

# RECEIPT OF REMAINS

HEADQUARTERS, NYPE  
DISTRIBUTION CENTER #1, AGRS  
58th ST. & 1st AVE.  
BROOKLYN, NEW YORK

DISTRIBUTION CENTER

ROUTINE

GRAHAM FUNERAL SERVICE

REMAINS CONSIGNED TO:

838 MAIN STREET  
WORCESTER, MASS.

REMAINS OF THE LATE PVT ROBERT W. HICKSON ACCOMPANIED BY AN  
ESCORT ARE SCHEDULED TO LEAVE NEW YORK ON TRAIN  
NUMBER 54 NEW HAVEN RAILROAD AT ELEVEN THIRTY A.M. EST  
ON MONDAY 23 MAY AND DUE TO ARRIVE AT WORCESTER  
AT THREE FIFTY FOUR P. M. EST ON SAME DATE  
PLEASE ARRANGE TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL AND PLEASE  
NOTIFY THE NEXT OF KIN OF THE DATE AND TIME OF ARRIVAL.

ESCORT:

SGT WILLIAM H MC HUGH  
ER 11108005  
DET #5 1300 ASU

G. H. BARE  
COLONEL, QMC

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

THIS 23 DAY OF May MONTH, 1949

Sgt. William H. Hugh  
WITNESS (Escort)  
ER-11108005 Det 5 - 1300 ASU

Graham Funeral Service - William E. Wallace  
CONSIGNEE

FILE  
14 JUN 1949  
REPATRIATION  
BRANCH  
MEM. DIV.

X-1582

1

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 3572 01015	DATE 15 03 49		
NAME HICKSON ROBERT W		SERIAL NUMBER 11047676	GRADE PVT	ARM 1	RACE 1
CEMETERY ST ANDRE FRANCE		PLOT H	ROW 5	GRAVE 100	DISPOSITION OF REMAINS 1300 01
					CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE GRAHAM FUNERAL SERVICE 838 MAIN STREET WORCESTER, MASSACHUSETTS	NAME AND ADDRESS OF NEXT OF KIN ALICE L. HICKSON (MOTHER) 17 WINTHROP STREET WORCESTER, MASSACHUSETTS
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME HICKSON, ROBERT W.	SERIAL NUMBER 11047676	GRADE PVT	DATE OF DEATH	DATE DISTINTERRED 19 July 1948
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION USAGF	RELIGION PROTESTANT	IDENTIFICATION VERIFIED BY RALPH W. AHEARN Embalmer	
			NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL OD Uniform	CONDITION OF REMAINS Advanced decomposition. Fractured skull & right clavicle.
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OTHER MEANS OF IDENTIFICATION  
GRS Tag on marker.  
GRS Tag with remains.

MINOR DISCREPANCIES (Prepare Discrepancy Report GMC Form 1194a for major discrepancies.)  
None

REMAINS PREPARED AND PLACED IN ~~CASKET~~ transfer case

DATE 19 July 1948 BY R. W. AHEARN  
CASKET SEALED BY W. T. BUSE EMBALMER (Signature)

CASKET BOXED AND MARKED  
DATE 28/9/48 BY R. COOK  
SHIPPING ADDRESS VERIFIED BY All markings, tags and plates verified by: D. A. MAC KENZIE, Capt, INF.

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*  
I certify that the entries on this form are true  
copies of the entries on Copy No. 7 of this Dis-  
interment Directive which contains the signature of JOHN L. BOYD, 2nd Lt, FA.  
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS  
*John Palysok jr*

RECORD OF DISINTERMENT

660

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM USMC SAINT ANDRE		TO CASKEETING POINT "B" SAINT LAURENT	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER PVT TOPALI	
SIGNATURE OF SHIPPER R. C. CRISSON, Major, INF,	DATE 3/9/48	SIGNATURE OF RECEIVER R. B. HOWARD, 1st Lt, INF.	DATE 3/9/48

## 2. SHIPPED

FROM CASKEETING POINT "B" SAINT LAURENT		TO CHERBOURG PORT UNIT	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER D. A. MAC KENZIE, Capt, INF.	DATE	SIGNATURE OF RECEIVER <i>John Palyok Jr</i> JOHN PALYOK JR, 1st Lt, FA.	DATE

## 3. SHIPPED

FROM CHERBOURG PORT UNIT		TO NYPOE	
KIND OF CONVEYANCE USAT HATTI VICTORY		NAME OF CONVOYER DELBERT E. PRICE, MAJOR QMC	
SIGNATURE OF SHIPPER JOHN PALYOK JR, 1st Lt, FA.	DATE 26/4/49	SIGNATURE OF RECEIVER <i>Delbert E. Price</i>	DATE

## 4. SHIPPED

FROM		TO NYPE	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER W. W. PREISCH LIEUT. COLONEL, TC	DATE MAY 4 1949 <i>W.W. Preisch</i>

## 5. SHIPPED

FROM NYPE TRAILER		TO DC#01	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER W. W. PREISCH LIEUT. COLONEL, TC. TRANSPORTATION OFFICER	DATE 5/6/49	SIGNATURE OF RECEIVER <i>W. W. Preisch</i>	DATE 1949

## 6. SHIPPED

FROM		TO OFFICE OF WICKSON (MOLINS)	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER 100 1300	DATE MAY 6 1949

## 7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

CASE NO.		INSPECTION CHECK LIST				SPACE NO.
NAME OF DECEASED ( <i>Last, First, Middle Initial</i> )		BRANCH OF SERVICE	RACE	RELIGION	SEX	DATE
HICKSON ROBERT W.		AGF	W		M	
RANK OR GRADE	SERIAL NUMBER	CONSIGNEE				
PVT	11047676	GRAHAM FUNERAL SERVICE 838 MAIN STREET WORCESTER, MASS.				
SHIPPING CASE—GENERAL APPEARANCE (Check ONLY Discrepancies)		CONDITION OF SHIPPING CASE (Check One)				
		<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY				
FINISH ( <i>Exterior</i> )		REMARKS <i>Disturbed for.</i>				
<del>FINISH</del> ( <i>Interior</i> )						
HANDLES						
HANDLE BOLTS						
STENCILING—NAME PLATE						
HEALTH PERMIT MARKER						
HEALTH PERMIT NUMBER						
CASKET—GENERAL APPEARANCE (Check ONLY Discrepancies)		CONDITION OF CASKET (Check One)				
		<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY				
FINISH ( <i>Exterior</i> )		REMARKS <i>Casket cleaned and polished for.</i>				
HANDLES AND FASTENINGS						
STENCILING—NAME PLATE						
CAM LOCKS ( <i>Sealing</i> )						
ODOR OR MOISTURE						
<b>ROUTED THROUGH</b>						
<input type="checkbox"/> MORTUARY OPERATING ROOM		<input type="checkbox"/> REPAIR SHOP				
CONDITION OF REMAINS		CASKET REPAIRED				
<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY		<input type="checkbox"/> YES <input type="checkbox"/> NO				
NECESSARY DISINFECTION ( <i>Explain</i> )		CASKET EXCHANGED				
		<input type="checkbox"/> YES <input type="checkbox"/> NO				
		SHIPPING CASE REPAIRED				
		<input type="checkbox"/> YES <input type="checkbox"/> NO				
		SHIPPING CASE EXCHANGED				
		<input type="checkbox"/> YES <input type="checkbox"/> NO				
		REMARKS				
TIME	DATE	SIGNATURE OF MORTICIAN		TIME	DATE	SIGNATURE OF INSPECTOR
						<i>John Wilk</i>
REMARKS						

