER AND STREET <b>118 S. 3rd W.</b>	CITY OR TOWN <b>Fort Atkinson</b>	COUNTY OR PROVINCE <b>Jefferson</b>	STATE OR TERRITORY OF U. S. A., OR COUNTRY <b>Wisconsin</b>
EXPRESS OFFICE (Nearest railroad passenger station) <b>Fort Atkinson, Wisconsin</b>	TELEGRAPH ADDRESS <b>Fort Atkinson, Wisconsin</b>	TELEPHONE No. <b>155</b>	

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 <b>Lempke</b>	FIRST NAME <b>August</b>	MIDDLE INITIAL <b>J.</b>	RELATIONSHIP TO DECEASED <b>father</b>
NUMBER AND STREET <b>100 Cooper St.</b>	CITY OR TOWN <b>Fort Atkinson</b>	COUNTY OR PROVINCE <b>Jefferson</b>	STATE OR TERRITORY OF U. S. A., OR COUNTRY <b>Wisconsin</b>

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.

<u>Mrs Anna Lempke</u> (SIGNATURE OF NEXT OF KIN)	<u>100 Cooper St.</u> (STREET AND NUMBER)
<u>Mrs. Anna Lempke</u> (NAME PRINTED OR TYPED)	<u>Fort Atkinson, Wisconsin</u> (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 18th day of October, 1947, at city (or town) of Jefferson, county of Jefferson, and State (or Territory or District) of Wisconsin

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

[Signature]  
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)  
**Jefferson Co. Service Officer**  
**Jefferson, Wisconsin**  
My commission expires 4/30/50





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

JRM:NM:slb  
January 26, 1945

IN REPLY REFER TO 154569

Mrs. Anna Lempke  
100 Cooper Street  
Fort Atkinson, Wisconsin

Dear Mrs. Lempke:

The Army Effects Bureau has received from overseas some personal property of your son, Private Reuben F. Lempke.

These effects, consisting of miscellaneous insignia, are being forwarded to you.

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

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

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

Yours very truly,

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

154,569 5/19/43

May 15 - 1943

Dear Sir

I am dropping jaw of few line  
to let you I did not get  
my son wing I would like  
those wing I got the button  
and the knife but not close  
and his wing I do not get  
my check on time sometimes

6.01 7 or 14 for 3 month I  
got my check on the 14 of  
every month but this month  
I have not got it yet.

Please see to this

Yours truly  
James Smith

Mrs ~~James~~ Lemphre  
100 Cooper St

Fort Atkinson Wis

Rec'd  
9/16/43

154569 ✓

JRM:VC:fls ✓  
February 2, 1945 ✓

Mrs. Anna Lempke ✓  
100 Cooper Street ✓  
Fort Atkinson, Wisconsin ✓

Dear Mrs. Lempke: ✓

The Army Effects Bureau has received some additional property of your son, Private Reuben F. Lempke, consisting of a knife.

It is regretted that the knife was damaged prior to receipt here. If delivery is not made within thirty days from this date, please notify me and tracer action will be instituted.

Extending every sympathy, I am

Sincerely yours,

E. L. RICHTER ✓  
Administrative Assistant  
Army Effects Bureau



ARMY SERVICE FORCES  
KANSAS CITY QUARTERMASTER DEPOT

601 HARDESTY AVENUE  
KANSAS CITY 1, MISSOURI

GHC:KD:vb  
June 6, 1945

IN REPLY REFER TO 154569

Mrs. Anna Lempke  
100 Cooper Street  
Fort Atkinson, Wisconsin

Dear Mrs. Lempke:

This refers to your recent inquiry concerning the personal effects of your son, Private Reuben F. Lempke.

Apparently the clothing you inquired about is Government Issue. Under existing regulations, such property is retained by the Government and not included with personal effects shipped from this Bureau.

As this Bureau has jurisdiction only over matters relating to personal effects, I suggest you communicate with the Director, Veterans Administration, Washington 25, D. C., for information pertaining to checks.

I hope this information will be useful to you.

