

CAUTION: THESE RECORDS WILL BE USED FOR OFFICIAL PURPOSES ONLY. DO NOT REMOVE PAPERS NOR REVEAL CONTENTS TO PERSON CONCERNED. RETURN THEM PROMPTLY

TRANSFER SLIP

No. A6 030226

DATE OF REQUEST

7-29-53 5

✓ RECORDS DESIRED	201 FILE	ENL REC	EFF REP	MED REC	LETTER	IND	MEMO	RADIO	OTHER (Specify)	LAST DATE
FILE OR SERIAL NUMBER AND SUBJECT	293 Rankl, Robert L 33878141									REQUESTED PAPERS NOT IN FILE <input type="checkbox"/>
TO	NAME AND EXTENSION OF PERSON REQUESTING FILE McLaughlin, Cheslow					DIVISION, BRANCH, SECTION, BUILDING AND ROOM NUMBER D M G Hist Br				
RETURN TO	TECHNICAL RECORDS SECTION DRB, TAGO							DATE RETURNED		TO RETURN FILE, INITIAL HERE
INSTRUCTIONS	When transferring file to another person, complete self-addressed transfer coupon below, detach, stitch to blank letter-size paper and place in out-going mail service.									

No. A6 030226

TRANSFER COUPON

TO:

NOTE THAT FILE OF:

HAS BEEN TRANSFERRED TO: (Name)

DIVISION, BRANCH, SECTION, BUILDING AND ROOM NO.

DATE SIGNATURE

TECHNICAL RECORDS
DRB, TAGO
219 N. Lee Street
Alexandria, Virginia

No. A6030226

TRANSFER COUPON

TO:

NOTE THAT FILE OF:

HAS BEEN TRANSFERRED TO: (Name)

DIVISION, BRANCH, SECTION, BUILDING AND ROOM NO.

DATE

SIGNATURE

DEPARTMENT OF THE ARMY
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON



DEPARTMENTAL RECORDS BRANCH, A.G.O.

TECHNICAL RECORDS SECTION
DRB, TAGO
219 N. Lee Street
Alexandria, Virginia

18305-
RECEIPT OF REMAINS

DISTRIBUTION CENTER

COLUMBUS GENERAL DEPOT, COLUMBUS 15, OHIO

ROUTINE

24 NOVEMBER 1948

REMAINS CONSIGNED TO: JOHN J AND CHARLES C CIESLAK

81 SOUTH 15TH STREET

SOUTH SIDE PITTSBURGH PENNSYLVANIA

FROM QMDCG _____ BARDEN

REMAINS OF THE LATE PVT ROBERT J RANKL ASN 33678141 BEING SHIPPED TO YOU
ACCOMPANIED BY MILITARY ESCORT ON TRAIN NO 6 PENNSYLVANIA RAILROAD LEAVING
COLUMBUS 8:25 AM ONE DECEMBER AND DUE TO ARRIVE PITTSBURGH PENNSYLVANIA 12:40 PM
RAILROAD TIME ONE DECEMBER. REQUEST YOU IMMEDIATELY PASS THIS INFORMATION ON TO
NEXT OF KIN. REQUEST FURTHER YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT RAILROAD
STATION UPON ARRIVAL AND TRANSPORT REMAINS AND ESCORT TO MRS LILLIAN M RANKL AT
SOUTH SIDE PITTSBURGH PENNSYLVANIA AND RETURN ESCORT TO RAILROAD STATION. YOU
SHOULD SUBMIT ITEMIZED STATEMENT IN QUADRUPLICATE PROPERLY CERTIFIED TO THIS
DEPOT FOR PAYMENT OF TRANSPORTATION CHARGES ONLY IF ANY FROM PITTSBURGH PENNSYLVANIA
STATION TO SOUTH SIDE PITTSBURGH.

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

THIS Dec 1st DAY OF December, 19 48
DAY MONTH

Edgar H. Gresham
WITNESS (Escort)

m/sgt ER 6979277

M. J. Gaslof
CONSIGNEE

NAT
FILE
RECORDS ANNOTATED
DATE JAN 12 1949
NAME Wheeler
R & R BR.

RECEIPT OF REMAINS

COLUMBUS GENERAL DEPOT, COLUMBUS 15, OHIO

DISTRIBUTION CENTER

ROUTINE

20 NOVEMBER 1948

REMAINS CONIGNED TO: JOHN J AND CHARLES C CINSILAK

61 SOUTH 18TH STREET

SOUTH SIDE PITTSBURGH PENNSYLVANIA

BARREN

FROM GREGG

REMAINS OF THE LATE FVT ROBERT J RANKL ASN 326751-1 BEING SHIPPED TO YOU

ACCOMPANIED BY MILITARY ESCORT ON TRAIN NO 6 PENNSYLVANIA RAILROAD LEAVING

COLUMBUS 8:25 AM ONE DECEMBER AND DUE TO ARRIVE PITTSBURGH PENNSYLVANIA 12:40 PM

RAILROAD TIME ONE DECEMBER. REQUEST YOU IMMEDIATELY PASS THIS INFORMATION ON TO

NEXT OF KIN. REQUEST FURTHER YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT RAILROAD

STATION UPON ARRIVAL AND TRANSPORT REMAINS AND ESCORT TO MRS LILLIAN M RANKL AT

SOUTH SIDE PITTSBURGH PENNSYLVANIA AND RETURN ESCORT TO RAILROAD STATION. YOU

SHOULD SUBMIT ITEMIZED STATEMENT IN QUADRUPPLICATE PROPERLY TO THIS

DEPOT FOR PAYMENT OF TRANSPORTATION CHARGES ONLY IF ANY FROM PITTSBURGH PENNSYLVANIA

STATION TO SOUTH SIDE PITTSBURGH.

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

THIS DAY OF December 1948

M. J. [Signature]

Robert J. [Signature]

NAME

FILE

RECORDS MAINTAINED

DATE

NAME

R & R RR.

1193 NOV 16 1948

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5260 05168

DATE

15 06 48
DAY MONTH YEAR

NAME

RANKL ROBERT J

SERIAL NUMBER

33678141

RANK

PVT

ARM

1

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

NETTUNO

DISPOSITION OF REMAINS

1

3200 07
CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

2S 72 6188 ITALY

CAUSE OF DEATH

2

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

JOHN J. & CHARLES C. CIESLAK
81 SOUTH 15TH STREET
SOUTH SIDE PITTSBURGH, PENNSYLVANIA

NAME AND ADDRESS OF NEXT OF KIN

LILLIAN M. RANKL (MOTHER)
1910 WRIGHTS WAY
SOUTH SIDE PITTSBURGH, PENNSYLVANIA

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

☐ REMAINS
☐ MARKER

USAGF

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

REMAINS PREPARED AND PLACED IN CASKET

DATE

BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE

BY

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

SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM NAPLES PORT MORGUE		TO USAT LAWRENCE VICTORY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER F A WILSON CAPT QMC	
SIGNATURE OF SHIPPER F A WILSON CAPT QMC	DATE 20 Oct 1948	SIGNATURE OF RECEIVER Joseph J Carroll	DATE 20 Oct 1948

2. SHIPPED

FROM BOXED VMD WYKED		TO MPE	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER W. W. PRETICH	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER LIEUT. COLONEL, TC.	DATE NOV 5 1948

3. SHIPPED

FROM NYP		TO DC # 07	
KIND OF CONVEYANCE Train		NAME OF CONVOYER E. Engelman	
SIGNATURE OF SHIPPER LIEUT. COLONEL, TC.	DATE NOV 9 1948	SIGNATURE OF RECEIVER 1st Lt AMC	DATE OCT 1 1948

4. SHIPPED

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

5. SHIPPED

FROM SOUTH SIDE PITTSBURGH, PENNSYLVANIA		TO SOUTH SIDE PITTSBURGH, PENNSYLVANIA	
KIND OF CONVEYANCE SOUTH SIDE PITTSBURGH, PENNSYLVANIA		NAME OF CONVOYER GILGIAN W. BANK (MOTHER)	
SIGNATURE OF SHIPPER JOHN J. & CHARLES C. CIESLAK	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM 32 33 0708 11VGA		TO S	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED

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

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

NAME

SERIAL NUMBER

RANK

ARM

DAY MONTH YEAR
DATE OF DEATH

RANKL ROBERT J

33678141 PVT

1

CEMETERY

DAY MONTH YEAR
DISPOSITION OF REMAINS

PLOT ROW GRAVE COUNTRY

CODE DIST. PT.
CAUSE OF DEATH

2S 72 6188 NETTUNO ITALY

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

RANKL ROBERT J

33678141

PVT

3 MAY 48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

☒ REMAINS
☐ MARKER

USAGF

C

ROBERT S ROBBINS 1LT QMC
NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

SHROUD

SKELETAL

OTHER MEANS OF IDENTIFICATION

BURIAL REPORT

MINOR DISCREPANCIES

NONE

REMAINS PREPARED AND PLACED IN CASKET

DATE **10 MAY 48**

BY

ALLAN SANSON EMBALMER

CASKET SEALED BY

EMBALMER (Signature)

ALLAN SANSON EMBALMER

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE **10 MAY 48** BY **R L ROONEY RECORDER**

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

M K COLE CAPT QMC

SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM USMC NETTUNO ITALY		TO NAPLES PORT MORGUE	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER R L CROCKER 2 LT QMC	
SIGNATURE OF SHIPPER P C RAIG CAPT QMC	DATE 5 May 48	SIGNATURE OF RECEIVER WALTER E THOMAS CAPT QMC	DATE 5 MAY48
2. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
3. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
4. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
5. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
6. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
7. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

MESSAGEFORM		MESSAGE CENTER No.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT		
CALLS V	STA. SER. No.	PRECEDENCE <i>Change address</i>	TRANSMISSION INSTRUCTIONS <i>NOK</i>	ORIGINATOR	DATE-TIME GROUP	
ACTION		INFORMATION <u>WESTERN</u>	EXEMPT <u>UNION</u>	OPERATING SIGNALS	GROUP COUNT GR	
SPACE ABOVE FOR SIGNAL CENTER ONLY						
FROM: (Originator)			SECURITY CLASSIFICATION GOVT PD			
ACTION TO: <u>MRS LILLIAN M. RANKL</u> <u>DLR AND REPORT ANY CHARGES</u> <u>1910 WRIGHTS WAY</u> <u>SOUTH SIDE PITTSBURGH PENNSYLVANIA</u> FROM QMDCG <u>14209-B</u> BARDEN			PRECEDENCE FOR			
			ACTION DAY LETTER		INFORMATION	
			<input type="checkbox"/> ORIGINAL MESSAGE REFERS TO ANOTHER MESSAGE IDENTIFICATION CLASSIFICATION			
INFORMATION TO: WE HAVE BEEN ADVISED REMAINS OF THE LATE <u>PRIVATE ROBERT J RANKL</u> ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED TO <u>JOHN J AND CHARLES C CIESLAK</u> <u>81 SOUTH 15TH STREET SOUTH SIDE PITTSBURGH PENNSYLVANIA</u> WITHIN FORTY EIGHT HOURS AFTER RECEIPT OF THIS MESSAGE PLEASE CONFIRM YOUR ORIGINAL INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS AND FURNISH YOUR CORRECT MAILING ADDRESS BY TELEGRAM COLLECT TO COMMANDING OFFICER COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS OHIO. REPLY IS NECESSARY WITHIN THIS PERIOD SINCE IT WILL NOT BE POSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER THE EXPIRATION OF FORTY EIGHT HOURS. WHILE DELIVERY OF THE REMAINS WILL BE MADE AS SOON AS PRACTICABLE AFTER RECEIPT FACTORS BEYOND OUR CONTROL MAY DELAY DELIVERY OF REMAINS FOR SEVERAL WEEKS. HOWEVER AS SOON AS REMAINS ARE RECEIVED HERE AND IT IS POSSIBLE TO SCHEDULE THEM FOR DELIVERY YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF RAIL ROUTING AND SCHEDULED TIME REMAINS WILL ARRIVE AT RAILROAD STATION. ALSO HE WILL BE REQUESTED TO FURNISH YOU THIS INFORMATION SO THAT YOU MAY COMPLETE FUNERAL ARRANGEMENTS. THIS TELEGRAM WILL BE SENT AT LEAST THREE DAYS PRIOR TO ACTUAL SHIPMENT FROM THIS DISTRIBUTION CENTER. PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATIONS TO MAKE ARRANGEMENTS. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM. NOTIFY THIS OFFICE OF PATRIOTIC OR VETERANS ORGANIZATION SELECTED BY YOU TO FURNISH MILITARY HONORS. BOWMAN CO COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS OHIO						
SECURITY CLASSIFICATION			AUTHORIZATION			
ORIGINATING AGENCY			SIGNATURE			
SYMBOL		DATE-TIME GROUP	OFFICIAL TITLE		PAGE OF	
			FRANCIS FAPPIANO CAPT, QMC, Asst AGR Div			

WUB089 46 COLLECT 11 EXTRA PITTSBURGH PENN

NOV 2 1230P

COMMANDING OFFICER COLS GENL DIST DEPOT

IN REPLY TO TELEGRAM RECEIVED REGARDING REMAINS OF PVT

ROBERT J RANKL WISH TO STATE REMAINS TO BE SENT TO

JOHN J AND CHARLES C CISLAK UNDERTAKERS 81 SOUTH 15 *STREET*

~~ST~~ SOUTH SIDE PGH

MRS LILLIAN RANKL 2912 MARY ST SOUTH SIDE PGH 3

FORMERLY 1910 WRIGHTS WAY

81 2912 3 1910

954A NOV 3..

INSPECTION CHECKLIST
(For use at Distribution Center)

NAME Rankl, Robert J.			RANK Pvt.		SERIAL NUMBER 33678141		
SOURCE <i>NY 117 R</i>			CONSIGNEE John J. And Charles C. Cieslak 81 South Fifteenth Street South Side Pittsburgh, Pennsylvania				
SHIPPING CASE - GENERAL APPEARANCE (CHECK ONLY DISCREPANCIES)			CONDITION OF SHIPPING CASE (CHECK ONE) <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY				
FINISH (EXTERIOR)			REMARKS <i>Touched up</i>				
FINISH (INTERIOR)							
HANDLES							
HAND BOLTS							
STENCILING - NAMEPLATE							
HEALTH PERMIT MARKER							
HEALTH PERMIT NUMBER							
CASKET - GENERAL APPEARANCE (CHECK ONLY DISCREPANCIES)			CONDITION OF CASKET (CHECK ONE) <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY				
FINISH (EXTERIOR)			REMARKS <i>Touched up</i>				
HANDLES AND FASTENINGS							
STENCILING - NAMEPLATE							
CAN LOCKS (SEALING)							
ODOR OR MOISTURE							
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 REPAIRS <input type="checkbox"/> YES <input type="checkbox"/> NO				
NECESSARY DISINFECTION (EXPLAIN)			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		
REMARKS			<i>12 10 4-23-46 HMM</i>				

18
AMERICAN GRAVES REGISTRATION DIVISION
COLUMBUS GENERAL DISTRIBUTION DEPOT
COLUMBUS 15, OHIO

SUMMARY SHEET OF CLAIM OR POTENTIAL CLAIM BY FUNERAL DIRECTORS

In accordance with letter Office of the Quartermaster General dated 25 August 1948, file QMGMO, Subject: Discrepancies in Permanent 293 Files, the following information is furnished

To be filled in if claim has been received

1. Name and serial number of deceased: _____
2. Name of claimant: _____
3. Amount claimed: _____
4. Amount allowed (if any): _____
5. Purchase order number (if any): _____

To be filled in if a potential claim exists

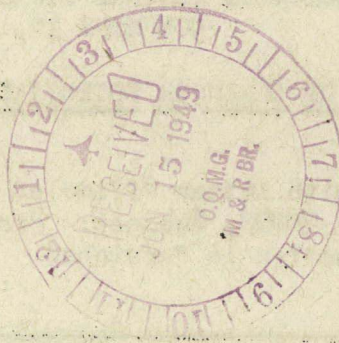
1. Name of potential claimant: John J. & Charles C. Cieslak, South Side Pittsburgh Pa.
2. For transportation of remains of Pvt. Robert J. Rankl, USAGF
Serial 33678141 from Pittsburgh, Pa.
to South Side Pittsburgh, Pa. and return escort to railhead if necessary.