RECEIVED  
GREENWICH NEAR (MCI2)

MAY 4 15 03 1943

DISTRIBUTION CENTER  
HQ. NY PL. HOLY B. N. Y.

WU A179 12 COLLECT

WORCESTER MASS MAY 3 440P

NEWYORK PORT OF EMBARKATION

DISTRIBUTION CENTER 1 NYK

DELIVERY INSTRUCTIONS OK GRAHAM FUNERAL SERVICE WILL MEET

REMAINS AT STATION

ALICE L. HICKSON

1003A..

NO VTS IS COLLECT

WORCESTER MASS MAY 3 1949

NEWYORK PORT OF DEPARTATION

DISTRIBUTION CENTER 1 NYK

DELIVERY INSTRUCTIONS ON CARGO MANIFEST SERVICE WILL MEET

REMAIN AT STATION

ALICE L. JOHNSON

1003A



DISTRIBUTION CENTER #1  
NEW YORK PORT OF EMBARKATION  
BROOKLYN, NEW YORK

I certify that this message is on official  
business and that its transmission with a  
lower precedence, or by air mail, regular  
mail, or scheduled messenger would be pre-  
judicial to the public interest.

ALICE L. HICKSON  
17 WINTHROP STREET  
WORCESTER, MASS..

*James McCarthy*  
JAMES McCARTHY  
Major, TC  
Admin O, AGR Div.

64171

PLEASE BE ADVISED THE REMAINS OF THE LATE  
ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED  
TO

FT. ROBERT W. HICKSON

GRAHAM FUNERAL SERVICE 858 MAIN STREET WORCESTER, MASS.

WE CANNOT GIVE A DEFINITE DELIVERY DATE. IT IS EXPECTED THAT AN INTERVAL OF  
SEVERAL WEEKS WILL ELAPSE BEFORE DELIVERY CAN BE EFFECTED. YOUR FUNERAL DIRECTOR  
WILL BE NOTIFIED BY TELEGRAM THREE DAYS PRIOR TO DELIVERY GIVING DATE AND TIME  
REMAINS WILL ARRIVE AT RAILROAD STATION. PLEASE INSTRUCT FUNERAL DIRECTOR TO  
ACCEPT REMAINS AT RAILROAD STATION ON ARRIVAL. HE WILL BE REQUESTED TO INFORM  
YOU SO YOU MAY MAKE FINAL FUNERAL ARRANGEMENTS. REMAINS WILL BE ACCOMPANIED BY  
MILITARY ESCORT. SUGGEST YOU ARRANGE WITH LOCAL PATRIOTIC OR VETERANS' ORGANIZA-  
TION IF YOU DESIRE MILITARY HONORS AT FUNERAL. PLEASE CONFIRM ABOVE DELIVERY  
INSTRUCTIONS WITHIN FORTY EIGHT HOURS OF RECEIPT OF THIS MESSAGE BY TELEGRAM  
COLLECT TO DISTRIBUTION CENTER ONE, NEW YORK PORT OF EMBARKATION OR SUBMIT NEW  
INSTRUCTIONS. WE REGRET IT WILL BE IMPOSSIBLE TO COMPLY AT GOVERNMENT EXPENSE  
WITH CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER EXPIRATION OF THE FORTY EIGHT  
HOURS. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM.

DOG (REV)

RELEASED TO W U

1 MAY 48

G. H. BARE  
COL, QMC

466a

27 May 49

HEADQUARTERS  
NEW YORK PORT OF EMBARKATION  
American Graves Registration Division  
1st Avenue & 58th Street  
Brooklyn, N. Y.

THE FOLLOWING REPORT WILL BE COMPLETED BY ALL ESCORTS WHO ACCOMPANY REMAINS OF DECEASED PERSONNEL FROM THIS HEADQUARTERS TO THEIR FINAL DESTINATION.

UPON RETURN TO THE AMERICAN GRAVES REGISTRATION DIVISION, NYPE, THIS REPORT WILL BE DELIVERED BY THE ESCORT TO THE ESCORT CONTROL OFFICER FOR APPROVAL

1. William K. Hup, S.P. 1108005 accompanying the  
(Name, rank, serial number of escort)  
remains of Pvt. Robert W. Hickson, A.G.R. 11047676  
(Name, rank, serial number)

2. Departed AGRD, NYPE, on 5-23-49 at 0915 hours  
(date)

for Worcester, Mass. by J.R.  
(destination - city and state) (Gov't vehicle or train)

If train, give hour of departure from New York City and station

11:30 A.M. E.S.T. Arrived at

Worcester, Mass. on 23-MAY at 1554 EST hours  
(destination) (date)

STATION FILE

3. First contact was made with undertaker on 5-23-49 at 1700 hours  
(date)

4. First contact was made with next of kin Alice Hickson Mothe  
(Name)

Worcester, Mass. on May 29, 49 at 1900 hours  
(address) (date)

5. I did/did not attend the funeral services.

6. The funeral was held at 1300 hours, on May 26, 1949

7. Escort's presence is/is not desired at funeral services \_\_\_\_\_

Alice Hickson



8. Burial honors were/were ~~not~~ provided at the funeral.

9. Burial honors were not provided because \_\_\_\_\_

10. Burial honors were provided by Post 319 G.L.

Grundy Post

NATIONAL BOARD FIRE SERVICE

11. Flag was presented to Mrs. Kiker

12. The next of kin ~~did~~ did not bring up the subject of identity of the remains.

13. Brookline  
(Name, address of Hotel and length of stay where billeted)

14. Departed Mount by DLST on May 26, 1949  
(Govt. vehicle or train) (date)

at 1721 hours Arrived at AGRD, NYP on May 26, 1949  
(date)

at 1135 ~~hours~~ hours.