Yours very truly,

HARRY NIEMLEC  
End Lt. Q.M.C.  
Chief, Correspondence Branch



154569 ✓

RTB:KD:lc ✓  
August 4, 1945 ✓

Mrs. Anna Lempke ✓  
100 Cooper Street ✓  
Fort Atkinson, Wisconsin ✓

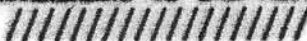
Dear Mrs. Lempke: ✓

The Army Effects Bureau has received additional property of your son, Private Reuben F. Lempke, consisting of funds in the amount of \$5.03. A check for this sum is inclosed. ✓

As previously indicated, such property is forwarded for distribution in accordance with the laws of the state of the soldier's legal residence. ✓

Sincerely, ✓

DEPARTMENT OF THE ARMY



Pvt Reuben F. Lempke, 36 800 072  
Plot Q, Row 4, Grave 76,  
United States Military Cemetery  
Ste Mere Eglise #2, France

25 September 1947

Mrs. Anna Lempke  
100 Cooper Street  
Fort Atkinson, Wisconsin

Dear Mrs. Lempke:

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

O. O. RECORDS  
MAIL & RECORDS DIV  
OCT 2 3 1947

Incls.

swf

56

Lempke, Reuben F.

*243 Lempke, Reuben F*

*A.S.N. 36,800,072*

12 August 1946

Mrs. Anna Lempke  
100 Cooper Street  
Fort Atkinson, Wisconsin

Dear Mrs. Lempke:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Private Reuben F. Lempke, A.S.N. 36 800 072.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Ste. Mere Eglise #2, plot Q, row 4, grave 76.

This cemetery is located twenty miles southeast of Cherbourg, France, and is under the constant care and supervision of United States military personnel.

The War Department has now been authorized to comply, at Government expense, with the feasible wishes of the next of kin regarding final interment, here or abroad, of the remains of your loved one. At a later date, this office will, without any action on your part, provide the next of kin with full information and solicit his detailed desires.

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN  
Major General  
The Quartermaster General

*lcl*  
ccs

*Aug 42 11 29 PM '46*  
O Q M G  
MAIL & RECORDS BRANCH

*Lt*  
**LE**

File it

SHEET 1 OF 1 SHEETS	ARMY EFFECTS BUREAU INVENTORY		DECEASED <input checked="" type="checkbox"/>
BOX NUMBER	ORIGINAL NUMBER OF PACKAGES		MISSING <input type="checkbox"/>
TALLY NUMBER 5962 ✓	INVENTORY DATE 10 Jan 45 ✓	CASE NUMBER 154569	P O W <input type="checkbox"/>
EFFECTS OF REUBEN F. LEMPKE ✓	RANK PIT ✓		ABANDONED <input type="checkbox"/>
A.S.N. 36800072 ✓	ORGANIZATION Hq Co 3rd Bn. 507 Pacht Inf		
PACKAGE DESCRIPTION #1 pkg			

CLOTHING	PERSONAL ITEMS	CONTAINERS
BELT	BRACELET, IDENTIFICATION	BAGS, CLOTH
BELT, MONEY (NO MONEY)	BRUSHES	BAGS, TRAVEL
CLOTH, WASH	CAMERAS	BILLFOLD (NO MONEY)
COATS	GLASSES	CASE, _____
FOOTWEAR, PR.	KNIVES	FOOTLOCKER
GLOVES, PR.	LIGHTERS	KIT, SEWING
HANDKERCHIEFS	X MISC. INSIGNIA ✓	KIT, TOILET
HEADWEAR	MISC. ITEMS	KIT, WRITING
JACKETS	PEN, FOUNTAIN	PAPERS AND MISC.
OVERCOATS	PENCIL, MECHANICAL	BOOKS
SCARFS	PIPES	BOOKS, ADDRESS
SHIRTS	RELIGIOUS ARTICLES	BOOKS, NOTE
SOCKS, PR.	RIBBONS, DECORATION	BOOKS, PILOT LOG
TIES	RINGS	DIARY (REMOVED FOR DURATION)
TOWELS	TOBACCO	FILMS
TROUSERS, PR.	TOILET ARTICLES	LETTERS
TRUNKS, PR.	WATCH	PAPERS, PERSONAL
UNDERWEAR	WINGS	PHOTOS
		SHOE SHINE ARTICLES
		SHORT SHORTER
		SOUVENIRS
		SOUVENIR MONEY
		STATIONERY
		TESTAMENTS
		U.S. MONEY (AMOUNT)