Date

for Edward Engelman
FRANCIS PAPIANO

Capt, QMC

OIC, Administrative Branch



REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

(Read Explanation on Reverse Side before completing form)

DATE

NAME OF DECEDENT (Last, First, Middle Initial)

Rankl, Robert J.

BRANCH OF SERVICE

Army

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.

33678141

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 \$ 150.00 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 of Cemetery:

St. Peter's

CITY OR COUNTY:

Pittsburgh

STATE:

Pennsylvania

FILL IN THIS STATEMENT IF BOX "B" IS CHECKED

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

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

SIGNATURE OF CLAIMANT

ADDRESS (Street number or RFD, City and State)

RELATIONSHIP TO DECEDENT

RETURN FOUR COPIES TO

AMERICAN GRAVES REGISTRATION DIVISION
COLUMBUS GENERAL DEPOT
COLUMBUS, OHIO

REMARKS

PAID ON VOUCHER 92553
FEB 28 1949
W. KNOBELOCH, Lt. Col. F. D.
SYMBOL NO. 211-943

PART A

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.

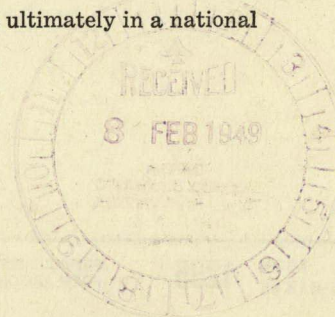
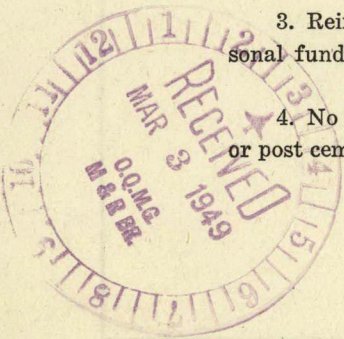
PART B

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.



REQUEST FOR DISPOSITION OF REMAINS

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

DATE: 3/15

Pvt. Robert J. Rankl, 33 678 141
 Plot 28, Row 72, Grave 6188,
 United States Military Cemetery
 Nettuno, Italy

7 March 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. LILLIAN M. RANKL

(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
 SOUTH SIDE CEMETERY - BIRMINGHAM AVE PITTSBURGH, PA.
~~GETTYSBURG NATIONAL CEMETERY GETTYSBURG, PENNSYLVANIA~~
 (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 GETTYSBURG PENNSYLVANIA
 (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.)

DID. P.M.C. 7-19-1948 - M.K.
FROM ALL INDICATIONS AND CORRESPONDENCE THE DECEASED
SOLDIER HELD THE RANK OF CPL. AT THE TIME OF HIS DEATH. ALL
SERIAL NUMBER & NAME ARE CORRECT.

The correct rank is Pvt. Per OM Liaison. P. Wise

OQMG FORM 345 MILITARY
 14 NOV 1946

16-50411-1

PAGE 1

Prov. Suspended
 APR 4 1948

I Smith
 24 Mar 48

Incl #1

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

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 CIESLAK - JOHN - J. & CHARLES - C			
NUMBER AND STREET 81 - S. 15TH ST.	CITY OR TOWN S.S. PGH. (3)	COUNTY OR PROVINCE ALLEGHENY	STATE OR TERRITORY OF U. S. A., OR COUNTRY PA.
EXPRESS OFFICE (Nearest railroad passenger station) UNION STATION	TELEGRAPH ADDRESS WESTERN UNION - 7TH AVE.		TELEPHONE No. GR. 6000

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 RANKL	FIRST NAME FRANCIS	MIDDLE INITIAL J	RELATIONSHIP TO DECEASED BROTHER
NUMBER AND STREET 2127 JANE ST.	CITY OR TOWN S.S. PITTSBURGH	COUNTY OR PROVINCE ALLEGHENY	STATE OR TERRITORY OF U. S. A., OR COUNTRY PENNA.

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

~~I WISH MY SON'S REMAINS TO BE INTERRED IN THE GETTYSBURG NAIL CEMETERY, WITH RELIGIOUS SERVICES HELD THERE. (CATHOLIC)~~
I WISH MY SON'S REMAINS TO BE INTERRED IN THE SOUTH SIDE CEMETERY PGH. PA.

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.

Mrs Lillian M Rankl
(SIGNATURE OF NEXT OF KIN)
MRS. LILLIAN M. RANKL
(NAME PRINTED OR TYPED)

1910 WRIGHTS WAY
(STREET AND NUMBER)
S.S. PITTSBURGH, (3) PA.
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 18 day of March, 1947, at city (or town) of Pittsburgh, county of Allegheny, and State (or Territory or District) of Pennsylvania

S. N. PETRAITIS, Notary Public
MY COMMISSION EXPIRES MARCH 9, 1951

(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

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

PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY

If you are the next of kin and you desire to relinquish your disposition authority, please fill in PART II of this form.

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

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

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

	(DATE)
(SIGNATURE OF NEXT OF KIN)	(STREET AND NUMBER)
(NAME PRINTED OR TYPED)	(CITY AND STATE)

PART III

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

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

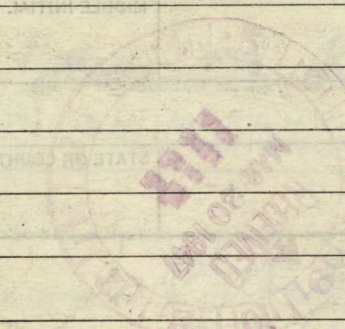
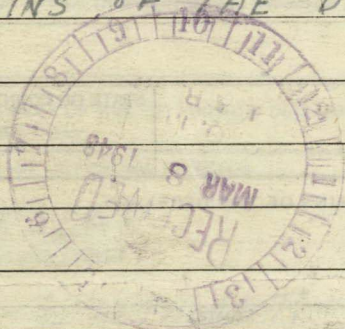
LAST NAME	FIRST NAME	MIDDLE INITIAL
RELATIONSHIP TO THE DECEASED		
NUMBER AND STREET	CITY OR TOWN	STATE OR COUNTRY

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

ADDITIONAL REMARKS AND INSTRUCTIONS

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

I, MRS. LILLIAN M. RANKL, MOTHER OF THE DECEASED, IN CASE OF ANY EMERGENCY, DULY APPOINT MY ELDEST SON FRANCIS J. RANKL AS NEXT OFFICIAL KIN IN THE DISPOSITION OF THE REMAINS OF THE DECEASED.



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

IN REPLY REFER TO BURIAL OF

Pvt. Robert J. Rankl, 33 678 141
Plot 2S, Row 72, Grave 6188
United States Military Cemetery
Nettuno, Italy
345 signed by: Mother Option 4

3 March 1948

Mrs. Lillian M. Rankl
1910 Wrights Way
S.S. Pittsburgh, Pennsylvania

Dear Mrs. Rankl:

The inclosed Request for Disposition of Remains form, which you accomplished, is returned for completion or correction as checked below. Please make changes or additions on the form and return both the form and this letter in the self addressed envelope inclosed. No postage is required.

1. () Indicate your relationship to the deceased. (Part I, page 1, in blocks)
2. () Indicate option desired. (Part I, page 1, items 1,2,3, or 4.)
3. () Indicate National or Private Cemetery in which interment is desired. (Part I, page 1, item 2 or 4)
4. () Indicate country (Homeland) of deceased. (Part I, page 1, item 3.)
5. () Advise name and address of consignee. (Part I, page 2.)
6. () If you are Next of Kin, affix your signature in the presence of a Notary Public. (Part I, page 2)
7. () Have form Notarized. (Bottom of page 2)
8. (x) The National Cemetery you selected is closed. Please select another from attached list. (Change form Part I, page 1, item 4)
9. () Furnish certified copy of Re-marriage Certificate of Widow.
10. () Furnish copy of Death Certificate of _____.
11. () Special instructions, not covered by the above:

Upon receipt of the corrected Reply Form, and this letter, action will be taken to process this case.

2 Incls.

1. Disposition Form
2. Self-addressed Envelope

For Mail and Records Branch Only:

Route this form and inclosures
direct to Reply Form Acceptance Unit
Family Correspondence Branch.

Richard B. Coombs
RICHARD B. COOMBS
Major, QMC,
Memorial Division

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

3 March 1948

IN REPLY REFER TO BURIAL OF

Pvt. Robert J. Rankl, 33 678 111
Plot 28, Row 72, Grave 6188
United States Military Cemetery
Nettuno, Italy
JRS signed by Mother, Option 1

Dear Sir;

At the time this application was made I
was unaware of the fact that I could bring my
son's remains directly to my own cemetery. I have

changed the burial place on this application
accordingly.

1. () Indicate your relationship to the deceased. (Part I, page 1, in blocks)
2. () Indicate option desired (Part I, page 1, items 1, 2, 3, or 4.)
3. () Indicate National or cemetery in which interment is desired. (Part I, page 1, item 5 or 6.)
4. () Indicate country (continent) of deceased. (Part I, page 1, item 3.)
5. () Advise name and address of person in the presence of a Notary Public. (Part I, page 2)
6. () If you are Next of Kin, affix your signature in the presence of a Notary Public. (Part I, page 2)
7. () Have form notarized. (Bottom of page 2)
8. (x) The National Cemetery you selected is closed. Please select another from attached list. (Change form Part I, page 1, item 4)
9. () Furnish certified copy of Re-marriage Certificate of Widow.
10. () Furnish copy of Death Certificate of _____
11. () Special instructions, not covered by the above: _____

Thank you
Mrs. Lillian Rankl

Upon receipt of the corrected Reply Form, and this letter, action will be taken to process this case.

RECEIVED
MAR 10 1948
MAIL ROOM
MEMORIAL DIVISION

2 Incls.
1. Disposition Form
2. Self-addressed Envelope

For Mail and Records Branch Only:
Route this form and inclosures
direct to Reply Form Acceptance Unit
Family Correspondence Branch.

August 2, 1947

Office of The Quartermaster General
War Department
Memorial Division
Washington 25, D. C.

Re: RANKL, Robert J. 33678141
Nettuno National
Cemetery, Italy

Gentlemen:

I, the undersigned, Mother of the above captioned deceased, who is buried in Italy, have requested the return of his remains to the United States, for his burial at the Gettysburg National Cemetery, Gettysburg, Penna.

I desire to change this order for burial in a private Cemetery, at Pittsburgh, Penna. It is now my wish that his remains be buried at the Soldiers' Plot, at the South Side Cemetery, Pittsburgh, Penna., and I wish to designate M. J. Cieslak, of 2726 E. Carson Street, S.S. Pittsburgh, Penna., as the receiving undertaker.

Thanking you to make this change, and confirming the correction, I beg to remain

Very truly yours,

Lillian M Rankl

1910 Wrights Way
Pittsburg 3, Penna

CO19883

File
Ltr sent 343 for ch
8 Mar 48
Flynn
G. F. R.



0013883



the collection, I beg to remain

as the receiving undersigned.

Director, of 3336 E. Carson Street, S. E. Bitter
Cemetery, Bitter Lake, Idaho, and I wish to designate M. J.
the cemetery be buried at the Soldiers, 51st, at the golden side
were Cemetery, at Bitter Lake, Idaho. It is now my wish that
I desire to change this order for burial to a pri-

mary National Cemetery, Gettysburg, Idaho.
the remains to the United States, for his burial at the Gettys-
burg, and is buried in Idaho, have requested the return of
I, the undersigned, holder of the above captioned

Gentlemen:

Cemetery, Idaho
National Cemetery
Re: BANK, Robert J. 3336 Carson St.

Washington 25, D. C.
Director, Division
for Burial
Office of the Quartermaster General

August 2, 1947

3 March 1948

Dear Mrs. Rankl:

1. () Indicate your relationship to the deceased. (Part I, page 1, in blocks)
2. () Indicate option desired. (Part I, page 1, items 1,2,3, or 4.)
3. () Indicate National or Private Cemetery in which interment is desired.
(Part I, page 1, item 2 or 4)
4. () Indicate country (Homeland) of deceased. (Part I, page 1, item 3.)
5. () Advise name and address of consignee. (Part I, page 2.)
6. () If you are Next of Kin, affix your signature in the presence of a Notary Public. (Part I, page 2)
7. () Have form Notarized. (Bottom of page 2)
8. (X) The National Cemetery you selected is closed. Please select another from attached list. (Change form Part I, page 1, item 4)
9. () Furnish certified copy of Re-marriage Certificate of Widow.
10. () Furnish copy of Death Certificate of _____.
11. () Special instructions, not covered by the above:

2

RICHARD B. COOMBS
Major, OMC,
Memorial Division

For Mail and Records Branch Only:
Route this form and inclosures
direct to Reply Form Acceptance Unit
Family Correspondence Branch.

gph
D.A.

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FAMILY CORRESPONDENCE BRANCH
FCA SECTION, ACCEPTANCE UNIT

TO BE USED ON IRFS

Rankl, Robert J.

Pvt 33678141

Mathie

* 4

Name

RANK ASN

345 Signed by the

Option Selected

Nettuno, Italy

2S

72

6188

Cemetery

Plot Row Grave

Consignee

Address

Write NOK

Mr.
Mrs.
Miss

Lillian M. Rankl

Name

Relationship

1910 Wrights Way

(Address)

S.S. Pittsburgh Pa

(City and State)

A. Action to Family Letters Section

1. () Indicate RELATIONSHIP
2. () Indicate OPTION desired
3. () Indicate CEMETERY in which interment desired
4. () Indicate Country (HOMELAND) of deceased or NOK
5. () Indicate CONSIGNEE Name and/or Address
6. () Obtain SIGNATURE of NOK
7. () Obtain NOTARIZATION
8. (X) Advise NOK that NATIONAL CEMETERY SELECTED IS CLOSED and request that another choice be made

B. Action to Case Resolution Unit, FCA:

9. () Secure DOCUMENTS (Remarriage), (Birth), (Death), (Other _____)
10. (X) Reply to REMARKS on IRF
11. () SPECIAL INSTRUCTIONS: _____

12. () Inform Party Listed Below of Action taken by This Office

Name

Relationship

(Address)

(City and State)

Orig- With 345

Dup- M&R for 293 File

Acceptance Clerk's Name

Date

File Feb 25
Danylenty
22/25

QMKMR 293
Rankl, Robert J.
A.S.N. 33 678 141

2 April 1947

Mrs. Lillian Rankl
1910 Wrights Way, South Side
Pittsburgh 3, Pennsylvania

Dear Mrs. Rankl:

Inclosed herewith is a picture of the United States Military Cemetery Nettuno, Italy, in which your son, the late Private Robert J. Rankl, is buried.