15. REMARKS (Unusual occurrences): Transporter for B.A.B  
was rotten. Dirty, only seats made uniform  
all black and grey.

16. RECEIPT OF TWENTY-ONE (21) ROUNDS OF BLANK AMMUNITION IS ACKNOWLEDGED  
(IF NO BLANKS WERE ISSUED WRITE "NONE")

Sgt William W. [unclear]  
Name of Receiver ESCOPT

Gunnar A Anderson  
(Name, Rank, Serial Number of ~~Post~~) RECEIVED

Co B Det 3 320 1721  
(Organization)

Organization Grundy Post 319 G.L.

May 26, 1949  
Date Received

Date May 26, 1949

WINTH 173256

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

DATE

MAY 23 1949

(Read Explanation on Reverse Side before completing form)

NAME OF DECEDENT (Last, First, Middle Initial)

HICKSON ROBERT W.

BRANCH OF SERVICE

AGF

TO BE FILLED IN BY CLAIMANT

A.  INTERMENT EXPENSES (Civilian or Private Cemetery)

B.  TRANSPORTATION EXPENSES (National or Post Cemetery)

RANK OR GRADE

PVT

SERIAL NO.

11047676

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: Hope Cemetery
CITY OR COUNTY: WORCESTER
STATE: MASSACHUSETTS

FILL IN THIS STATEMENT IF BOX "B" IS CHECKED

I certify that the sum of \$ 75.00 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)

Alice L. Hickson

SIGNATURE OF CLAIMANT

RETURN FOUR COPIES TO

HEADQUARTERS ARMY DETACHMENT
1st AVE. 45th ST.
BROOKLYN, N.Y.

17 WINTHROP ST. WORC. MASS.
ADDRESS (Street number or RFD, City and State)

RELATIONSHIP TO DECEDENT

MOTHER

REMARKS

J. C. Kovarik
Col., F. D.
Brooklyn, N. Y.

JUN 1949

Sym. 210-344
Sta. 625

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PART A

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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.

---

PART B

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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.



RRE Form #39  
13 Jul 43

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

<u>HICKSON</u>	<u>ROBERT</u>	<u>W</u>	<u>PVT</u>	<u>11047676</u>
(Last Name)	(First Name)	(Initial)	(Rank)	(ASN) <input checked="" type="checkbox"/>

Repatriated to the United States: \_\_\_\_\_

26 APR 43

STATION FILE

Incl #

W-3252

Familien- u. Vorname: **Lickson** in:

Preis:

100

geboren am  
Eruppenteil:

Dienstgrad:

Erkennungsmarke:

Tag des Todes

11.-15. 7. 44

Ort und Nr. des Grabes:

French cemetery at ~~...~~

Pte. 1. Co.

11 047 676

Ort des Todes

b. Friend-Plage  
angesehene

1944

138400

Frang. Frak. Friend-Plage

W.O.D. 2206/44

Ref 1. 10.10.44

Waff. Erupp. 2

San. 2

11 047 676

Beerdigt am

Private 1. class

Bl.

MA

90

M. J. ...

Gemeldet durch: B.L.  
Dülag-Löff

more near Qwend-Flage

found as X-582-  
26 July 44

80 Anville.

H-5-100

1525

Quand Plage # 1

G. R. & E. DIV.  
OFFICE OF THE CHIEF QUARTERMASTER  
HQ. COM. ZONE, ETOUSA

HEADQUARTERS  
DET "A" 4th PLATOON  
3049 US CP, HQ. CO.  
APO 562 US ARMY

# TOOTH CHART

12 July 1945

X-582  
UNKNOWN (quand plage Gr. No. 1)

Date

UNK

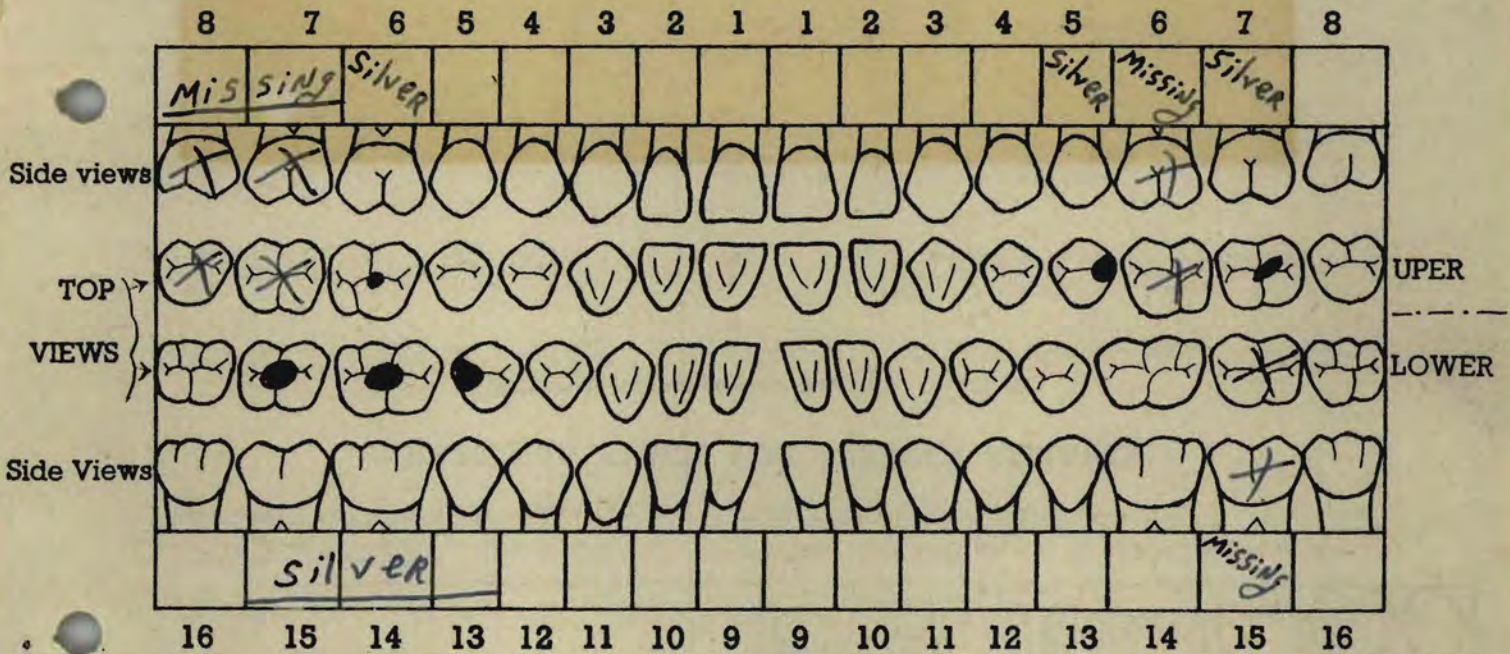
Last Name UNK First Initial UNK Rank SERAF Serial No.