REMARKS: *Mother*

ATTACHMENTS: *Inventory*

*Mrs Anna Lempke*  
*160 Cooper St*  
*Fort Atkinson, Wisc.*

*no correspondence*

C.A.T. *AN 22 1945*  
*none*

*AD*

WAREHOUSE SPACE	STORED BY	WEIGHT	GI REMOVED
			SHORTAGE ON REVERSE
			IDENT. TAGS REMOVED
			DIARY REMOVED
		DATE SHIPPED	LOCKED STORAGE



NAME

LEMPKE, REUBEN F.

PVT

BAY

PALLET

BOX

TALLY

55

61

52 412

5962

TYPE OF PKG.

WHSE. SPACE

INVENTORIED

CTN

ORDER FOR SHIPMENT

SHIP TO: Mrs. Anna Lempke  
100 Cooper Street  
Fort Atkinson, Wisconsin

Effects of:  
Name Pvt. Reuben F. Lempke

ASN 36800072

Case No. 154562 D

Wt.

DATE January 26, 1945

JRM:NM:slb

He Nic. Mullan  
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  
 Warehouse Division  
 Files Branch, Adm. Div.

JAN 27 1945

*1 pkg*

REMARKS:

Franked **FRANKED**  
Est. Exp. Chgs. \_\_\_\_\_  
Est. Frt. Chgs. \_\_\_\_\_  
No. of packages 1

*AJ*

Shipping Clerk

JAN 2 1945

SUBJECT: Report of transactions in disposing of the effects of

Rouben F. Lemcke (Name of deceased), 36800072 (Army Serial Number) late a  
Private (Grade), Infantry (Organization, Army or Service) who died  
on the 11th day of June, 1944, at France.

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

1. Complying with A.W. 112, a Summary Court-Martial, convened at Kansas City, Mo., pursuant to S.O., 228, Hq., KCQM Depot, dated 25 September 1943, for the purpose of disposing of the effects of the above-named soldier, or person subject to military law, reports that:

- a. No legal representative or widow of decedent being present at decedents 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. none.)
- 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 none, Incl. none.)
- 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 24 January 1945, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Anna Lemcke 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. Anna Lemcke (Name of person found entitled) of 100 Cooper Street (Number, Street or Avenue), Fort Atkinson (City, Town or Village) State of Wisconsin, is the Mother (Relationship or Capacity) of the above-named decedent and appears to be entitled to receive his or her effects.

(Signature of Summary Court Officer)

SHEET <u>1</u> OF <u>1</u> SHEETS		ARMY EFFECTS BUREAU INVENTORY		DECEASED <input checked="" type="checkbox"/>
* NUMBER <u># 19</u>		ORIGINAL NUMBER OF PACKAGES <u>1</u>		MISSING <input type="checkbox"/>
TALLY NUMBER <u>5738</u>		INVENTORY DATE <u>12-jan-45</u>	CASE NUMBER <u>154569</u>	
EFFECTS OF <u>Rueben F Lempke</u>			RANK <u>---</u>	
A.S.N. <u>3680072</u>		ORGANIZATION <u>82nd AB</u>		
PACKAGES DESCRIPTION <u>#1 pkg</u>				

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

REMARKS: *no information marked*      ATTACHMENTS:  FORM #54     FORM #100

*no correspondence*      *1 Inventory of effects*

*\* Knife rusty*      *file in 2-2*      *1 G.I. label*

C.A.T. *none*

JAN 31 1945

WAREHOUSE SPACE <u>1527</u>	STORED BY <u>Km</u>	DATE SHIPPED <u>FEB 5 1945</u>	GI REMOVED <input type="checkbox"/>
			SHORTAGE ON REVERSE <input checked="" type="checkbox"/>
			IDENT. TAGS REMOVED <input type="checkbox"/>
			DIARY REMOVED <input type="checkbox"/>
			LOCKED STORAGE <input type="checkbox"/>