It is my sincere hope that you may gain some solace from this view of the surroundings in which your loved one rests. As you can see, this is a place of simple dignity, neat and well cared for. Here, assured of continuous care, now rest the remains of a few of those heroic dead who fell together in the service of our country.

This cemetery will be maintained as a temporary resting place until, in accordance with the wishes of the next of kin, all remains are either placed in permanent American cemeteries overseas or returned to the Homeland for final burial.

Sincerely yours,

1 Incl
Photograph

14

G. A. HORKAN
Brigadier General, QMC
Chief, Memorial Division

APR 3 2 11 PM '47

U. S. M. G.
MAIL & RECORDS BRANCH

ms

Pvt. Robert J. Rankl, 33 678 141
Plot 28, Row 72, Grave 6188,
United States Military Cemetery
Nettuno, Italy

7 March 1947

Mrs. Lillian Rankl
1910 Wrights Way
South Side Pittsburgh 3, Pennsylvania

Dear Mrs. Rankl:

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

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

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

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

Sincerely,

THOMAS B. LARKIN
Major General
The Quartermaster General

Incls.

der

MAR 14 10 50 AM '47

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

MAR 14 10 50 AM '47

MAR 14 10 50 AM '47

2

QMGYG 293
Rankl, Robert J.
SN 33 678 141

Address Reply To
THE QUARTERMASTER GENERAL
Attn: Memorial Division

6 August 1946

Mrs. Lillian Rankl
1910 Wrights Way
Pittsburgh 3, Pennsylvania

Dear Mrs. Rankl:

Your letter concerning your son, the late Private Robert J. Rankl, has been received in this office.

The official report of burial shows that the remains of your son were originally interred in San Benedetto, Italy, but were later disinterred and moved to a more suitable site where constant care of the grave can be assured by our Forces in the field.

The report of burial further discloses that the remains of your son were interred on 28 September 1944 in Plot 2-S, Row 72, Grave 6188, in the United States Military Cemetery Nettuno, located approximately thirty-two miles south of Rome, Italy.

This office regrets the delay in replying to your letter and wishes to extend sincere sympathy in the loss of your son.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

erb

JAMES L. PRENN
Major, QMC
Assistant

MEMORIAL DIVISION

AUG 2 5 42 PM '46

RECORDS BRANCH
REGISTRATION AND

Aug 6 10 0 AM '46
QMC
S. R. BR

JLP

7 AMES T' LYNN

гъуедеѣа ѡпѣа'

FOR THE CONVEYANCE OF THE

expresses his extreme sincere sympathy in the loss of your son.

THIS OFFICE REQUESTS THE FOLLOWING TO BE ADDED TO THE LIST OF OFFICIALS:

מפעל חילול-דם שיש סופו של משה' ישראל.

ET88' IN THE NUTTER 247688 NUTTERIA CEMETERY NUTTERIA' JOSEPH EBBLOX-
SON WERE BURIED ON 30 SEPTEMBER 1977 IN LOT 5-2' BOX 15' CLEVELAND

the rebirth of military industrial complexes and the rewriting of laws.

ELVAG CSU PE SAGMLEQ PÅ OMK. BOLLGÅRDEN I NYNÄS.

interfere with work so a mole might be able to contact with the
mole of the military in the Benetton's house, but the mole of the

The official report of military actions first the language of "long son

Banky, was been located in this office.

Dom. Jeffers concealing Dom. son's true name by false name of "J."

DEST. FILE# 350071

Երբեք չ' օգտվալու

ΤὸΤΟ ΜΛΤΕΡΦΕ ΜΕΛ

PLS* PIIISU BOUNT

FROM: MEMORIST DIATSON
THE CONVEYANCE THE GENEV
ADDRESS BEYLA LO

ο ὑπὸ τῶν ἰδίων

SI 33 948 IVT
BANK, Borels 1.
OMOLO Sd3

28
April 5, 1946

Office of Graves Registration
Washington, D.C.

Dear Sir,

293
Can you kindly inform me as to the location of the grave of my son, Pfc. Robert Rankl, Asn. 33678141, formerly of Co."A" 135th Inf. Regt. 34th Div. and also Co."A" 350th Inf Regt., 88th Div. He was first reported missing in action the latter part of 1943 and later the when I wrote his Commanding officer I received the same information. A year later the War Department informed me as a matter of technicality that my son was officialy dead. Can you inform me whether his grave was located and registered and if so:— in what locality and at what date. In any respect, the slightest of information will be gratefully appreciated and acknowledged.

Thanking you in advance, I remain:

Sincerely Yours,

Mrs. Lillian Rankl
Mrs. Lillian Rankl

RECEIVED
MAY 20 1946
WASHINGTON

File
6 Aug 46
JMS
WAT



MEMORIAL VISION
SINGULAR DONOR

MEMORIAL VISION SINGULAR DONOR

re Elmerlynn abblesford and wckuomjessed
were in the center of the attention of the
and registered and in so: in the center of the
and can you inform me whether the Elmerlynn
as a matter of recordkeeping that will you be officially
information. I have just the war department informed me
when I wrote the commanding officer I received the same
message in action the letter back of 1942 and later the
CO. V. 3204th Inf Regt. 88th Div. He was later reported
lost in action of CO. V. 1320th Inf. Regt. 88th Div. and was
Elmerlynn of the son, Elmerlynn, was 3204th Inf.

Dear Sir,
Washington, D.C.
Office of General Registration

April 2, 1946

cd 293 Graves Reg
QMGG 29380 (medit) 1st Ind.
T/O Mediterranean Theater
Identification

WD, OJMG, Washington 25, D.C.

22 July 1946

TO: Theater Graves Registration Officer, Mediterranean Theater, APO 794
c/o Postmaster, New York, New York

1. Reference is made to basic communication.
2. The following identifications have been established by comparison of dental charts, with the exception of Unknown X-562, who has been identified by the process of elimination, of remains interred in American Cemetery Nettuno, Italy as indicated:

ESPINOSA, Ben J. Pfc. 37354115, Infantry
Plot 2-S, Row 72, Grave 6183
KIA-13 April 1944
Emergency Addressee - Mr. Jinio Espinosa (father)
General Delivery, Center, Colorado
Religious preference - Catholic

X 293 ✓
RANKL, Robert J., Pvt. 33678141, Infantry
Plot 2-S, Row 72, Grave 6183
KIA 13 April 1944
Emergency Addressee - Mrs. Lillian M. Rankl (mother) ✓
94 S. 11th St., Pittsburgh, Pa.
Religious Preference - Catholic

X-562 - THOMAS, Woodrow W. Pvt., 35637523, Infantry
Plot 2-S, Row 72, Grave 6181
KIA 13 April 1944
Emergency Addressee - Mrs. Leatha Thomas (mother)
Worth, West Virginia
Religious Preference - not indicated

X-563 - VALDEZ, Paul H. Cpl., 38006151, Infantry
Plot 2-S, Row 72, Grave 6182
KIA - 13 April 1944
Emergency Addressee - Mrs. Elsie Valdez (mother)
1131 Robinson St., Trinidad, Colo.
Religious Preference - not indicated

File
7-18-46
Robinson
VAN

QMGYC 293.8 T/O Mediterranean Theater (1st Ind.) 22 July 1946
(cont'd)

- X-564 - KERR, George W. Pfc. 37353883, Infantry
Plot 2-S, Row 72, Grave 6184
KIA 13 April 1944
Emergency Addressee - Mrs. Miran (or Mary) E. Kerr (mother)
General Delivery, Fountain, Colo.
Religious Preference - Protestant
- X-565 DYDA, Charles., Pfc., 33183989, Infantry
Plot 2-S, Row 72, Grave 6185
KIA 13 April 1944
Emergency Addressee - Mr. Andrew Dyda (father)
275 Iron St., Johnstown, Pa.
Religious Preference - Catholic
- X-566 MOODY, Clarence E. Pvt. 36590875, Infantry
Plot 2-S, Row 72, Grave 6186
KIA 13 April 1944
Emergency Addressee - Mrs. Dorothy M. Moody (wife)
854 Orchard, Wyandotte, Michigan
Religious Preference - Protestant
- X-567 - CARNATHAN, Robert C. Pvt. 34625098, Infantry
Plot 2-S, Row 72, Grave 6187
KIA 13 April 1944
Emergency Addressee - Mrs. Mattie A.C. McClelen (mother)
Blue Springs, Mississippi
Religious Preference - Protestant
3. It is requested that the records of your headquarters and the marking of the graves be changed accordingly and this office advised upon completion thereof.
4. The Reports of Reburial submitted to this office have been amended.
- FOR THE QUARTERMASTER GENERAL:

JAMES C. MacFARLAND
Major, QMC
Assistant

T.M. Durso
15 March 1946

Report Numbers & Date
50690 - 50697 incl 3 Oct. 1944

CASE HISTORY OF UNKNOWNNS

ESPINOSA, Ben J.,	37354115	Pfc	Inf.	KIA 13 April 1944	Italy
RANKL, Robert J.,	33678141	Pvt.	Inf.	KIA 13 April 1944	Italy
THOMAS, Woodrow W.,	35637523	Pvt.	Inf.	KIA 13 April 1944	Italy
VALDEZ, Paul H.,	38006151	Cpl.	Inf.	KIA 13 April 1944	Italy
KERR, George W.,	37353883	Pfc	Inf.	KIA 13 April 1944	Italy
DYDA, Charles,	33183989	Pfc	Inf.	KIA 13 April 1944	Italy
MOODY, Clarence E.,	36590875	Pvt.	Inf.	KIA 13 April 1944	Italy
CANNATHAN, Robert C.,	34625098	Pvt.	Inf.	KIA 13 April 1944	Italy

IDENTIFYING DATA:

Reports of Reburial were received for the following U.S. deceased interred in Italy:

Espinosa, Ben (Bel'd to be) ASN 37354115	Nettuno, 2S 72	6183
Rankl, Robert J. (Bel'd to be) ASN 33678141	Nettuno, 2S 72	6188
Unknown American X-562	Nettuno, 2S 72	6181
Unknown American X-563	Nettuno, 2S 72	6182
Unknown American X-564	Nettuno, 2S 72	6184
Unknown American X-565	Nettuno, 2S 72	6185
Unknown American X-566	Nettuno, 2S 72	6186
Unknown American X-567	Nettuno, 2S 72	6187

The remains were removed from graves in Church-yard at San Benedetto, Italy, Coord. A842-211, Sheet 138 III, 1/50,000 Map of Italy and reinterred in the U.S. Military Cemetery, Nettuno, Italy 28 September 1944 by the 304th Quar Co. Date of death is indicated as 13 April 1944 at San Benedetto, Italy. Cause of death -- Murdered by enemy. Organization -- Infantry. The following identifying data was noted on the Burial Reports, which were accompanied by a Report of Investigation by MTOUSA:

- 1) Believed to be: Espinosa, Ben, 37354115 -- Fingerprints impossible, tooth chart submitted. Organization of Enlisted Man obtained from Capt. Byrnes, Allied Screening Commission, Largo di Lombardo, Rome, Italy. A statement of personal acquaintance with the deceased, signed by Don (Father) Antonio PICAROZZI, was attached. He stated that he had known Espinosa for 1½ months.
- 2) Believed to be: Rankl, Robert J. 33678141 -- Fingerprints impossible, tooth chart submitted. Height --(Est) 6' -- thin face, hair missing. A "V" mail letter was taken from the remains by Don Antonio Picarozzi at the time of interment.
- 3) X-562 -- Neither fingerprints nor tooth chart were available -- Shot in face. Height --(Est) 5'8", black hair. The remains were removed from grave No 1, from Church-yard at San Benedetto, Italy.
- 4) X-563 -- Fingerprints impossible. Teeth perfect, no fillings or cavities. Height --(Est) 5'10", hair missing. It is noted: Unknown was removed from grave No 2 of the Church-yard at San Benedetto, together with the deceased found in grave No 3, (Ben Espinosa) and grave NO 8, (Robert J. Rankl).
- 5) X-564 -- Fingerprints impossible. Tooth chart submitted. Height --(Est) 5'11", hair missing. Remains were removed from grave No 4 of Church-yard at San Benedetto, Italy.

File in 44
2-10-46
W. J. Durso

IDENTIFYING DATA (Cont'd)

23

- 6) X-565 -- Fingerprints impossible. Tooth chart submitted. Height --(Est) 5'9", hair missing. Remains removed from grave No 5 at Church-yard at San Benedetto, Italy.
- 7) X-566 -- Fingerprints impossible, Tooth chart submitted. Height --(Est) 5'11", brown hair. Remains removed from grave No 6, same location as above.
- 8) X-567 --Fingerprints impossible. Tooth chart submitted. Height --(Est) 5'9", hair missing. Remains were removed from grave No 7 at church-yard of San Benedetto, Italy.

INVESTIGATION CONDUCTED BY THE FIELD:

According to the Report of Investigation, the circumstances surrounding the casualty pertaining to subject Unknowns were as follows:

The 12th Air Force submitted a statement, signed by Sgt. Milton D. Lanier, 14067698, a former member of the 444th Bomb Sqd., 320th Bomb Gp, whose plane was shot down near South-Orvieto Bridge, Italy, 21 Jan. 1944. He parachuted to the ground and was able to evade capture.

About a month later Sgt. Lanier met 8 enlisted men, ranks unknown, who had been captured by the enemy at Cassino and had subsequently escaped. During the one day that he was in their company, they exchanged names and serial numbers.

Two weeks later, Lanier met an Italian civilian who stated that the Fascists had discovered the 8 enlisted men to be hiding in a church. The Fascists reported this fact to the German authorities, who surrounded the church, recaptured the men, tortured them cruelly, lined them up in front of the church and shot them. The shoes were removed from the bodies and displayed them to the civilian population as a warning to whomever might, in the future, wish to assist the allies. The Italians buried the bodies the next day, on or about 1 March 1944, in the Civilian Cemetery at Monte Buono, near Rieti, Italy.

When the American investigating party arrived at Monte Buono and interrogated several civilians, they were directed to Don Antonio Picarozzi, Parish Priest of St. Mary's Church at Monte Buono. He furnished the following data:

Father Picarozzi and Agostino Abati, Mayor of the town, together with other civilians, had given assistance to the 8 Americans. The priest was personally acquainted with Ben ESPINOSA, who was spokesman for the group. Augusto Mannucci, a farmer, held receipts for money loaned to the following four men, money which had been consigned to him by the Vatican for this purpose: Ben ESPINOSA, Robert CANNATHAN, Robert J. RANKL and George KEUR. He also had the names of Woodrow W. THOMAS, Clarence E. MOODY, Paul H. VALDEZ and Charles DYDA, the other members of the group.

The Partisans recovered the personal effects from the bodies, packed them separately and numbered them from #1 to #8, in the respective manner as the bodies had been marked. An attempt to trace the effects, with a view to obtaining further identifying data, met with negative results, as they had been subsequently consigned to a member of the Allied Screening Commission who had previously investigated the case; information as to where he was stationed at the time of the American investigation could not be obtained.

Father Picarozzi certified that Ben Espinosa was buried in grave #3 and Robert Rankl in grave #8, the latter identified by a letter found on the body. He further stated that three of the men had had identification tags, which had been sent, together with Rankl's letter and the personal effects, to the Vatican.