UNK Unit UNK Organization Unavailable.

Place of Death Date of Death Cause of Death

Right

Left

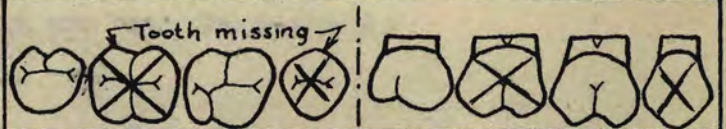


This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), 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.

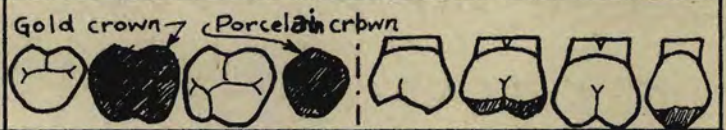
*Willie Harper S/Sgt. M.C.*  
Signature of Officer or other person who prepared Tooth chart

*Robert T. Huff*  
Prepared by G. R. & E. Officer

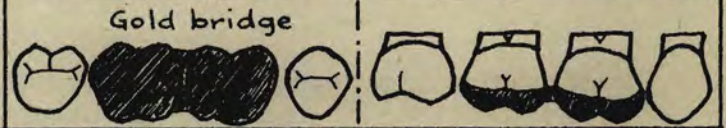
**MISSING TEETH...** All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



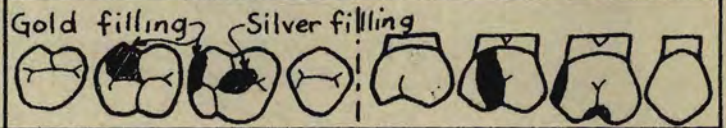
**CROWNED TEETH...** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



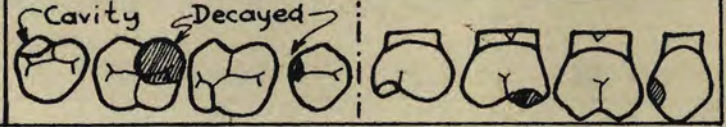
**BRIDGE WORK...** Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



**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**



1525

HEADQUARTERS  
CHANCE BASE SECTION  
APO 562, US ARMY  
Office of the Quartermaster

REPORT OF INVESTIGATION OF ISOLATED GRAVE  
OR  
UNBURIED REMAINS

22 July 1945

Date \_\_\_\_\_

~~XXXXXXXX~~ ~~XXXXXX~~  
\*U.S. - Allied - Enemy

1. Name, Rank, ASN of deceased: UNKNOWN X-582
2. Organization of deceased: Unknown
3. Means of identification: Unavailable.
4. Cause of death: Unknown 5. Date of death: Unavailable.
6. If isolated grave:
  - a. Date of burial: Unknown b. By whom buried: German Troops.
  - c. Inscription on marker: Inconnu.
7. Location of grave/~~unburied~~ remains: (Civilian Cemetery, Quend Plage, France.  
(Be specific, sketch on reverse)  
G (G-10) Sh 1 2nd Ed. 1,250,000 Grave 1.
8. Names of deceased and location of other \*~~graves~~ graves/unburied remains in immediate vicinity: Three (3) other "Unknown American" Deceased disinterred from this Cem. and evacuated to US Mil Cem.
9. Description and location of wrecked or abandoned vehicles or equipment in immediate vicinity: Unavailable.
10. Disposition of personal effects: (Itemise if possible) None.
11. Other pertinent information: See other side.  
(Use reverse side if necessary)
12. Information furnished by: H. Gacquet  
(Name, title, address) Secretary to the Mayor  
Quend Plage, France.
13. Names and addresses of other persons familiar with the case: Unavailable.

Remains disinterred 20 July 1945 and taken to US Mil Cem.,

14. Action taken: 1 Euro, France.

(COX OF 1575. (source))

Det "A" 4th Plat, 3049 Gr. Reg. Co.

~~Disinterment~~ approved by: 605th Gr Graves Reg. Co.

Disinterment made by: 24 July 1945

\*Burial/Reburial made by: St. Andre Mil. Cemetery

Date of \*burial/reburial: \_\_\_\_\_

Place of \*burial/reburial U. S. Military Cemetery: 100

Plot \_\_\_\_\_

Row \_\_\_\_\_

Grave \_\_\_\_\_

*Robert H. Huff*  
CAPTAIN U. S. ARMY

21. 11047676  
Signature of Investigator

Rank, ASN

\*Cross out where not applicable. REMAINS IN DET. HICKSON. 11047676 by markings found in clothes.

1525

CHECK LIST FOR UNKNOWNNS

UNKNOWN X-100  
CEMETERY St. Andre Hill, Cemetery  
PLOT ROW GRAVE 100-

Arrived at cemetery \_\_\_\_\_ From \_\_\_\_\_  
(hour) (date) Civilian Com., Guesd Place, France.  
Place of death UNK \_\_\_\_\_  
(name) (coordinates and landmarks)

Remains recovered by Det "A" 4th Plat, 3049 QM Gr Reg. Co.  
(name and organization)

Evacuated to cemetery by Det "A" 4th Plat, 3049 QM Gr Reg. Co.  
(name and organization)

Is lead list attached NO Are names of deceased found in same area as this Un-  
(yes-no)

known starred NO Are circumstances described which may indicate organization of  
(yes-no)

the deceased NO If only part of a body was received, was a careful search made  
(yes-no)

for other parts of Unknown Yes  
(yes-no)

If remains come from vehicle, plane, etc: Unavailable.  
(type of vehicle or plane, nickname,

serial number, organization or symbols)

Crew list UNK  
(names of other deceased and positions in which found)

If a tank, which hatches were free and available for escape use UNK

organization to which vehicle or plane was assigned or if names of all other de-  
ceased are not known, give detailed information concerning vehicle or plane

UNK UNK UNK  
(parts of markings or symbols) (burned) (pierced by shell fire - where)

(found in town, field, by road, etc.) (damaged by mine explosion)

(names of men who escaped) (description of other vehicles or planes in same area)

Detailed description of personal effects None.  
(indicate exact pocket or part of body)

where found)

Description of clothing and equipment: (If clothes do not fit, obtain sizes from body measurements)

Item	Clothing Markings	Sizes	Color	Indicate unusual markings, wear, tear, repairs, etc.
*Headgear _____ (type)				
Coat				
Overcoat				
Jacket, Field				
Jacket, Combat				
Mackinaw				
Sweater				
Jacket, HBT				
*Shirt, Wool OD				
Undershirt, Wool				
Undershirt, Cotton				
Trousers, HPT				
*Trousers, Wool CD	Robert V. Hickson 11047676	UNK	O.D.	
Belt, Web				
Drawers, Wool				
Drawers, Cotton				
Undershirt, Wool				(note unusual lacing)
Socks Cotton				
Shoes _____ (type)				
Overshoes				
Web				
Equipment (type)				
Paratrooper jump jacket, (other item)	HICKSON	UNK	Tan.	
(other item)				

\*If body is nude, sizes of these items should be computed by measuring the remains.