## SHORTAGES

U S GOVT. CHECK SHORT

1 pound  
#1.00

NUMBER

DATE

SYMBSL

AMOUNT

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

*B H Smith*

INVENTORY CLERK

*W B ...*

SUPERVISOR

G.I. KNOWN



ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Anna Lempke

SHIP TO: 100 Cooper Street

Fort Atkinson, Wisconsin

Effects of:  
Name Pvt. Reuben F. Lempke

ASN 36800072

Case No. 154569-D

Wt.

DATE 2 February 1945  
Campbell:fls

*R. M. Hall*  
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  
 Warehouse Division  
 Files Branch, Adm. Div.

*1 pkg*

FRANKED

REMARKS:

Franked  
Est. Exp. Chgs. \_\_\_\_\_  
Est. H.C. Chgs. \_\_\_\_\_  
No. of Packages 1

FEB 5 1945

FEB 3 1945

*mk*

Shipping Clerk

ARMY EFFECTS BUREAU  
INVENTORY

154569  
OK

CASE NO.	
TYPED BY	bt
DATE	7/3/45
STATUS	KIA
NAME	Reuben F. Lempke ✓
A.S.N.	36800077 ✓ 35762225
RANK	Pvt
ORGANIZATION	
AMOUNT	14.40 ✓ 5.03 ✓
LIST NO.	
REMARKS	

file w/ 8-3  
147573 MEY.  
ACCOUNT NO.  
PAID-Check No. 116185 ✓

A C C O U N T I N G   I N V E N T O R Y

ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO: Mrs. Anna Lempke  
100 Cooper Street  
Fort Atkinson, Wisconsin

Effects of:

Name Pvt. Reuben F. Lempke

ASN 36800072

Case No. 154569 D

Wt.

DATE 4 August 1945  
RTB:KD:lc

*J. Alexander*  
FOR: Effects Quartermaster

REMARKS:

Inclose Bureau Check  
Acct. No. 147123  
Amount \$5.03 *Yue*  
 Inclose "Valuables" item  
 Ship "Valuables" item(s)

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

ROUTING:

116185 hmc

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

147123

154569

August 13 45

Anna Lempke

5.03

Five and 03/100

REMARKS

Franked \_\_\_\_\_  
Est. Exp. Chgs. \_\_\_\_\_  
Est. Frt. Chgs. \_\_\_\_\_  
No. of package \_\_\_\_\_

INVENTORY OF EFFECTS

(Attach extra sheets if necessary)

- 1 Inf. insignia ✓
- 1 U.S. insignia ✓
- 1 brass button ✓

I certify that the foregoing inventory comprises all of the subject's effects and that effects were shipped to Effects Co. BTOUSA, A.F.O. 507, G-14, U.S. Army by delivering to Co. 82d A/B Div, APO 469, U.S. Army

on 27 July 1944.

George J. Roper  
Signature (In Ink)

GEORGE J. ROPER  
Captain 507th Depot Twp (Block



*7i-11*

R E S T R I C T E D

754569

201 - Lempke, Reuben F.

1st Ind.

ENL/wjm

HEADQUARTERS 82D AIRBORNE DIVISION, APO 469, U. S. Army, 7 August 1944.

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

*G. B. B.*  
G. B. B.

Incl(s)



R E S T R I C T E D



INVENTORY OF EFFECTS

The following listed effects were found on \_\_\_\_\_  
(Rank)

Lempke, Reuben F 36800072

(Name)

(SN)

82nd AB

8 July 1944

(Orgn)

(Date Died)

buried at St. Mere Eglise #2

and effects forwarded to Effects M.

Knife ✓

1 Pound

\$1.00

24 July 1944

Jack W. Brott

Maj. F. D. SN 210-975

Edwin Miller  
1st Lt Enc