Upon disinterment from the Church-yard burial place and reinterment into the Monte Buono Civilian Cemetery, graves #1 to #8 as had previously been accomplished, the remains were thoroughly examined for identifying marks, to no avail. Tooth charts, however, were available for all deceased except one.

The remains were reburied, 28 September 1944, into the Nettuno Cemetery in the same order as removal had been accomplished from S. Benedetto, i.e., those from grave #1 were reinterred into grave #6181, Nettuno, those from grave #2 reinterred into grave #6182, Nettuno etc.

(Note: A copy of letter of inquiry from Lt. N.D. McHally, I.O., Allied Screening Commission to Capt. Archer, S.K.B., New Scotland Yard, relative to the casualty of the 8 deceased American, referred to April 1944 as the period in which the incident occurred.)

RESULT OF INVESTIGATION CONDUCTED BY THIS OFFICE: The status of the 8 enlisted men was verified as KIA 13 April 1944. AGO Death Reports are in file of this office for all except Pfc Charles Dyda, 33183989. Duplicate copies of said report have been requested from Certification Section, AGO, for this deceased.

Available dental charts (MD Forms 79 or induction records) for the 8 EM have been compared with the tooth charts submitted for the Unknowns with the following favorable results: (See attached Exhibit Sheet.)

- 1) Deceased (Believed to be: Espinosa, Ben) - had filled tooth R-11, which was indicated as carious at induction of the enlisted man.
- 2) Deceased (Believed to be: Rankl, Robert J.) - had the identical missing teeth as were indicated for the enlisted man at the time of his induction and during his training in Camp.
- 4) Unk. X-563 - had perfect teeth, no fillings or cavities, which is in agreement with records of Cpl. Valdez at the time of his induction. Further check failed to disclose that dental work had been accomplished during the enlisted man's training period.
- 5) Unk. X-564 - had fillings in teeth L-7 and L-14 which were apparently accomplished overseas. These teeth were indicated as carious at the time of Pfc Kerr's induction and no dental charts were available for the enlisted man. Carious teeth L-15 and L-16 reported for the unknown, were also shown on induction records of Pfc Kerr.
- 6) Unk. X-565 - had the same missing teeth as indicated for Pfc Dyda at the time of the enlisted man's induction, with the exception of L-12 which may have been lost after death. Fillings R-15 and 16, and L-15 and 16 shown on reburial report may have become carious while in service and were filled overseas. (Note: the possibility of X-564 being Dyda is to be excluded, as carious tooth R-13 and filled tooth L-14 indicated on report for X-564, were missing at the time of Dyda's induction.
- 7) Unk. X-566 - had the same missing teeth, R-8 and L-14, as were reported for Pvt. Moody at the time of the enlisted man's induction.
- 8) Unk. X-567 - teeth R-8 and L-8, and R-16 & L-16 of the unknown check perfectly with the induction records of Pvt. Carnathan. The carious teeth recorded at the time of his induction were apparently very slight and, therefore, not detected.
- 3) Unk. X-562 - is the only deceased for whom tooth chart was not available. Dental charts for Pvt. Thomas do not compare with any of the other 7 unknowns (note fixed bridge and partial dentures). In view of this fact, plus the favorable comparison of the body description (5'8", black hair X 5'8½", black hair), identity is established by process of elimination.

INVESTIGATION BY THIS OFFICE (Cont'd)

25

Through the favorable comparison of tooth charts and the statements made by Father Antonio Piccarozzi, the identity of subject Unknowns, interred in the U.S. Military Cemetery Nettuno, Italy, Plot 2-S, Row 72 has been established as follows:

Espinosa, Ben (Bel'd to be)	Case 50690	Grave 6183	as ESPINOSA, Ben J.	37354115	Pfc
Rankl, Robert J. (" " ")	50691	6188	RANKL, Robert J.	336781A1	Pvt.
Unknown X-562	50692	6181	THOMAS, Woodrow W.	35637423	Pvt.
Unknown X-563	50693	6182	VALDEZ, Paul H.	38006151	Opl
Unknown X-564	50694	6184	KRAM, George W.	37353883	Pfc
Unknown X-565	50695	6185	LYDA, Charles	33183989	Pfc
Unknown X-566	50696	6186	MOODY, Clarence E.	36590875	Pvt.
Unknown X-567	50697	6187	CARNATHAN, Reht.C.	34625098	Pvt.

RECOMMENDATION, Identification of the above as noted

Scum
18 Mch 46

Arthur J. Pargand
20th DMC

CONCURRENCE	DATE	ACTION	APPROVAL	DATE
<i>W. A. Johnson</i>	16 April 46		<i>John H. Johnson</i>	7 April 1946
<i>W. A. Johnson</i>	16 Apr 46			
RECORDS CORRECTED	C/S (BR) TO	293 FILES	FILED ADVISED	EFFECTS BUREAU
	RECS. SECTION			AGO (BR)

FIELD CORRECTIONS COMPLETED.

50690

Bel'd to be:
Espinosa, Ben

50691

Bel'd to be:
Rankl, R.R-8
R-7
R-6
R-5
R-4
R-3
R-2
R-1
L-1
L-2
L-3
L-4
L-5
L-6
L-7
L-8t.m.
t.m.R-8
R-7
R-6
R-5
R-4
R-3
R-2
R-1
L-1
L-2
L-3
L-4
L-5
L-6
L-7
L-8

missing

missing

missing

missing

missing

R-16
R-15
R-14
R-13
R-12
R-11
R-10
R-9
R-8
R-7
R-6
R-5
R-4
R-3
R-2
R-1
L-1
L-2
L-3
L-4
L-5
L-6

filling

R-16
R-15
R-14
R-13
R-12
R-11
R-10
R-9
R-8
R-7
R-6
R-5
R-4
R-3
R-2
R-1
L-1
L-2
L-3
L-4
L-5
L-6

missing

missing

*traumatically
missing.

TEETH PERFECT - NO FILLINGS OR CAVITIES

5'8", black hair, - TOOTH CHAIR IMPOSSIBLE - SHOT IN FACE

50692

50693

50694

50695

50696

50697

X-562

X-563

X-564

R-8
R-7
R-6
R-5
R-4
R-3
R-2
R-1
L-1
L-2
L-3
L-4
L-5
L-6
L-7
L-8shot away
shot away
carious

missing

filling

R-8
R-7
R-6
R-5
R-4
R-3
R-2
R-1
L-1
L-2
L-3
L-4
L-5
L-6
L-7
L-8

missing

R-8 missing

R-16
R-15
R-14
R-13
R-12
R-11
R-10
R-9
R-8
R-7
R-6
R-5
R-4
R-3
R-2
R-1
L-1
L-2
L-3
L-4
L-5
L-6shot away
shot away
cariousR-16
R-15
R-14
R-13
R-12
R-11
R-10
R-9
R-8
R-7
R-6
R-5
R-4
R-3
R-2
R-1
L-1
L-2
L-3
L-4
L-5
L-6

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27

IDENTIFICATION DENTAL CHART

TO BE USED WITH QMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

20 May 1946

DATE

"Believed to be"

Rankl,

Robert

J.

Pfc

33 678 141

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

Co A, 135th Inf. Regt.

UNIT

34th Division

ORGANIZATION

San Benedetto, Italy

PLACE OF DEATH

U.S. Mil. Cem.,

Nettuno, Italy

PLACE OF BURIAL

2S

PLOT

72

ROW

6188

GRAVE NO.

RIGHT								UPPER TEETH								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8								
TYPE																TYPE							
LOCATION																LOCATION							

INSIDE — LOOKING OUT

RIGHT								LOWER TEETH								LEFT							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16								
TYPE																TYPE							
LOCATION																LOCATION							

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS
IN
WHOLE BOX



EXTRACTED

CAVITY. INDICATE
LOCATIONFIXED BRIDGE
(INCL. ABUTMENTS)TEETH REPLACED
BY DENTUREPOSTHUMOUSLY MISSING
(LOST AFTER DEATH)

TYPE OF FILLING
IN
UPPER HALF OF BOX

AMALGAM
(SILVER)

GOLD

SILICATE OR
PORCELAINOXYPHOSPHATE
(CEMENT)

LOCATION OF FILLING
IN
LOWER HALF OF BOX

MESIAL
(BETWEEN-TOWARD FRONT)OCCLUSAL
(BITING SURFACE BACK TEETH)DISTAL
(BETWEEN-TOWARD BACK)LINGUAL
(TOWARD TONGUE)FACIAL
(TOWARD CHEEK)

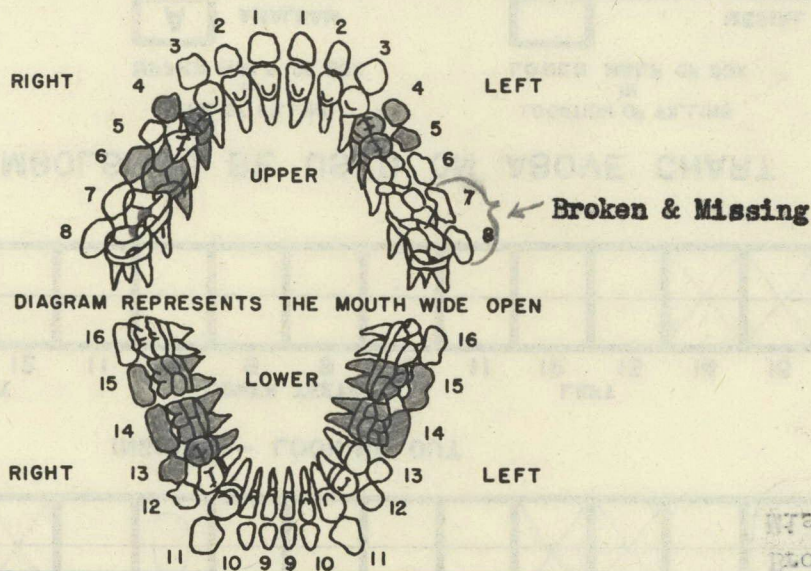
INSTRUCTIONS:

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, *e.g.*, PORCELAIN CROWNS, GOLD CROWNS (FULL OR $\frac{3}{4}$), $\frac{3}{4}$ GOLD CROWN WITH SILICATE WINDOW.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS: R4 extracted shortly before death.

SIGNATURE OF PERSON WHO PREPARED CHART

Robert J. Stanford, Pfc.
NAME AND RANK TYPED OR PRINTED

2621st GRU (Anzio Area)
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

VERIFIED BY GRS OFFICER

JOSEPH F. NAHAN, 1st Lt.
NAME AND RANK TYPED OR PRINTED

20 May 1946
DATE

IDENTIFICATION DENTAL CHART

TO BE USED WITH QMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.~~"Believed to be"~~

20 May 1946

DATE

Rankl.

Robert

J.

Pfc

33 678 141

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

Co A, 135th Inf. Regt.

UNIT

34th Division

ORGANIZATION

San Benedetto, Italy

PLACE OF DEATH

U.S. Mil. Cem.,

Nettuno, Italy

PLACE OF BURIAL

2S

PLOT

72

ROW

6188

GRAVE NO.

RIGHT								UPPER TEETH				LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8				
TYPE																			
LOCATION																			

INSIDE — LOOKING OUT

RIGHT								LOWER TEETH				LEFT							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16				
TYPE																			
LOCATION																			

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS
IN
WHOLE BOX

EXTRACTED

CAVITY. INDICATE
LOCATIONFIXED BRIDGE
(INCL. ABUTMENTS)TEETH REPLACED
BY DENTUREPOSTHUMOUSLY MISSING
(LOST AFTER DEATH)TYPE OF FILLING
IN
UPPER HALF OF BOXAMALGAM
(SILVER)

GOLD

SILICATE OR
PORCELAINOXYPHOSPHATE
(CEMENT)LOCATION OF FILLING
IN
LOWER HALF OF BOXMESIAL
(BETWEEN-TOWARD FRONT)OCCLUSAL
(BITING SURFACE BACK TEETH)DISTAL
(BETWEEN-TOWARD BACK)LINGUAL
(TOWARD TONGUE)FACIAL
(TOWARD CHEEK)

293 - Rankl, Robert J. 33678141

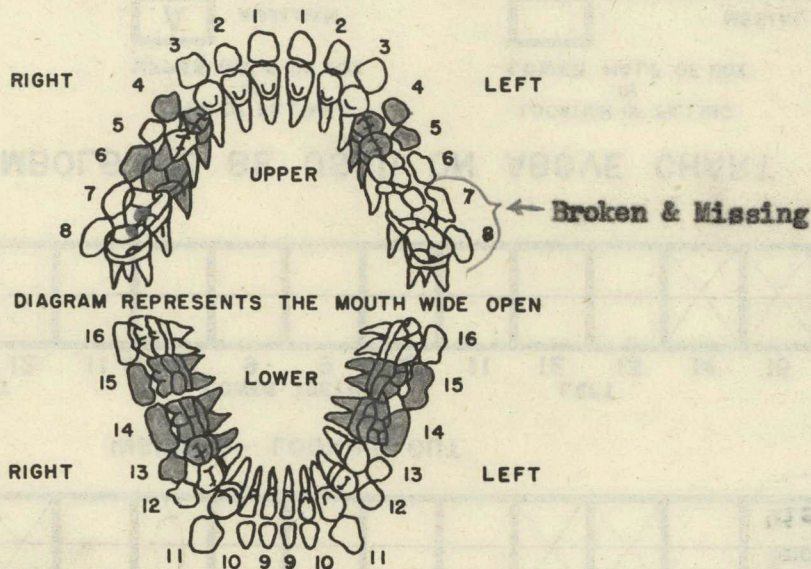
INSTRUCTIONS:

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, *e.g.*, PORCELAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS: R4 extracted shortly before death.

Robert J. Stanford Pfc.
SIGNATURE OF PERSON WHO PREPARED CHART

Robert J. Stanford, Pfc.
NAME AND RANK TYPED OR PRINTED

2621st GRU (Anzio Area)
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

Joseph F. Nahan
VERIFIED BY GRS OFFICER

JOSEPH F. NAHAN, 1st Lt.
NAME AND RANK TYPED OR PRINTED

20 May 1946
DATE

REPORT OF

PHYSICAL EXAMINATION AND INDUCTION

First examination ☒ Second examination ☐ Third examination ☐ Fourth examination ☐
(To be filled in by local board clerk. Check number of examination made by local board)

SECTION I.—GENERAL (To be filled in by the local board clerk from the Selective Service Questionnaire, D. S. S. Form 40. Write "none" opposite the questions where no information is given. Do not leave any question blank.)