Chevrons or \_\_\_\_\_ Shoulder Patch \_\_\_\_\_

Insignia (type & location; shirt, jacket, coat, helmet) \_\_\_\_\_

Description of Remains: \_\_\_\_\_

Age UNK Height UNK Weight UNK Description of wounds UNK  
(years) (ft-in) (lbs)

1525

Bandages or dressings None. Scars UNK  
(length, width, location)

Tattoos UNK  
(number, location-illustrate on sep. page)

Outstanding moles, warts or birthmarks UNK  
(yes-no) (description, location)

Sunburn or tan, other than hands and face UNK

Tobacco stain on fingers or teeth UNK  
(designate where, extent)

Complexion UNK Build UNK  
(light, med, dark, clear, pimples, pocks, freckles) (large, fat, thin,

Hair Muscular  
No hair  
(color, length, quantity, curly, wavy, straight, whorls, or definite parting)

baldness, widows peak, distinctive cutting or other characteristics)

Sideburns UNK Mustache UNK Beard or goatee UNK  
(color, setting, shape) (color, size, shape) (Length,

heavy, light, color, extent)

Eyes UNK Eyebrows UNK  
(color, setting, shape) (color, bushiness, extend across nose)

Nose UNK Ears UNK  
(size, shape, straight) (size, set close to or far from head)

Forehead UNK Mouth UNK Lips UNK  
(high, wide, wrinkled) (large, medium, small) (Small, large, full)

Teeth White, medium size, even and normal spacing (see tooth chart)  
(white, size, unevenness, spacing, noticable crowns, fillings, extractions)

Chin UNK Cheekbones UNK  
(Prominent, receding, pointed, dimple, double) (high, normal)

Jaw UNK Circumference of head in inches UNK  
(large, small, normal) (hat band)

Neck UNK Larynx UNK Shoulders UNK  
(size, long, short, normal, wrinkled) (prominent, normal) (broad,

Arms UNK  
straight, small, rounded) (length) (muscular, color, extent & quantity of hair)

Hands UNK  
(vaccination scar, size of wrists) (large, small, normal, calloused noticeably)

(marks on fingers indicating that rings were worn)

Fingers UNK  
(short, thick, long, slender; size of knuckles) (missing fingers or joints)

UNK  
(unusual characteristics of fingernails)

Chest UNK  
(size at nipples, color, quantity & extent of hair, large, small, normal)

Back UNK Waist UNK  
(quantity and extent of hair) (size at naval, appendectomy, amount & color of

Circumsized UNK Pubic hair UNK Hernioplasty UNK  
hair) (yes-no) (color) (yes-no) (location)

Legs UNK  
(inseam) (muscular, knock-kneed, bowed, normal) (quantity, color & extent of hair)

Feet UNK Toes UNK  
(size, corns, callouses, flat) (slender, straight, crooked, overlap)

Evidence of healed fractures UNK  
(nose, arms, legs, etc.)

Black out parts of body not received at cemetery:



Have photographs been made and attached No If not, explain No Equipment  
(yes-no)

Have fingerprints been placed on GRS #1 NO If not, explain Fingers decomposed.  
(yes no)

Has tooth chart been prepared? Yes if not explain \_\_\_\_\_  
(yes-no)

Remarks: Body decomposed.

*Robert T. Huff*  
ROBERT T. HUFF and Co.,

QIC 0-1596057 Det "A" 3019 OH Gr Fac Co.

Signature or GRO and Organiza

319.1

2nd Ind.

G-G-14

HEADQUARTERS VIII FIGHTER COMMAND, AAF STATION 101, APO 634, US Army.

TO: Commanding General, BADA, ASC, US Strategic Air Forces in Europe,  
APO 635, US Army.

1. A thorough search of records this headquarters fails to reveal any information as to identity of subject unknowns.
2. From information given in attached reports of burial it is believed unknowns are not members of this command.

FOR THE COMMANDING GENERAL:

s/t JAMES O. SPHER,  
Captain, A.C.,  
Actg. Asst. Adj. Gen.

4 Incls: n/c

293 3rd Ind. L-D-15  
Hq. Base Air Depot Area, ASC, US Strategic Air Forces in Europe, AAF 590,  
APO 635, US Army. 22 October 1945.TO: Commanding General, Hq. American Graves Registration Command, European  
Theater, APO 887, US Army.

1. attention invited to basic communication, preceding indorsements and inclosures.
2. Request this headquarters be furnished any additional information which may aid in identification of the deceased.

FOR THE COMMANDING OFFICER:

s/ Morris Berger,  
1st Lt., QMC,t/ for JAMES W. F. SOUTHARD  
Lt. Colonel QMC,  
Quartermaster.

4 Incls: n/c

*Original in X-580 (St Andrew)*

HEADQUARTERS  
IX AIR FORCE SERVICE COMMAND  
Office of the Quartermaster  
APO 149

L

Erlangen, Germany  
6 October 1945.

293.

SUBJECT: Unidentified Deceased Personnel.

TO : Quartermaster, Base Air Depot Area, ASC, US AIR Forces in Europe,  
APO 635, US Army.

1. Forwarded herewith are Reports of Burial for four (4) unknown deceased personnel.

2. Records of this Headquarters have been thoroughly checked and no record was found to indicate that deceased were members of the Ninth Air Force.

s/t C. N. HOWZE  
Colonel, QMC,  
Quartermaster.

4 Incls; a/s

293

1st Ind.

L-D-15

Hq. Base Air Depot Area, US Air Forces in Europe, AAF 590, APO 635,  
US Army. 15 October 1945.

TO: Commanding General, Hq. Eighth Fighter Command, AAF 101, APO 634,  
US Army.  
(Att: AG Casualty Section)

1. Attention invited to basic communication and inclosed Reports of Burial.

2. Request investigation be conducted to determine identity of deceased and findings be forwarded to this headquarters.

FOR THE COMMANDING OFFICER,

s/ Morris Berger,  
1st Lt., QMC,

t/ for JAMES W. F. SOUTHARD,  
Lt. Colonel, QMC,  
Quartermaster.