1. Name (page 1) Robert James Rankl
(First) (Middle) (Last)

2. Address (page 1) 3415 Carson St., Pittsburgh Allegheny Penna.
(Street or rural route) (Town or city) (County) (State)

3. Social Security No. (Series I, line 5) 200-14-2397 4. Registrant's order number (page 1) 12,232

5. Physical or mental defects or diseases (Series II, line 1) none

6. Treatment at an institution, sanitarium, or asylum (Series II, line 2) no
(Yes or no)

7. Education (Number years completed) (Series III): Elementary school 6 High school 2 Vocational school, college, or university 2

8. Occupation: (a) Title of present job (Series IV, line 2 (a), or Series V, line 1) Bread dumper
(b) Duties (Series IV, line 2 (b)) Dump bread.
(c) Title of last job, if unemployed (Series IV, line 3)

9. Years experience in this work (Series IV, line 2 (c), or Series V, line 2) 1

10. Income (Series IV, line 2 (d)): Average weekly earnings \$ 30.00
(Weekly, monthly, annual)

11. Employment class (Series IV, line 2 (e)): Permanent employee ☒; Temporary employee ☐; Apprentice ☐; Independent worker ☐; Unpaid family worker ☐; Employer ☐; Student (Series IV, line 4 (a)) ☐

12. Business of present employer (Series IV, line 2 (g)) Bakery

13. Marital status (Series VII, line 1): Single ☒; Widower ☐; Divorced ☐; Married, not separated ☐; Married, separated ☐

14. Number of dependents (Series VII, line 3 (a) fifth column except N. C.'s plus line 4 (a) fifth column) 1

15. Birthplace (Series IX, line 1) Pittsburgh Penna. U.S.
(Town or city) (State) (Country)

16. Birth date (Series IX, line 2) December 11 1924
(Month) (Day) (Year)

17. Race (Series IX, line 3): White ☒; Negro ☐; Other (specify)

18. Citizenship: United States citizen (Series IX, line 4) yes; Declarant alien (Series IX, line 7) no
(Yes or no) (Yes or no)

19. Previous U. S. military service (Series XII): None ☒; Army ☐; Guard ☐; Navy ☐; Marine Corps ☐; Coast Guard ☐

20. Type of discharge (Series XII): Specify none

21. Date of registrant's affidavit (top of page 8) 25 Jan. 1943
(Day) (Month) (Year)

Do Not Enter Anything in This Column

RESIDENCE

State

County

Place inducted

DATE INDUCTED

Day

Month

Year

Source

Nativity

Year of birth

Race/citizenship

Education

Occupation

Marital

INSTRUCTIONS

1. An original and three copies of this form will be prepared for each registrant called up for physical examination. The original is designated as the Armed Forces' Original; the first carbon copy, the National Headquarters' Copy; the second carbon copy, the Surgeon General's (Army)—Bureau of Medicine and Surgery (Navy)—Commandant Marine Corps (M. C.) Copy; and the third carbon copy, the Local Board's Copy. Instructions are contained on each copy.

2. Forms of men rejected by the armed forces will be marked "Rejected by the Armed Forces" in large letters at the top of page 1.

3. If the registrant is not sent to the induction station of the armed forces, or is rejected by the induction station of the armed forces, this original will be filed, along with "Local Board's Copy" (3d copy), in the registrant's Cover Sheet (Form 5).

4. For registrants accepted by the induction station of the armed forces: If inducted by the ARMY, this original secured by F. B. I. Military Fingerprint Card will be forwarded from induction station to The Adjutant General, Washington, D. C.; if inducted by the NAVY or COAST GUARD, this original will be forwarded through the Main Recruiting Station to the Bureau of Navigation, Washington, D. C.; if inducted by the MARINE CORPS, this original will be sent to the Commandant, Headquarters, U. S. Marine Corps, Washington, D. C.

5. Fingerprints are required only on this original and only for registrants who are inducted. If inducted by ARMY, prepare F. B. I. Military Fingerprint Card.

ORIGINAL COPY

(PAGE 1)

16-4841-2

SECTION II.—REPORT OF LOCAL BOARD EXAMINING PHYSICIAN AND LOCAL BOARD CLASSIFICATION.

22. If registrant's answer to Item 6 above is "yes," when and for what ailment(s) _____
23. Is registrant now or previously an enrollee in the Civilian Conservation Corps: No ☐; Yes ☐
24. Serological test (syphilis): Date 2-16-43 Result None Neg.
Second serological test (syphilis): Date _____ Result _____
25. Examining physician's remarks _____

26. (a) Do you find that the above-named registrant has any of the defects set forth in Part I of the List of Defects (Form 220)?
(If in doubt, answer "no," and give details.) No If answer is "yes," describe the defects, in order of significance
(Answer yes or no)

(b) Do you find that the above-named registrant has any of the defects set forth in Part II of the List of Defects (Form 220)?
(If in doubt, answer "no," and give details.) _____ If answer is "yes," describe the defects, in order of significance
(Answer yes or no)

(c) I have examined the above-named registrant in accordance with Selective Service Regulations.

(d) Signature of examining physician [Signature] (f) Date 2-14-43
(e) Place [Signature] (Town or city) _____ (County) _____ (State) _____

27. (a) This Local Board has classified the above-named registrant in Class 1-A
(b) Signature of Member of Local Board [Signature]
(c) Place [Signature] (Town or city) _____ (County) _____ (State) _____ (d) Date 2-13-43

SECTION III.—NEAREST RELATIVE, PERSON TO BE NOTIFIED IN CASE OF EMERGENCY, AND DESIGNATION OF BENEFICIARY (To be filled out at the induction station of the armed forces for only those registrants accepted for military service.)

A. Nearest relative and person to be notified in case of emergency:

28. Nearest relative Lillian May Rankl (Other than wife or minor child. Name in full)

29. Relationship mother 30. Address 3415 Carson St., Pittsburgh, Pa.
(Number and street or rural route; if none, so state) (City, town, or post office) (State or country)

31. Person to be notified in case of emergency Lillian May Rankl
(Name in full)

32. Relationship mother 33. Address 3415 Carson St., Pittsburgh, Pa.
(If friend, so state) (Number and street or rural route; if none, so state) (City, town, or post office) (State or country)

B. Designation of beneficiary:

34. The persons eligible to be my beneficiary are designated below:

(1) none (Full name of wife; if no wife, or if she is deceased or divorced, so state) (Wife's full address)

(2) none (Full name and address of each minor child and each dependent child over 21 years of age. If there are no children, so state. If the address is the same as the wife's, so state. Do not repeat address)
none

35. In the event of my leaving no widow or child, or their decease before payment is made, I then designate as my beneficiary the dependent relative whose name, relationship, and address are shown below:

(3) Lillian May Rankl (mother) 3415 Carson St., Pittsburgh, Penna.
(If designation of beneficiary is declined, man must state in own handwriting: "I decline to designate any person as my beneficiary.")

36. In the event of the death or disqualification of the last-named dependent relative before payment is made, I then designate as my beneficiary the dependent relative whose name, relationship, and address are shown below:

(4) Frank J. Rankl (brother) 22nd St. 3 Side, Pittsburgh, Pa.
(If beneficiary is named in line 35 but naming of alternate is declined, man must state in own handwriting: "I decline to designate an alternate beneficiary.")

37. Signature of registrant [Signature] (First name) [Signature] (Middle name) [Signature] (Last name)

38. Witnessed at Pittsburgh, Pa. on April 12, 19 43

[Signature] (Signature of witness) [Signature] (Name of witness typed) SET. DEML-RS (Grade and organization)

39. Eye abnormalities neg

40. Ear, nose, throat abnormalities neg

41. Mouth and gum abnormalities neg

42. Teeth: (a) Indicate restorable carious teeth by circling; nonrestorable carious teeth by /; missing natural teeth by X.

Right										EXAMINEE'S										Left									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8														
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16														

(b) Remarks, including other defects none

(c) Prosthetic dental appliances none

(d) Remediable dental defects none

43. Skin neg

44. Varicose veins neg

45. Hernia neg

46. Hemorrhoids neg

47. Genito-urinary (non-venereal) neg

48. Venereal diseases neg

49. Feet pes planus 10 Neg. Symptoms.

50. Musculoskeletal defects neg

51. Abdominal viscera neg

52. Cardiovascular system neg

53. Lungs neg X ray neg

54. Chest X-ray neg

55. Mental neg

56. Nervous system neg

57. Endocrine system neg

58. Other defects and/or diseases or other remarks none

59. Summary of defects in order of significance none

60. Vision, without correction:

(a) Right eye 20/20

(b) Left eye 20/20

61. Vision, with correction:

(a) Right eye

(b) Left eye

62. Color perception* normal

63. Hearing:

(a) Right ear 15/15

(b) Left ear 15/15

64. Height 69 1/2 inches.

65. Weight 158 pounds.

66. (a) Girth, at nipples; inspiration 39 inches.

(b) Girth, at nipples; expiration 36 inches.

(c) Girth, at umbilicus 31 inches.

67. Posture: Good ☒ Fair ☐ Poor ☐

68. Frame: Heavy ☐ Med. ☒ Light ☐

69. Color of hair brown

70. Color of eyes brown

71. Complexion ruddy

72. Pulse, sitting 90

73. Pulse, after exercise*

74. Pulse, 2 minutes after exercise*

75. Blood pressure:

(a) Systolic 138

(b) Diastolic 86

76. Urinalysis:

(a) Specific gravity 1.010

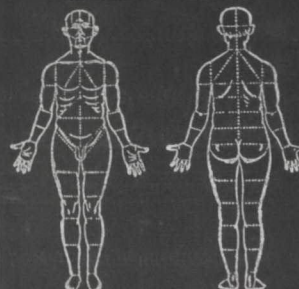
(b) Albumin neg

(c) Sugar neg

(d) Microscopic*

77. Other data: ST3 neg. 2-16-43

Do Not Write in This Column



* When indicated.

SECTION IV.—PHYSICAL EXAMINATION RESULTS—Continued

3

78. I CERTIFY that the above-named registrant was carefully examined, that the results of the examination have been correctly recorded on this form and that to the best of my knowledge and belief—

(a) Robert James Rankl is physically and mentally qualified for general military service.
(Enter name of registrant if this subsection is applicable)

(b) _____ is physically and mentally qualified for general military service
(Enter name of registrant if this subsection is applicable)
after the satisfactory correction of the following remediable defects: _____

This registrant would have been accepted for general military service had the remediable defects herein specified been remedied at the time of this examination.

(c) _____ is physically qualified for limited military service only by
(Enter name of registrant if this subsection is applicable)
reason of _____

(d) _____ is physically qualified for limited military service after the
(Enter name of registrant if this subsection is applicable)
satisfactory correction of the following remediable defects: _____

This registrant would have been acceptable for limited military service had the remediable defects herein specified been remedied at the time of this examination.

(e) _____ is physically and/or mentally disqualified for military service by reason of
(Enter name of registrant if this subsection is applicable)

(f) _____ is disqualified for military service because of
(Enter name of registrant if this subsection is applicable)

(g) Signature _____ (h) Title J. J. COHEN, 1st Lt., M.C.
Medical Examiner

(i) Name typed or stamped J. J. COHEN 1st Lt., M.C.

79. (a) Robert James Rankl was this date inducted for (general; ~~RC~~ [strike out inapplicable
(Enter name of registrant if this subsection is applicable)
word] military service into the (fill in appropriate Service, such as Army, Navy, Marine Corps, or Coast Guard) _____
ARMY of the United States and sent to RC FORT GEORGE G. MEADE, MD.

(b) _____ was this date rejected for service in the (fill in appropriate
(Enter name of registrant if this subsection is applicable)
service, such as Army, Navy, Marine Corps, or Coast Guard) _____ of the United States.

(c) Place Pittsburgh, Pa. (d) Signature R. A. JOYBIN

(e) Date April 12, 1943 (f) Name typed or stamped R. A. JOYBIN
1st Lt., A.U.S. Asst. Recs. & Ind. Off. (Grade and organization)

SECTION V.—LOCAL BOARD CHANGE IN CLASSIFICATION AFTER EXAMINATION BY THE INDUCTION STATION OF THE ARMED FORCES.

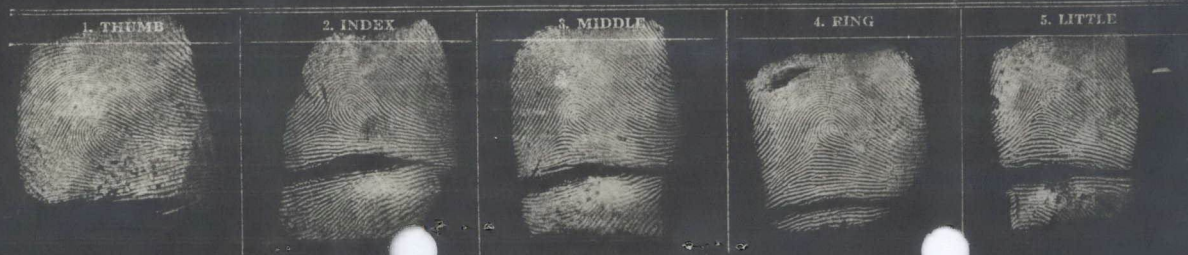
80. (a) Based on the entries in (c), (e), (d), (e), or (f) of Item 78, above, the Local Board has changed the above-named registrant's classification to Class _____

(b) Based on the entries in (b) of Item 78, above, the Local Board has retained the above-named registrant in Class _____

(c) Place _____ (d) Date _____

(e) Signature of member of local board _____

FINGERPRINTS—RIGHT HAND



ORIGINAL COPY

(PAGE 4)

e16-26941-2 U.S. GOVERNMENT PRINTING OFFICE

COPY

6 March 1946

SPQYG 200.2

7/0 mediterranean

5072

OQMG Memorial Repatriation Records Correspondence

SPQYG

2nd Q Sts, SW, Washington, D. C.

Theater Graves Registration
Officer
Mediterranean Theater
APO 794, c/o Postmaster
New York, New York

REGISTERED X

X

SUBJECT: Dental Charts. Re Radio F 61704

1. Reference is made to your radio F 61704 dated 28 February 1946, signed COMGENMED cite NAAGE.

2. In compliance with request contained in subject radio, dental charts pertaining to the following individuals are transmitted herewith:

Espinosa, Ben	Cpl ASN 37354115
<u>Rankl, Robert</u>	<u>Pvt ASN 33678141</u>
Thomas, Woodrow	Pvt ASN 3567523
Valdez, Paul	Cpl ASN 38006151
Kerr, George	Cpl ASN 37353888
Dyda, Charles	Pvt ASN 33183989
Moody, Clarence	Pvt ASN 36590875
Carnathan, Robert	Pvt ASN 34625098

3. Request acknowledgment of receipt by indorsement hereon.

FOR THE QUARTERMASTER GENERAL:

1 Incl
Dental Charts

M. V. TURNER
Colonel, QMC
Assistant

COPY

File 3-15-46
Krischer

C O P Y

CONFIDENTIAL TOT

PARAPHRASE NOT REQUIRED. HANDLE AS CONFIDENTIAL
CORRESPONDENCE PER PARAS 44g and 53a, AR 380-5

From: CG MTOUSA Caserta, Italy

To : War Department

Nr: F 61704

28 February 1946

F 61704 signed COMGENMED cite NAAGE for Quartermaster General.

Request dental charts, by air mail, for following
named: Private Charles Dyda, 33183989, 157th Inf,
Cpl Paul Valdey, 38006151, 157th Inf, Pvt Clarence Moody,
36590875, 157th Inf, Private Woodrow Thomas 3567523,
157th Infantry, Cpl George Kerr, 37353888, 753rd Truck
Bn, Pvt Robert Carnathan 34625098, 157th Infantry, Cpl
Ben Espinosa 37354115, 753rd Truck Bn, Pvt Robert Rankl
33678141, Company "A" 135th Infantry, 34th Division.
Above are needed to properly identify German murder victims.

End.

ACTION: ASF

ACTION

QMC

CM-IN-74 (1 Mar 46) DTG 28 NPT

INFO

fd

SGO

CONFIDENTIAL

JAG

COPY NO. 5

(OQMG Case No.) 2602

C O P Y

ESPINOSA	RANKL	THOMAS	VALDEZ	KERR	DYDA	MOODY	CARNATHAN
R-1	R-1	R-1 f. bridge*	R-1	R-1	R-1	R-1	R-1
R-2	R-2	R-2 f. bridge	R-2	R-2	R-2	R-2	R-2
R-3	R-3	R-3	R-3	R-3	R-3	R-3	R-3
R-4	R-4 missing	R-4 denture	R-4	R-4	R-4	R-4	R-4
R-5	R-5 carious	R-5 denture	R-5	R-5 missing	R-5	R-5	R-5
R-6	R-6 missing	R-6 denture	R-6	R-6	R-6 missing	R-6	R-6 carious
R-7	R-7 carious	R-7 denture	R-7	R-7	R-7	R-7	R-7 carious
R-8	R-8	R-8 missing	R-8	R-8	R-8	R-8 Missing	R-8 missing
R-9	R-9	R-9	R-9	R-9	R-9	R-9	R-9
R-10	R-10	R-10	R-10	R-10	R-10	R-10	R-10
R-11	R-11	R-11	R-11	R-11	R-11	R-11	R-11
R-12	R-12	R-12 denture	R-12	R-12	R-12	R-12	R-12
R-13	R-13	R-13 denture	R-13	R-13	R-13	R-13	R-13
R-14	R-14 carious	R-14 filling	R-14	R-14	R-14	R-14 missing	R-14 carious
R-15	R-15	R-15 missing	R-15	R-15	R-15	R-15	R-15 carious
R-16	R-16	R-16 carious	R-16	R-16	R-16	R-16	R-16
PERFECT TEETH							
L-1	L-1	L-1 f. bridge	L-1	L-1	L-1	L-1	L-1
L-2	L-2	L-2 f. bridge	L-2	L-2	L-2	L-2	L-2
L-3	L-3	L-3	L-3	L-3	L-3	L-3	L-3
L-4	L-4 missing	L-4 denture	L-4	L-4	L-4	L-4	L-4
L-5	L-5 missing	L-5 denture	L-5	L-5	L-5	L-5	L-5
L-6	L-6 carious	L-6 denture	L-6	L-6	L-6	L-6	L-6 carious
L-7	L-7 carious	L-7 denture	L-7	L-7 carious	L-7	L-7	L-7 carious
L-8	L-8	L-8 missing	L-8	L-8	L-8	L-8	L-8 missing
L-9	L-9	L-9	L-9	L-9	L-9	L-9	L-9
L-10	L-10 carious	L-10	L-10	L-10	L-10	L-10	L-10
L-11	L-11	L-11	L-11	L-11	L-11	L-11	L-11
L-12	L-12	L-12 denture	L-12	L-12	L-12	L-12	L-12
L-13	L-13	L-13 denture	L-13	L-13	L-13	L-13	L-13
L-14	L-14 missing	L-14 filling	L-14	L-14 carious	L-14	L-14 missing	L-14 carious
L-15	L-15	L-15 denture	L-15	L-15 carious	L-15	L-15	L-15 carious
L-16	L-16 missing	L-16 missing	L-16	L-16 carious	L-16	L-16	L-16
PERFECT TEETH							

*Fixed Bridge

FILE UNDER NO.

293 Rankl, Robert (Pvt.) ASN 33578141.

INDEX SHEET

SYNOPSIS

6 Mar. 1946.

LETTER.

FROM:

OQMG.

TO:

Theater Graves Reg., Officer, Med. Theater, apo,
794, c/o PM., N.Y., N.Y.

RE:

Dental Charts. Re Radio F 61704.

In compliance with request contained in subject radio, dental charts pertaining to the following individuals are transmitted herewith:

* Espinosa, Ben. Cpl. ASN 37354115.
etc.

DOCUMENT FILED UNDER NO.

200.2 T/O, Med. (Dental charts)

op

HEADQUARTERS, ARMY SERVICE FORCES
MEMO ROUTING SLIP

To the following in order indicated:

GPO 16-34260-3

	(Name or title)	(Organization)	(Building and room)	(Initials)
1	EFFECTS QUARTERMASTER	ARMY EFFECTS BUREAU	KANSAS CITY 1, MISSOURI	
2	293 Rankl, Robert J.			
3	pvt. 33678141			

For necessary action.

PIERCE

Orig. fwd. to K.C. by this office, HJM

2- Incl.

Cy ltr dated received 8 Jan 45

Cy ltr dated 20 Feb 45

From mlh

20 Feb 45

MEMORIAL DIVISION, PLANNING & REGISTRATION
BRANCH, TEMPO "C" WASHINGTON 25, D. C.

(Name)

(Organization)

(Building and room)

(Date)

(Telephone)



IN REPLY REFER TO SPQYG 293



Rankl, Robert J.
33678141

20 February 1945

Mrs. Lillian Rankl
1910 Wrights Way
SS Pittsburgh, Pa.

Dear Mrs. Rankl:

Reference is made to your inquiry regarding the personal effects of the late **Private Robert J. Rankl.**

A copy of your letter has been forwarded to the Effects Quartermaster, Army Effects Bureau, Kansas City Quartermaster Depot, 601 Hardesty Avenue, Kansas City 1, Missouri, for reply to you. That office has jurisdiction over the disposal of the personal effects of our military personnel outside the United States. However, considerable time is often necessary to process these personal belongings back to this country due to the lack of shipping space and the great amount of work involved.

I extend to you my sincere sympathy and condolence in your loss.

For The Quartermaster General:

Sincerely yours,

C. C. PIERCE,
Captain, Q. M. C.,
Assistant.

MEMORIAL DIVISION

FEB 21 9 15 AM '45

FEB 21 11 56 AM '45

MAIL & RECORDS BRANCH

*file
2 July 45
BSC*

WAR DEPARTMENT
ARMY SERVICE FORCES

TRANSMITTAL SHEET

27 January 1945.

TO	Dir., Memorial Division, OQMG, Room 1007, Tempo C., Washington D. C.		
	(Service, division, or organization)		(Location)
DESCRIPTION OF ATTACHED COMMUNICATION	(Branch or unit)		(Attention)
	Rankl	TAG	11 Jan 45
	(Originator)	(Addressee)	(Date)
FROM	Personal effects. AGPC-G 201 Rankl, Robert J.		
	Casualty Branch, AGO, Investigation and Correspondence Section.		
	Family Relations, Sub-section 3, Room 3711, Munitions Building 79040		
	(Service, division, or organization)	(Location)	(Telephone)

1. For necessary action.
2. ⁹³Private Robert J. Rankl, 33678141, was reported killed in Italy on April 13, 1944.
3. Writer has been informed of this reference.

For the Chief, Casualty Branch:

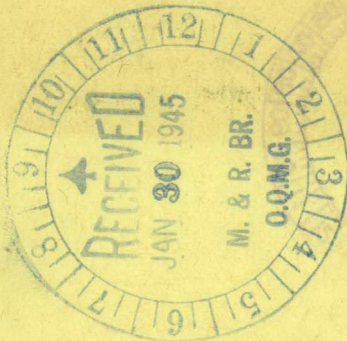
- 1 Incl.
Basic communication.

Robert J. Rankl
Victor, A. & Co.



File
2 July 46
510

MEMORIAL DIVISION



GRANES REGISTRATION SECTION
JAN 30 1 04 PM '45
MEMORANDUM DIVISION

For the Chief, Secretary, please:

3. Matter was been followed of this reference.

5. Благодаря помощи 1. Бундта, Эбергард Киллер из Иерус

I. POL. NECESSITÄ SGTION.

SA 2800012 J8V2

Mrs. Lillian Rankl
1910 thought way
D.S. Ph 3 Pa.

Dear Sir: 6/7/45

When inquiring as to where to
write, regarding the personal belongings
of my dead son, I was referred to
you.

He was killed in Italy April 13, 1944
his name Pvt. Robert J. Rankl 33678141
serving with the 135th Inf. 5th Army
Italy.

I would appreciate your aid in seeing
these items as they are the only things
I have left. Thank you
Lillian Rankl Mrs. L. Rankl.



Klu *Ra* 9 January 1945 *Cas?*

From: Chief of Naval Personnel
Casualties & Allotment Section
Navy Annex

To: War Department
Adjutant General's Office
Washington 25, D. C.

1. The person inquired about in the attached communication has not been identified on any casualty list received in the Navy Department to this date. It was noted that he has an Army serial number.

2. The inquirer has not been informed of this reference.

T. J. [unclear]



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

27 January 1945.

DEATH *293*

AGPC-G 201 Rankl, Robert J.
(11 Jan 45) 33678141 *m*

MEMORANDUM FOR RECORD

SUBJECT: Change of Address of Emergency Addressee:

A communication has been received from Mrs. Lillian M. Rankl,
relative to her son, Private Robert J. Rankl, reported killed in
action on April 13, 1944 in Italy.

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

FROM

Mrs. Lillian Rankl, mother,
94 South 11th Street,
Pittsburgh, Pennsylvania

TO

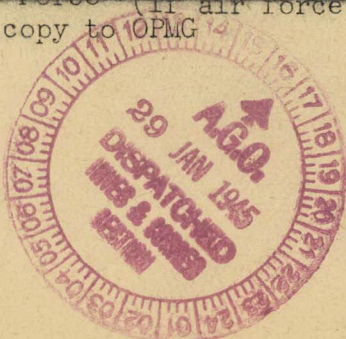
Mrs. Lillian Rankl, mother
1910 Brights Way,
South Side Pittsburgh, Pennsylvania.

Copies furnished:

General Accounting Office
Quartermaster General
Social Security Board
CG 3rd Service Command
Chief, Army War Bond Office
Director, Bureau of Public Relations
Decorations and Awards Branch
CG, ~~Army Air Force~~ (if air force personnel)
If POW send copy to OPMG
AG 201 file

Adjutant General.

*General J. Cole,
Major, A. G. O.*



*file
130/45
alt*





IN REPLY REFER TO

SPQYG 293

ARMY SERVICE FORCES

OFFICE OF THE QUARTERMASTER GENERAL

Unknown 50691, Italy WASHINGTON 25, D. C.



*at/ch to
green ltr 12/24/44*

29 December 1944

SUBJECT: Identification of Unknown Deceased.

TO: Commanding Officer, Camp Blanding, Florida.

ATTENTION: Post Surgeon.

1. An investigation is being conducted by this office to determine, if possible, the identity of an Unknown American Soldier.

2. From information received, it has been tentatively determined that the unknown is PFC Robert J. RANKL, 33678141, 135th Infantry.

3. It is requested that this office be advised if available records show whether or not dental work was performed for this soldier while on duty at your station, and if so, a copy of Form 79, Medical Department be furnished with a view to definitely establishing the identity of the Unknown.

*262nd Inf
66 Div
4865ch*

For The Quartermaster General:

C. C. Pierce
C. C. PIERCE,
Captain, Q.M.C.,
Assistant.

SPQYG 293

1st Ind.

CBC/wrg/lw

(29 Dec 44)

ASF, 4th SvC, ASF Regional Hospital, Cp Blanding, Fla, 5 Jan 45.

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

Basic communication complied with.

For the Commanding Officer:

Charles B. Gallard
CHARLES B. GALLARD
Colonel, Medical Corps
Surgeon

1 Incl.

WD AGO Form 8-116 (trip)

JAN 9 - 1945 FILE 101

25-12849-4M

Reclass. 7/25/46

DEC 20 11 20 AM '44
O. Q. T. C.
M. & R. RECORDS BRANCH

RECEIVED
30 DEC 1944
Hq. ASF Reg Hosp
Camp Blanding,
Ariz.
MEMORANDUM
DIVISION
JAN 8 3 58 PM '45

RECEIVED
JAN 8 1945
M. & R. BR.
O.Q.M.G.

DC# 2 Camp Blanding, Fla.

(2) CHRISTIAN NAME

(5) REGIMENT OR STAFF CORPS

262nd Inf.

(9) SERVICE, YEARS

2/12

C abs per R-4-6

(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS

L-5 TE(3) anes Cond

(12) RESULTS AND REMARKS

THE
FHS

1E-11 Disc JBB

Dental Corps, U. S. A.

W. D., A. G. O. Form No. 8-116
(Old W. D., M. D. Form No. 79,
which may continue in use)
31 May 1944

*REPORT OF DENTAL SURVEY

UPPER TEETH

Right

Left

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

0	X	0	X									0	X	0	0	X

LOWER TEETH

Right

Left

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

X	X	X	0					0					X	X	

CLASS IE

Occlusion fair : Calculus: Slight, Medium, Heavy

Periodontoclasia yes

Dental foci suspected: Yes ☒ No ☒

Other conditions _____

Date 6/16, 1943

Lt. Schultz
Dental Corps, U. S. A.

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

Teeth replaced by denture
(horizontal line)

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

Teeth replaced by fixed bridge
(oval to include abutments)

	X	
--	---	--

REGISTER OF DENTAL PATIENTS AT

DC# 2 Camp Blanding, Fla.

(1) SURNAME

(2) CHRISTIAN NAME

Rank1, Robert J. 33678141

(3) RANK

(4) COMPANY

(5) REGIMENT OR STAFF CORPS

Pvt.

Serv.

262nd Inf.

(6) AGE, YEARS

(7) RACE

(8) NATIVITY

(9) SERVICE, YEARS

18

W

Pa.

2/12

(10) DISEASE OR INJURY WITH
LOCATION, COMPLICATIONS,
SEQUELAE, ETC.

Exam

C abs per R-4-6 L-5 TE(3) anes Cond.

(11) DATES AND NATURE OF TREATMENTS
AND OPERATIONS

6/16/43

TRUE COPY

(12) RESULTS AND REMARKS

IE EHS

IE-II disc JBB

Robert J. Rank1

Dental Corps, U. S. A.

W. D., A. G. O. Form No. 8-116

(Old W. D., M. D. Form No. 79,
which may continue in use)

31 May 1944



GPO

16-20622-1

*REPORT OF DENTAL SURVEY

UPPER TEETH

Right								Left								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	0	X	0	X								0	X	0	0	X

LOWER TEETH

Right								Left							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
	X	X	X	0					0				X	X	

CLASS IE

Occlusion fair: Calculus: Slight, Medium, Heavy

Periodontoclasia yes

Dental foci suspected: Yes ☒ No ☒

Other conditions _____

Date 6/16, 1943

Lt. Schultz
Dental Corps, U. S. A.

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

Teeth replaced by denture
(horizontal line)

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

Teeth replaced by fixed bridge
(oval to include abutments)

--	--	--

REGISTER OF DENTAL PATIENTS AT

DO# 2 Camp Blanding, Fla.

(1) SURNAME		(2) CHRISTIAN NAME	
Rankl, Robert J.		33678141	
(3) RANK	(4) COMPANY	(5) REGIMENT OR STAFF CORPS	
Pvt.	Serv.	262nd Inf.	
(6) AGE, YEARS	(7) RACE	(8) NATIVITY	(9) SERVICE, YEARS
18	W	Pa.	2/12

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.									
Exam									
C abs per R-4-6									
(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS									
6/16/43									
L-5 TE(3) anes cond.									
TRUE COPY									
(12) RESULTS AND REMARKS									
IE EHS									
JE-11 Disc JBB									

Wm. J. J. J. J. J.
Dental Corps, U. S. A.

W. D., A. G. O. Form No. 8-116
(Old W. D., M. D. Form No. 79,
which may continue in use)
31 May 1944

*REPORT OF DENTAL SURVEY

UPPER TEETH

Right

Left

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

0	X	0	X									X	X	0	0	X

LOWER TEETH

Right

Left

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

X	X	X	0						0				X	X	

CLASS

IE

Occlusion fair: Calculus: Slight, Medium, Heavy

Periodontoclasia yes

Dental foci suspected: Yes ☒ No ☒

Other conditions _____

Date 6/16, 1943

Lt. Schultz

Dental Corps, U. S. A.