Incls; n/c



**INTRAOFFICE REFERENCE SHEET**

SC  
11/5/48-M

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

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
1	Family Corres Branch Fam Ltr Section	Miss Williams F. N.	8 Oct 48	<p>Forwarded for determination of next of kin.</p> <p>2 Incls: 1. 293: Hickson, Robert W., SN 11 047 676 2. Ltr dtd 5 Oct 48</p> <p style="text-align: right;">SMITH 5072</p>
2	NOK Sec FC Br Mem Div Miss Williams	Acc Sec FC Br Mem Div ATTN: Miss Slaughter	11 Oct 48	<p>Discussed with Capt Vogl. Accept mother as next of kin. File indicates 345 was forwarded by her.</p> <p style="text-align: right;">WILLIAMS 5775</p> <p>2 Incls: 1. Ltr dtd 5 Oct 48 2. 293 File of Hickson, Robert W. SN 11 047 676</p>

19 June 47 M-2  
 Rec 22 June 48  
 FILE 20 Aug 47  
 Rols 9-128/48 - (Suspense)

Not disp. - Chas. 11/29/48

**FILE**  
 Name \_\_\_\_\_  
 Action \_\_\_\_\_  
 Date \_\_\_\_\_  
 Headquarters Section \_\_\_\_\_  
 Family Corres. Branch \_\_\_\_\_



The Commonwealth of Massachusetts  
Department of Mental Health

BARDWELL H. FLOWER, M. D.  
SUPERINTENDENT

WORCESTER STATE HOSPITAL

WORCESTER 1, MASS.

October 5, 1948

James F. Smith  
Major, QMC  
Office of the Quartermaster General  
Washington 25, D. C.

Dear Sir:

<sup>293</sup>  
This is to acknowledge your inquiry of September 30, 1948 in the case of Robert W. Hickson, your reference QMGMF 293 and SN 11 047 676. It is understood that Robert W. Hickson was a private, is now deceased and that he is the son of our patient, Thomas Hickson.

Thomas Hickson has been a patient at Worcester State Hospital since July 31, 1943. He is considered to be a case of Psychosis With Cerebral Arteriosclerosis and is a man, at present, approximately 68 years old. He is in fair general strength; has been able to leave the hospital occasionally for brief over-night visits with his family. He shows recurrent episodes of confusion which are fairly severe in nature. He is committed to the hospital in accordance with the provisions of Section 77, Chapter 123 of the General Laws, Commonwealth of Massachusetts. I regret that I cannot certify him as competent.

Noting the problem that you have, I call to your attention that our records carry the name of his wife, Mrs. Alice L. Hickson, 6 Rockdale Street, Worcester, Massachusetts and his daughter, Mrs. Dorothy S. Briggs, Holden Street, Shrewsbury, Massachusetts.

Very truly yours,

*Bardwell H. Flower*  
Bardwell H. Flower, M.D.  
Superintendent

BHF:jmb



The Commonwealth of Massachusetts  
Department of Mental Health



WORCESTER STATE HOSPITAL

HARDWELL H. FLOWER, M.D.  
SUPERINTENDENT

WORCESTER 1, MASS.

October 2, 1943

James I. Salton  
Major, USA  
Office of the Quartermaster General  
Washington 25, D. C.

Dear Sir:

This is to acknowledge your inquiry of September 20, 1943  
in the case of Robert W. Dickson, your reference being 293 and 294-11  
047 048. It is understood that Robert W. Dickson was a private, is  
now deceased and that he is the son of our patient, Thomas Dickson.

Thomas Dickson has been a patient at Worcester State Hospital  
since July 31, 1943. He is considered to be a case of psychosis with  
General Arteriosclerosis and is a man, at present, approximately 65  
years old. He is in fair general strength; has been able to leave the  
hospital occasionally for brief over-night visits with his family.  
He shows recurrent episodes of confusion which are fairly severe in  
nature. He is committed to the hospital in accordance with the provi-  
sions of Section 77, Chapter 123 of the general laws, Commonwealth of  
Massachusetts. I regret that I cannot certify him as competent.

Noting the problem that you have, I call to your attention  
that our records carry the name of his wife, Mrs. Alice L. Dickson,  
& her home address, Worcester, Massachusetts and his daughter,  
Mrs. Dorothy E. Briggs, Holden Street, Braintree, Massachusetts.

Very truly yours,



Handed

QMGMF 293  
Hickson, Robert W.  
SN 11 047 676

*dt*

30 September 1948

Superintendent  
Worcester State Mental Hospital  
Worcester, Massachusetts

Dear Sir:

The Office of The Quartermaster General is endeavoring to determine the person who is the next of kin of the late Private Robert W. Hickson and therefore the relative authorized to designate the disposition of his remains.

Information on file in this office indicates that Mr. Thomas Hickson, father of the decedent, is a patient in your hospital. It would be greatly appreciated if you will inform us if he is a mental incompetent and confined in your hospital by court order. If still confined in your hospital by court action, it is requested that a certified copy of the order be furnished this office to complete our records.

In the event the court order cannot be furnished, it is requested that a statement concerning his present mental condition be furnished this office.

Your cooperation and prompt action on this request will be greatly appreciated. A franked envelope is inclosed for your convenience.

Sincerely yours,

  
JAMES F. SMITH  
Major, QMC  
Memorial Division

*JFS*

2 Incls:  
1. Info. Slip  
2. Envelope

MAILED  
SEP 30 11 35 AM '48  
SEP 30 11 35 AM '48

GROUP 293  
Hickson, Robert W.  
SN 11 047 878

30 September 1948

Department  
Worcester State Mental Hospital  
Worcester, Massachusetts

Dear Sir:

The Office of the Quartermaster General is endeavoring to determine the person who is the next of kin of the late Private Robert W. Hickson and therefore the relative authorized to designate the disposition of his remains.

Information on file in this office indicates that Mr. Thomas Hickson, father of the deceased, is a patient in your hospital. It would be greatly appreciated if you will inform us if he is a mental incompetent and confined in your hospital by court order. If still confined in your hospital by court action, it is requested that a certified copy of the order be furnished this office to complete our records.

In the event the court cannot be furnished, it is requested that a statement concerning his present mental condition be furnished this office.

Your cooperation and prompt action on this request will be greatly appreciated. A franked envelope is inclosed for your convenience.

Sincerely yours,



Info. Slip  
Envelope  
C. G. M. A. W. M. R. C.  
11  
03 47 878

QMGMF 293  
Hickson, Robert W.  
SN 11 047 676

30 September 1948

Mrs. Alice L. Hickson  
17 Winthrop Street  
Worcester, Massachusetts

Dear Mrs. Hickson:

Your letter pertaining to the remains of your son, the late Private Robert W. Hickson, has come to my attention.