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

Teeth replaced by denture
(horizontal line)

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

Teeth replaced by fixed bridge
(oval to include abutments)

	X	
--	---	--

*File 1-18-46
NAN*



ARMY SERVICE FORCES

IN REPLY REFER TO

SPQYG 293

OFFICE OF THE QUARTERMASTER GENERAL

293 Unknown 50691, Italy WASHINGTON 25, D. C.



29 December 1944

JAN 9 9 43 AM '45
MEMORIAL DIVISION

SUBJECT: Identification of Unknown Deceased.

TO: Commanding Officer, Camp Joseph T. Robinson, Arkansas.

ATTENTION: Post Surgeon.

1. An investigation is being conducted by this office to determine, if possible, the identity of an Unknown American Soldier.

2. From information received, it has been tentatively determined that the unknown is PFC Robert J. RANKL, 33678141, 135th Infantry.

3. It is requested that this office be advised if available records show whether or not dental work was performed for this soldier while on duty at your station, and if so, a copy of Form 79, Medical Department be furnished with a view to definitely establishing the identity of the Unknown.

For The Quartermaster General:

REC'D HQ CAMP
Joseph T. Robinson, Ark.

1440 DEC 30 '44

C. C. PIERCE,
Captain, Q.M.C.,
Assistant.

SPQYG 293

1st Ind

GIM/zll

HEADQUARTERS, Camp Joseph T. Robinson, Arkansas, 5 January 1945

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

A search of the files of the dental clinics of this station reveals no record of any dental work ever being performed on a Pfc. Robert J. Rankl, 33678141.

FOR THE COMMANDING OFFICER:

G. L. McKINNEY,
Colonel, Medical Corps,
Post Surgeon.

JAN 01 1945 FILE 101

020 11 20 AM '45
O.D.M.C.
RECORDS DIVISION





ARMY SERVICE FORCES



IN REPLY REFER TO

SPQYG 293

OFFICE OF THE QUARTERMASTER GENERAL

Unknown 50691, Italy

WASHINGTON 25, D. C.

29 December 1944

SUBJECT: Identification of Unknown Deceased.

TO: Commanding Officer, Camp Joseph T. Robinson, Arkansas.

ATTENTION: Post Surgeon.

1. An investigation is being conducted by this office to determine, if possible, the identity of an Unknown American Soldier.

2. From information received, it has been tentatively determined that the unknown is PFC Robert J. RANKL, 33678141, 135th Infantry.

3. It is requested that this office be advised if available records show whether or not dental work was performed for this soldier while on duty at your station, and if so, a copy of Form 79, Medical Department be furnished with a view to definitely establishing the identity of the Unknown.

For The Quartermaster General:

C. C. PIERCE,
Captain, Q.M.C.,
Assistant.

DEC 20 11 21 AM '44
O.C.M.C. BRANCH
UNIT & RECORDS BRANCH



ARMY SERVICE FORCES



IN REPLY REFER TO

SPQYG 293

OFFICE OF THE QUARTERMASTER GENERAL

Unknown 50691, Italy WASHINGTON 25, D. C.

29 December 1944

JAN 6 2 17 PM '45
MEMORIAL DIVISION

SUBJECT: Identification of Unknown Deceased.

TO: Commanding Officer, Fort George G. Meade, Maryland.

ATTENTION: Post Surgeon.

1. An investigation is being conducted by this office to determine, if possible, the identity of an Unknown American Soldier.

2. From information received, it has been tentatively determined that the unknown is PFC Robert J. RANKL, 33678141, 135th Infantry.

3. It is requested that this office be advised if available records show whether or not dental work was performed for this soldier while on duty at your station, and if so, a copy of Form 79, Medical Department be furnished with a view to definitely establishing the identity of the Unknown.

For The Quartermaster General:

C. C. Pierce
C. C. PIERCE,
Captain, Q.M.G.,
Assistant.

GMSM

1st Ind.

ASF, 3 Svc, HEADQUARTERS REGIONAL HOSPITAL, Fort George G. Meade, Md.
4 January 1945.

To: Office of the Quartermaster General, Washington 25, D. C.

1. Records this headquarters fail to show subject soldier ever receiving dental treatment on this post.

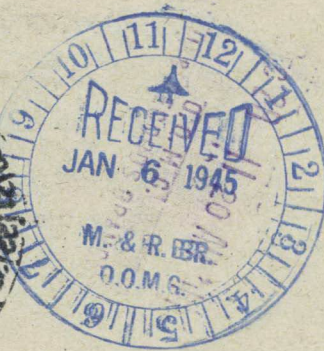
For the Surgeon:

Lee W. Harrell
LEE W. HARRELL,
Captain, MAC
Adjutant

JAN 8 1945 FILE LDL

Recl ass. 7/25/46

25-12849-4M





ARMY SERVICE FORCES

OFFICE OF THE QUARTERMASTER GENERAL

IN REPLY REFER TO

SPQYG 293

Unknown 50691, Italy WASHINGTON 25, D. C.



29 December 1944

SUBJECT: Identification of Unknown Deceased.

TO: Commanding Officer, Fort George G. Meade, Maryland.

ATTENTION: Post Surgeon.

1. An investigation is being conducted by this office to determine, if possible, the identity of an Unknown American Soldier.

2. From information received, it has been tentatively determined that the unknown is PFC Robert J. RANKL, 33678141, 135th Infantry.

3. It is requested that this office be advised if available records show whether or not dental work was performed for this soldier while on duty at your station, and if so, a copy of Form 79, Medical Department be furnished with a view to definitely establishing the identity of the Unknown.

For The Quartermaster General:

C. C. PIERCE,
Captain, Q.M.C.,
Assistant.

DEC 28 11 21 AM '44
O.Q.M.G.
MAIL & RECORDS BRANCH



IN REPLY REFER TO

SPQYG 293

ARMY SERVICE FORCES

OFFICE OF THE QUARTERMASTER GENERAL

Unknown 50691, Italy WASHINGTON 25, D. C.



29 December 1944

SUBJECT: Identification of Unknown Deceased.

TO: Commanding Officer, Camp Blanding, Florida.

ATTENTION: Post Surgeon.

1. An investigation is being conducted by this office to determine, if possible, the identity of an Unknown American Soldier.

2. From information received, it has been tentatively determined that the unknown is PFC Robert J. RANKL, 33678141, 155th Infantry.

3. It is requested that this office be advised if available records show whether or not dental work was performed for this soldier while on duty at your station, and if so, a copy of Form 79, Medical Department be furnished with a view to definitely establishing the identity of the Unknown.

For The Quartermaster General:

C. C. PIERCE
Captain, Q.M.C.,
Assistant.

DEC 30 10 07 AM '44
GENERAL DIVISION

X293 Rankl, Robert J. 33,678,141

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

293 Rankl, Robert J

DEATH

AGPC-G 201 Rankl, Robert J.
(18 Aug 45) 33878141

MEMORANDUM FOR RECORD

SUBJECT: Change of Addressee:

A communication has been received from ~~Mrs. Blanche Wynkoop~~

~~(Friend)~~

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

FROM Mrs. Lillian M. Rankl
94 South 11th Street
Pittsburgh, Pennsylvania

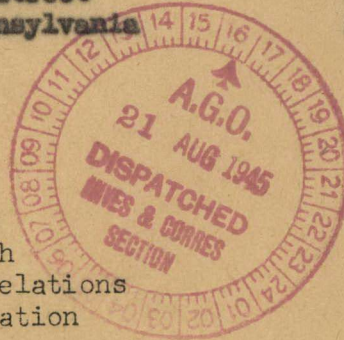
TO Mrs. Lillian M. Rankl
1910 Wrights Way
Pittsburg, 3, Pennsylvania

J. M. Rankl
Adjutant General

Copies furnished:

Army Effects Bureau
CG 2nd Service Command
Decorations and Awards Branch
Director, Bureau of Public Relations
Director, Veterans Administration
General Accounting Office
Liaison Branch, Office of Special Settlement Accounts, Room 2535,
Tempo. T-7, Gravelly Point, Washington, D. C.
✓ Memorial Branch, Overseas Section, OCMG
Notification Branch, Personnel Affairs Division, Assistant Chief of Air
Staff, Personnel, Room 4310, Munitions Building, (AAF personnel only)
Prisoner of War Information Bureau (POW personnel only)
Mr. E. A. Bloomquist, Claims Section, Division of Maritime
Insurance, Warshipping Administration, 99 John St., New York 7, New York
(Civilian ATS employees only)
Seaman's Record and Welfare Unit, U.S. Coast Guard (Civilian ATS employees
only)
United States Civil Service Commission (Civilian only)
United States Employees Compensation Commission (Civilian only)
AG 095 file (War Dept. contract employees and other civilians subject to
Military Law)
AG 201 file (Military and War Dept. civilian employees)

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



FILE
AUG 23 1945



FILE UNDER NO. 293 - Rankl, Robert J. (33678141)

INDEX SHEET
SYNOPSIS

Transmittal Sheet

5 Dec. 1944

FROM: Mem. Div., OQMG.
TO: A.G.O., Demobilized Personnel Records Br.

SUBJ: Information Required for Graves Registration.

DOCUMENT FILED UNDER NO. 293 - ~~Unknown, 50690, Italy~~

tjh

Form 8 W-A

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL

293 Rankl, Robert J.

DATE 5 Dec. 1944

SUBJECT: Information required for Graves Registration.

TO : The Adjutant General's Office, Demobilized Personnel Records Branch,
209 South Main Street, High Point, N.C.

1. It is requested that the items checked below be completed.

- | | | | |
|--|--|------------------------------------|---|
| a. Surname | RANKL | i. Date of death | 13 April 1944 |
| b. Christian name | Robert J. | j. Cause of death | Killed in action while attempting to escape from enemy occupied |
| c. Serial number | 33,678,141 | k. Place of death | San Benedetto territory. |
| d. Organization | 135th Infantry | l. Map reference | |
| e. Rank | Pfc. | m. Coordinates | |
| f. Emergency Addressee - Mother | | n. Date of discharge | |
| Mrs. Lillian M. Rankl, 94 South 11th Street, Pittsburgh, Pennsylvania. | | | |
| g. Place of induction or enlistment | Pittsburgh, Pennsylvania | o. Date of induction or enlistment | 12 April 1943 |
| h. Camps stationed in U.S. | Fort George G. Meade, Maryland
Camp Blanding, Florida
Camp Joseph T. Robinson, Arkansas
APO 464 | p. Ranks held | |
| BODY DESCRIPTION | | | |
| a. Age at enlistment or induction | 18 years & 4 months | e. Height | 69½ inches. |
| b. Shoe size | | f. Weight | 158 |
| c. Color of hair | Brown | g. Fractures or breaks | |
| d. Color of eyes | | | |

✓ DENTAL CHARTS

Indicate restorable carious teeth by circling. ✓ At camp Nonrestorable carious teeth by / and missing teeth by X.

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

Upper Right

Upper Left

8 X X X 4 3 2 1 1 2 3 4 5 X X 8

Lower Right

Lower Left

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

Upper Right

Upper Left

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

File
7-18-44
Robinson
NAN

Demobilized Personnel Records Branch
High Point, North Carolina

RD-P gmc/3

11 December 1944

J. A. Ulio
For The Quartermaster General Major General,
The Adjutant General,
By: *bm*



1. Name of person or organization to whom the document is addressed
2. Address of person or organization to whom the document is addressed
3. City and State of person or organization to whom the document is addressed
4. Name of person or organization from whom the document is received
5. Address of person or organization from whom the document is received
6. City and State of person or organization from whom the document is received
7. Name of person or organization to whom the document is forwarded
8. Address of person or organization to whom the document is forwarded
9. City and State of person or organization to whom the document is forwarded
10. Name of person or organization to whom the document is forwarded
11. Address of person or organization to whom the document is forwarded
12. City and State of person or organization to whom the document is forwarded

DEC 12 1914

RECEIVED

DEC 12 1914

DEC 12 1914

Form 8 W-A

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL

293 Rankl. Robert J.

DATE 5 Dec. 1944

SUBJECT: Information required for Graves Registration.

TO : The Adjutant General's Office, Demobilized Personnel Records Branch,
209 South Main Street, High Point, N.C.

1. It is requested that the items checked below be completed.

a. Surname RANKL	i. Date of death 13 April 1944
b. Christian name Robert J.	j. Cause of death
c. Serial number 33,678,141	k. Place of death San Benedetto
d. Organization 135th Infantry	l. Map reference
e. Rank Pfc.	m. Coordinates
✓ f. Emergency Addressee	n. Date of discharge
✓ g. Place of induction or enlistment	o. Date of induction or enlistment
✓ h. Camps stationed in U.S.	p. Ranks held
	✓ q. Religious Preference

BODY DESCRIPTION

✓ a. Age at enlistment or induction	✓ e. Height
b. Shoe size	✓ f. Weight
✓ c. Color of hair	g. Fractures or breaks
d. Color of eyes	

✓ DENTAL CHARTS

✓ At camp																✓ By local Board															
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Upper Right								Upper Left								Upper Right								Upper Left							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Lower Right								Lower Left																							

For The Quartermaster General

*H/O. Trans. Sheet 12/5/44
File 293 Rankl. 50690 Italy*

RESTRICTED

Q.M.C. FORM 1 - GRS

SOS NATOUA

July 1943

REPORT OF BURIAL

AR 30-1815 & TM 10-630

3 October 1944

BELIEVED-TO-BE

Rankl, Robert J. 33 678 141 White
 (Last Name) (First Name) (Middle Initial) (Serial No.) (Race) *inf*
 Pfc Pvt Co A, 135 Inf. 34th Div. US Army United States
 (Rank) (Organization) (Branch) KIA (Country)
 San Benedetto, Italy 13 April 1944 (Murdered by Enemy) Unknown- C
 (Place of Death) (Date of Death) (Cause of Death) (Religion : P, C. H. etc.)

MEANS OF IDENTIFICATION

Identification Tags found on body : Yes () ; No (X).

If no identification tags, other means used to identify body (identification card, letters, etc.) : V Letter

which was taken from the remains by Don Antonio Picarozzi at time of
 Complete fingerprint chart of both hands on reverse side if body cannot be identified. interment.
 Complete tooth-chart on reverse side and list anatomical characteristics and other data if fingerprints cannot be taken

If unidentifed, give circumstances : - - - (Identified by OQMG, Mem. Div. through dental charts.

List of Personal Effects found on Body and disposition of Same : None (Approved by BOARD OF REVIEW, 16 April 1946.)

IDENTIFICATION ACCEPTED

Initial *C. Coffey*

Mrs. Lillian M. Rankl, mother

94 South 11th Street
Pittsburgh, Pennsylvania

Unknown

-Unknown-

(Name of Emergency Addressee)

(Address of Emergency Addressee)

S/Sgt Paul R. Hogan, 13 111 554, 3044th QM GR Co.

(Signature (or Name) of Person furnishing above data when other than the Officer reporting burial.)

1/50,000

Shroud 0930 hours 28 Sept 1944 Amer. Mil. Cem., Nettuno, Italy F883-189

(Time and Date of Burial)

(Location, Name, & No. of Cemetery)

IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCE REVERSE SIDE THIS FORM

2S

72

6188

Temporary Wooden

General Serv.