We have received the "Request for Disposition of Remains" form on which you indicated your desires as to the final resting place of the remains of your son. This form, however, is now being processed and at a later date you will be informed of the official action taken.

May I extend my sympathy in your great loss.

Sincerely yours,

JAMES F. SMITH  
Major, OMC  
Memorial Division

JFS

SEP 30 11 35 AM '48

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

AB

**CORRESPONDENCE ACTION SHEET**

NAME OF DECEDENT (Last, First, Middle)  
**Hickson, Robert W.**

PREVIOUS BURIAL LOCATION (Cemetery and Country)	PLOT	ROW	GRAVE
PRESENT BURIAL LOCATION (Cemetery and Country) <b>USMC St. Andre, France</b>	<b>H</b>	<b>5</b>	<b>100</b>
ADDRESSEE <del>NAME</del> <del>INDEX</del> MRS. <b>Alice L. Hickson</b>	ADDRESS (Street, City, State) <b>17 Winthrop Street Worcester, Massachusetts</b>		
RELATIONSHIP <b>Mother</b>			

PARAGRAPHS (Sequence)	ADDITIONAL DATA — MODIFICATIONS
165 A	<p>We have received the "Request for Disposition of Remains" form on which you indicated your desires as to the final resting place of the remains of your son. This form, however, is now being processed and at a later date you will be informed of the official <sup>action</sup> taken.</p> <p align="center">166 C</p>

Superintendent  
Worcester State Mental Hospital  
Worcester, Massachusetts

Dear Sir:

The Office of The Quartermaster General is endeavoring to determine the person who is the next of kin of the late \_\_\_\_\_ and therefore the relative authorized to designate the disposition of his remains.

Information on file in this office indicates that Mr. Thomas Hickson, father of the decedent, is a patient in your hospital. It would be greatly appreciated if you will inform us if he is a mental incompetent and confined in your hospital by court order. If still confined in your hospital by court action, it is requested that a certified copy of the order be furnished this office to complete our records.

In the event the court order cannot be furnished, it is requested that a statement ~~obtaining~~ <sup>concerning</sup> his present mental condition be furnished this office.

Your cooperation and prompt action on this request will be greatly appreciated. A franked envelope is inclosed for your convenience.

2 Incls.  
1. Inf. slip — 2 Envelope

GRADE

**PVT**

SERIAL NUMBER

**11 047 676**

ANALYST INITIALS AND DATE <b>Gary 29 Sept 48</b>	TYPIST INITIALS	REVIEWER INITIALS AND DATE
---	-----------------	----------------------------

FORM NO. 100-100-100-100-100-100

RECORDED  
INDEXED  
MAY 11 1952  
U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D. C.



OQMG FORM 22 APR 48 1901

REQUEST FOR INFORMATION ON DISPOSITION OF REMAINS

TO: REPLY FORM ACCEPTANCE SECTION FAMILY CORRESPONDENCE BRANCH		FROM: FAMILY LETTERS SECTION FAMILY CORRESPONDENCE BRANCH	
NAME OF DECEDENT (Last, First Middle) <i>Dickson Robert W.</i>		GRADE <i>Priv</i>	SERIAL NUMBER <i>11047676</i>
CEMETERY <i>St. Andre, France</i>	PLOT <i>H</i>	ROW <i>5</i>	GRAVE <i>100</i>

THE ATTACHED CORRESPONDENCE PERTAINS TO THE DISPOSITION OF THE REMAINS OF THE ABOVE NAMED DECEDENT. IT IS REQUESTED THAT INFORMATION ON ITEMS CHECKED BELOW BE FURNISHED THIS OFFICE IN ORDER TO REPLY TO CORRESPONDENCE.

<input type="checkbox"/> HAS OQMG FORM 345 BEEN DISPATCHED?	
<input checked="" type="checkbox"/> HAS OQMG FORM 345 BEEN RECEIVED AND ACCEPTED?	<i>L. 6/22/48 - not processed</i>
<input checked="" type="checkbox"/> WHAT OPTION WAS SELECTED?	<i>#2 - *</i>
<input checked="" type="checkbox"/> BY WHOM WAS OQMG FORM 345 EXECUTED?	<i>Mother</i>
<input type="checkbox"/> DID ROSTER INDICATE RELINQUISHMENT OF DISPOSITION AUTHORITY?	
<input type="checkbox"/> CHANGE OF DECISION	<i>slaughter</i>
<input type="checkbox"/> FORWARDED FOR YOUR INFORMATION AND ANY ACTION DEEMED NECESSARY.	<i>345 held in suspense</i>

REMARKS

*Mrs. Taylor please get 345*

*\* Hope Cemetery, Worcester, Mass.  
Graham Funeral Home  
Worcester, Mass. -  $\frac{1}{2}$  Arthur  
9/27/48*

ANALYST SIGNATURE <i>[Signature]</i>	DATE <i>9/23/48</i>
---	------------------------

Sunday Sept 13, 1948  
Worcester, Mass. 4

Dear Sir;

You wrote to my husband,  
Mr. Thomas Hickson in regards  
to my son remains.

I made a application through  
the Red Cross, and as yet I  
havn't heard from you.

My husband is unable to  
attend to this matter because  
he is in a state Hospital.  
I would like the remains  
sent home.

Everything is complete for  
the funeral.



It would appreciate it, if you  
would look into this matter  
at once.

Thank You

Mrs. Alice L. Hickson

17 Winthrop St.

Worcester Mass.

293

Pvt. Robert

Hickson 11 047 676

Plot H, Row 5, Grave 100,

United States Military Cemetery

St. Andre, France

DDMG FORM 302a  
1 Dec. 1944

BURIAL INFORMATION REPORTED BY THE ENEMY  
THROUGH INTERNATIONAL COMMITTEE RED CROSS, GENEVA, SWITZERLAND

NAME (Last First, Middle) <i>493</i> <b>HICKSON, ROBERT</b>	RANK <b>Pvt. 1st Class</b>	ORGANIZATION <b>AIR CORPS, SN 11 047 676</b>
DATE OF BIRTH <i>hs</i>	PLACE	

EMERGENCY ADDRESSEE

DATE OF DEATH	PLACE <b>Dead body washed ashore July 11 @- 15, 1944. near Quend-Plage.</b>
---------------	--

PLACE OF BURIAL <b>Cemetery at Quend-Plage, France.</b>	ROW NUMBER	GRAVE NUMBER
--	------------	--------------

TYPE OF BURIAL <input type="checkbox"/> SINGLE <input type="checkbox"/> COMRADE	DATE OF BURIAL	DATE OF REBURIAL
--	----------------	------------------

OTHER MEMBERS OF CREW OF \_\_\_\_\_

NAME	RANK	NAME	RANK
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

PERSONAL EFFECTS

SOURCE OF INFORMATION: GERMAN LIST OF AMERICAN CASUALTIES NO. *44/35*

RUS NUMBER <b>8910</b>	DATED <b>14 Nov. 1944</b>	PLACE <b>Saalfeld/Saale, Germany.</b>
---------------------------	------------------------------	--

STAMP: INFORMATION CENTER FOR PRISONERS OF WAR AND CASUALTIES	DATE
---	------

REMARKS

*See Note  
4-15-46*

*5-5-46  
9141*

Rus 8910

Cas. list 44

ENEMY CASUALTY FORM

- 1. CURRENT NO. 35- . . . . .
- 2. COUNTRY (NATIONALITY) U.S.A. . . . .
- 3. NAME Hickson, Robert . . . . .
- 4. DATE OF BIRTH . . . . .
- 5. NAME OF FATHER . . . . .
- 6. MAIDEN NAME OF MOTHER . . . . .
- 7. ADDRESS OF PARENTS. . . . .
- 8. NAME AND ADDRESS OF NEXT OF KIN . . . . .
- 9. RANK Private First Class . . . . .
- 10. UNIT (TROOP DIVISION) . . . . .
- 11. DATE AND PLACE OF CAPTURE Dead body washed ashore July 11-15, 1944 near Quend-Plage . . . . .
- 12. WOUNDS AND INJURIES . . . . .
- 13. DATE AND PLACE OF BURIAL Cemetery at Quend-Plage, France . . . . .
- 14. REGISTER NO. 11047676 . . . . .
- 15. REMARKS . . . . .

File 5-5-45  
H.A.

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

**REPORT OF DEATH**

DATE 8 December 1944

FULL NAME <u>Hickson, Robert W.</u>		ARMY SERIAL NUMBER 11 047 676		GRADE Pvt									
HOME ADDRESS Worcester, Massachusetts		ARM OR SERVICE Infantry		DATE OF BIRTH 27 Apr 18									
PLACE OF DEATH European Area		CAUSE OF DEATH Killed In Action		DATE OF DEATH 6 Jun 44									
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 7 Feb 42		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS									
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Alice L. Hickson, (mother), 17 Winthrop Street, Worcester, Massachusetts													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Alice Hickson, (mother), same as above Mr. Thomas Hickson, (father), 6 Rockdale Street, Worcester, Massachusetts.													
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		NO	YES	NO
										X		*X	

**ADDITIONAL DATA AND/OR STATEMENT**

\*Parachute Pay

The individual named in this report of death is held by the War Department to have been ~~xxx~~ in a missing in action status from 6 June 1944 until such absence was terminated on 22 November 1944, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from the German Government through the International Red Cross.

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

*Eli S. Fowler*

ADJUTANT GENERAL

18 DEC 1944  
Fowler

# REQUEST FOR DISPOSITION OF REMAINS

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

DATE: 25 May 1948

Pvt Robert W. Hickson, 11 047 676  
 Plot H, Row 5, Grave 100,  
 United States Military Cemetery  
 St. Andre, France

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, Alice L. Hickson

(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  
Hops Cemetery, Worcester, Mass.  
 (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

NB  
 3/15/49

DD Form 318-49

DD FORM 1300 14 NOV 1946 345 MILITARY

16-60411-1

PAGE 1

MAR 7 1949

*Brown*



**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
STATE OR TERRITORY OF U. S. A., OR COUNTRY	TELEGRAPH ADDRESS	TELEPHONE No.
EXPRESS OFFICE (Nearest railroad passenger station)		

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>GRAHAM FUNERAL SERVICE</b>			
NUMBER AND STREET <b>838 Main St.</b>	CITY OR TOWN <b>Worcester</b>	COUNTY OR PROVINCE <b>Worcestershire</b>	STATE OR TERRITORY OF U. S. A., OR COUNTRY <b>MASS.</b>
EXPRESS OFFICE (Nearest railroad passenger station) <b>Worcester, MASS.</b>	TELEGRAPH ADDRESS <b>Worcester</b>	TELEPHONE No. <b>4-1717</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>Wm L. Hickson</b>	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP TO DECEASED <b>BROTHER</b>
NUMBER AND STREET <b>600 Lincoln St.</b>	CITY OR TOWN <b>Worcester</b>	COUNTY OR PROVINCE <b>Worcester</b>	STATE OR TERRITORY OF U. S. A., OR COUNTRY <b>MASS.</b>

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

**I, Alice L. Hickson, wife and legal guardian of Thomas Hickson an inmate of Worcester State Hosp. Worcester, Mass. am closest of kin to deceased serviceman**

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.

**Alice L. Hickson** (SIGNATURE OF NEXT OF KIN)      **17 Thinthrop St.** (STREET AND NUMBER)  
**Alice L. Hickson** (NAME PRINTED OR TYPED)      **Worcester, Mass** (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this **14th** day of **June**, 19**44**, at city (or town) of **Worcester**, county of **Worcester**, and State (or Territory or District) of **Massachusetts**

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

**Margaret G. Anderson**  
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)  
**Notary Public**  
 (OFFICIAL TITLE)

## 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)
_____	_____ (CITY AND STATE)
(NAME PRINTED OR TYPED)	

## PART III

If you are NOT the next of kin authorized to direct the disposition of remains, please fill in PART III of this form.

THIS IS TO NOTIFY YOU THAT I AM NOT THE NEXT OF KIN AUTHORIZED TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED NAMED ON PAGE 1 OF THIS FORM. THE FOLLOWING PERSON, TO THE BEST OF MY KNOWLEDGE, IS THE NEXT OF KIN TO WHOM THIS FORM SHOULD BE DIRECTED.

LAST NAME	FIRST NAME	MIDDLE INITIAL
RELATIONSHIP TO THE DECEASED		
NUMBER AND STREET	CITY OR TOWN	STATE OR COUNTRY

_____	_____ (DATE)
(SIGNATURE)	(STREET AND NUMBER)
_____	_____ (CITY AND STATE)
(NAME PRINTED OR TYPED)	

ADDITIONAL REMARKS AND INSTRUCTIONS

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

herein named.

The oldest living brother is next of kin:

Wm. F. Hickson

600 Lincoln St.

Worcester, Mass.

Tel: - 5-6524



MEMORIAL DIVISION  
MAR 8 11 21 AM '49  
REPAIRS  
RECORDS BRANCH