(Plot No.)

(Row No.)

(Grave No.)

(King Grave Markers)

(Type of Religious Ceremony)

Identification Tag buried with body (N); Identification Tag attached to marker (N)

If identification Tags not present, what other identification data were buried with the body and in what kind of
 container ? QMC Form #1-GRS sealed in bottle and buried with body. Copy
 QMC Form #1-GRS sealed in bottle and buried one foot below

Bodies buried on either side (See paragraph 4 on reverse side this form.

grave marker.

Right side : Unknown American X-567 Unknown Unknown Unknown 6187

(Name)

(Rank)

(ASN)

(Organization)

(Grave No.)

Left side : Balkovec, N.L. Unknown 33 403 850 Unknown 6189

(Name)

(Rank)

(ASN)

(Organization)

(Grave No.)

(Signature of Person Reporting Burial)

(Verified by G.R.S. Officer)

3044th QM

MARK J. GILL, Capt. QMC, O-404119, GR/Co.

INSTRUCTIONS FOR FILLING OUT BURIAL, REPORT : Make out QMC Form 1 - GRS in quadruplicate for U.S. dead, one additional copy
 for allied and enemy dead. Sign all copies. Submit report to nearest member of Graves Registration Service. Graves Registration Service
 will forward the original and two copies through at least one higher administrative headquarters (to be checked against Casualty Reports and
 allied papers and all copies verified by the Graves Registration Officer of that headquarters) to Base Section Graves Registration Service Officer.
 OVER FOR BURIAL INSTRUCTIONS.

50691

RESTRICTED

H.Q. - 160-q. - 12-43 - 250.000

INSTRUCTIONS FOR BURIAL

1. **PREPARATION OF BODY** : Have body examined by member of Medical Department whenever possible (to attach E.M.T. Form 52b.) Remove all personal property; remove one identification tag, leave other on body in protected position (in case of enemy dead, leave $\frac{1}{2}$ tag on body, forward $\frac{1}{2}$ with personal effects.) If no tag present, make notation of identifying data on form, protect in sealed bottle, canteen, spent shell, or best available container and bury with remains. If unidentified, take fingerprints of both hands; if this not possible, fill out toot-chart and note height, weight, color of eyes and hair tattoo marks, birthmarks, etc., and other data as serial no. of weapon, laundry marks, where body found, etc. Wrap body in shelter half, mattress cover, or blanket when available.

2. **BURIAL** : Dig grave to a depth of five feet (hasty battlefield burials, to sufficient depth to prevent elements from exposing the body). Place only body in a grave. Dig graves side by side, row behind row.

3. **MARKING OF GRAVE** : Fasten identification tag to temporary name peg and place at head of grave. For enemy dead, write data on peg. When pegs are not available copy data on a piece of paper, place in bottle, spent shell, or other receptacle, seal tightly and place so as to mark and identify grave. If identification tag cannot be fastened to peg or placed in container, do not leave at grave but forward with report of burial. If only one tag is found on body, it should be buried with body. The information thereon should be written on marker or placed in container at head of grave. Do not use weapons or helmets to mark graves.

4. **LOCATION OF GRAVE** : Report burials in established cemeteries by plot, row, and grave number (or show on cemetery map). For all other burials prepare sketch in space provided below; and give location by means of map references, or by reference to prominent permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

5. **PERSONAL EFFECTS** : List only personal effects taken from body on the Burial Report form. Place these with information as to identity of owner, organization, emergency addressee, in personal effects bag, or wrap in handkerchief, towel, or other available material and turn over to Grave Registration Service Personnel with report of burial. Government property is not to be included in personal effects but is to be turned in to Salvage Collecting Point.

SKETCH AND MAP REFERENCE:

Remains removed from grave
No. 8 of eight graves in church
yard at San Benedetto, Coord
A842-211, Sheet 138 III,
1/50,000 Map of Italy and
reinterred in Grave 6188,
Row 72, Plot 2S of Amer. Mil.
Cem., Nettuno, Italy on 28 Sept
1944 by 3044th QM GR Co.

Organization of this man was
obtained from Capt. Byrnes,
Allied Screening Commission,
Largo Di Lombardi, Rome, Italy.

TOOTH-CHART

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

INDICATE : missing natural teeth by X; crowns by O;
fillings by □; bridges by () ; linkings anchor teeth;
replacements by denture (horizontal line.)

Characteristics :
Other Data :

When unidentified, take thumb and fingerprints of both hands.

Thumb

Left
Right

Thumb

If this not possible, fill in tooth chart.

Impossible
body
decomposed

This man
Approx 6 feet
tall and had
a thin face
Hair missing.

29A

29A

RESTRICTED

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 9 Nov 1944
trs/4632

FULL NAME Rankl, Robert J.		ARMY SERIAL NUMBER 33 678 141	GRADE Pvt
HOME ADDRESS <i>hs</i> Pittsburgh, Penna.		ARM OR SERVICE Infantry	DATE OF BIRTH 11 Dec 1924
PLACE OF DEATH North African Area	CAUSE OF DEATH Killed in action 13 Apr 44		DATE OF DEATH 13 Apr 44
STATION OF DECEASED North African Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 12 Apr 43	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Lillian M. Rankl, mother, 94 South 11th St., Pittsburgh, Penna.			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Lillian M. Rankl, mother, same as above Mr. Frank J. Rankl, brother, 3631 E. Carson St., Pittsburgh, Penna.			
INVESTIGATION MADE?		IN LINE OF DUTY	OWN MISCONDUCT
YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE	IN FLYING PAY STATUS
YES	NO	YES	NO
OTHER PAY STATUS (SPECIFY BELOW)		YES	
NO		X	

ADDITIONAL DATA AND/OR STATEMENT

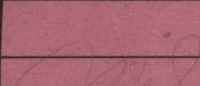



The individual named in this report is shown by the records of the War Dept to have been absent in a ~~missing~~ in action status on 10 Jan 44 and subsequently reported killed in action on 13 Apr 44 such absence was terminated on 6 Nov 44 on ^{which} date evidence of death was received by the Secretary of War from a commander in North African Area.

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

☒ BATTLE
☐ NON-BATTLE

21 NOV 1944
BY ORDER OF THE SECRETARY OF WAR

[Signature]
ADJUTANT GENERAL

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

153845
P2

REPORT OF DEATH

DATE 9 Nov 1944

trs/4632

FULL NAME <u>Rankl, Robert J.</u>		ARMY SERIAL NUMBER <u>33 678 141</u>	GRADE <u>Pvt</u>
HOME ADDRESS <u>Pittsburgh, Penna.</u>		ARM OR SERVICE <u>Infantry</u>	DATE OF BIRTH <u>11 Dec 1924</u>
PLACE OF DEATH <u>North African Area</u>	CAUSE OF DEATH <u>Killed in action 13 Apr</u>		DATE OF DEATH <u>13 Apr 44</u>
STATION OF DECEASED <u>North African Area</u>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <u>12 Apr 43</u>	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <u>Mrs. Lillian M. Rankl, mother, 94 South 11th St., Pittsburgh, Penna.</u>			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <u>Mrs. Lillian M. Rankl, mother, same as above</u> <u>Mr. Frank J. Rankl, brother, 3631 E. Carson St., Pittsburgh, Penna.</u>			
INVESTIGATION MADE?		IN LINE OF DUTY	OWN MISCONDUCT
YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE	IN FLYING PAY STATUS
YES	NO	YES	NO
OTHER PAY STATUS (SPECIFY BELOW)			
YES		NO	

ADDITIONAL DATA AND/OR STATEMENT

The individual named in this report is shown by the records of the War Dept to have been absent in a missing in action status on 10 Jan 44 and subsequently reported killed in action on 13 Apr 44 such absence was terminated on 6 Nov 44 on which date evidence of death was received by the Secretary of War from a commander in the North African Area.

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

☒ BATTLE
☐ NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR

[Signature]
ADJUTANT GENERAL



CASUALTY MESSAGE

Sw J.M.

TELEGRAM

OFFICIAL BUSINESS—GOVERNMENT RATES

FROM	WAR DEPARTMENT		
BUREAU	AGO	153845	
CHG. APPROPRIATION	YJF	3832	

AG 201 RANKL, ROBERT J (25 JAN 44)
ASN 33 678 141

SPXPC-N 026007-9 (10) 29 JANUARY
MESSAGE NO. DATE 1944

MRS LILLIAN M RANKL
94 SOUTH 11TH STREET
PITTSBURGH PENNSYLVANIA

THE SECRETARY OF WAR DESIRES ME TO EXPRESS HIS DEEP REGRET THAT YOUR

SON	PRIVATE	ROBERT J RANKL
(RELATIONSHIP)	(GRADE)	(NAME)

HAS BEEN REPORTED MISSING IN ACTION SINCE
TEN JANUARY IN ITALY PERIOD IF FURTHER
(DATE) (AREA)

DETAILS OR OTHER INFORMATION ARE RECEIVED YOU WILL BE PROMPTLY NOTIFIED PERIOD

ULIO

OFFICIAL:

THE ADJUTANT GENERAL

ADJUTANT GENERAL

BATTLE

THIS COPY FOR ARMY EFFECTS BUREAU

Not to be delivered by phone except when authorized by the sender.
Not to be delivered between the hours of 10 PM and 7 AM.



153845
10A9

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

DEATH

AGPC-G 201 Rankl, Robert J.
(18 Aug 45) 33-876141

MEMORANDUM FOR RECORD

20 August 1945

SUBJECT: Change of Addressee:

A communication has been received from

~~Mrs. Blanche Wynkoop~~

~~(Friend)~~

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

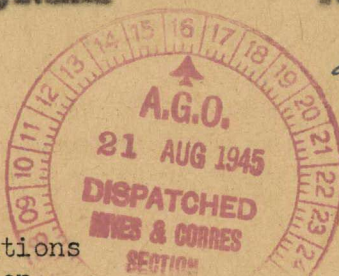
FROM Mrs. Lillian M. Rankl
54 South 11th Street
Pittsburg, Pennsylvania

TO Mrs. Lillian M. Rankl
1910 Wrights Way
Pittsburg 3, Pennsylvania

J. H. [Signature]
Adjutant General

Copies furnished:

✓ Army Effects Bureau
CG 3rd Service Command
Decorations and Awards Branch
Director, Bureau of Public Relations
Director, Veterans Administration
General Accounting Office
Liaison Branch, Office of Special Settlement Accounts, Room 2535,
Tempo. T-7, Gravelly Point, Washington, D. C.
Memorial Branch, Overseas Section, OQMG
Notification Branch, Personnel Affairs Division, Assistant Chief of Air
Staff, Personnel, Room 4310, Munitions Building, (AAF personnel only)
Prisoner of War Information Bureau (POW personnel only)
Mr. E. A. Bloomquist, Claims Section, Division of Maritime
Insurance, Warshipping Administration, 99 John St., New York 7, New York
(Civilian ATS employees only)
Seaman's Record and Welfare Unit, U.S. Coast Guard (Civilian ATS employees
only)
United States Civil Service Commission (Civilian only)
United States Employees Compensation Commission (Civilian only)
AG 095 file (War Dept. contract employees and other civilians subject to
Military Law)
AG 201 file (Military and War Dept. civilian employees)



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

11-33-1
11-33-1
11-33-1



QMGY 293.8 1st Ind.
T/6 Mediterranean Theater

WD, OQMG, Washington 25, D. C.

22 July 1946

TO: Theater Graves Registration Officer, Mediterranean Theater, APO 794
c/o Postmaster, New York, New York.

1. Reference is made to basic communication.

2. The following identifications have been established by comparison of dental charts, with the exception of Unknown X-562, who has been identified by the process of elimination, of remains interred in American Cemetery Nettuno, Italy as indicated:

ESPINOSA, Ben J. Pfc., 37354115, Infantry
Plot 2-S, Row 72, Grave 6183
KIA-13 April 1944
Emergency Addressee - Mr. Jinio Espinosa (father)
General Delivery, Center, Colorado
Religious Preference - Catholic

RANKL, Robert J., Pvt. 33678141., Infantry
Plot 2-S, Row 72, Grave 6188
KIA-13 April 1944
Emergency Addressee - Mrs. Lillian M. Rankl (mother)
Religious Preference - Catholic

X-562-THOMAS, Woodrow W. Pvt., 35637523., Infantry
Plot 2-S, Row 72, Grave 6181
KIA-13 April 1944
Emergency Addressee - Mrs. Leatha Thomas (mother)
Worth, West Virginia
Religious Preference - Not Indicated.

X-563-VALDEZ, Paul H. Cpl., 38006151, Infantry
Plot 2-S, Row 72, Grave 6182
KIA-13 April 1944
Emergency Addressee - Mrs. Elsie Valdez (mother)
1131 Robinson St., Trinidad, Colo.
Religious Preference - Not Indicated.

*File
4*

QMGYG 293.8 T/O Mediterranean Theater (1st Ind.) 22 July 1946
(cont'd)

- X-564 - KERR, George W. Pfc., 37353883, Infantry
Plot 2-S, Row 72, Grave 6184
KIA-13 April 1944
Emergency Addressee - Mrs. Miran (or Mary) E. Kerr (mother)
General Delivery, Fountain, Colo.
Religious Preference - Protestant
- X-565 - DYDA, Charles., Pfc., 33183989, Infantry
Plot 2-S, Row 72, Grave 6185
KIA-13 April 1944
Emergency Addressee - Mr. Andrew Dyda (father)
275 Iron St., Johnstown, Pa.
Religious Preference - Catholic
- X-566 - MOODY, Clarence E. Pvt. 36590875, Infantry
Plot 2-S, Row 72, Grave 6186
KIA-13 April 1944
Emergency Addressee - Mrs. Dorothy M. Moody (wife)
854 Orchard, Wyandotte, Michigan
Religious Preference - Protestant
- X-567 - CARNATHAN, Robert C. Pvt., 34625098, Infantry
Plot 2-S, Row 72, Grave 6187
KIA-13 April 1944
Emergency Addressee - Mrs. Mattie A. C. McClelen (mother)
Blue Springs, Mississippi
Religious Preference - Protestant

3. It is requested that the records of your headquarters and the marking of the graves be changed accordingly and this office advised upon completion thereof.

4. The Reports of Reburial submitted to this office have been amended.

FOR THE QUARTERMASTER GENERAL:

JAMES C. MacFARLAND
Major, QMC
Assistant

COPY FOR: Effects Quartermaster, Army Effects Bureau
Kansas City Quartermaster Depot
601 Hardesty Avenue, Kansas City 1, Missouri



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

JF

JRM:FR:hjb
March 24, 1945

IN REPLY REFER 153,845

Miss Dorothy Youetich
2301 Sidney Street
Pittsburgh 3, Pennsylvania

Dear Miss Youetich:

The Army Effects Bureau has received from overseas a letter written by you to Private Robert J. Rankl.

This letter is inclosed herewith.

Yours very truly,

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

1 Incl--
Letter

SHEET <u>1</u> OF <u>1</u> SHEETS	ARMY EFFECTS BUREAU INVENTORY		DECEASED	
BOX NUMBER	ORIGINAL NUMBER OF PACKAGES <u>1</u>		MISSING	<u>2</u>
TALLY NUMBER <u>7473</u>	INVENTORY DATE <u>9 Feb 1945</u>	CASE NUMBER <u>153845</u>	P O W	
EFFECTS OF <u>Robert J. Rankl</u>	RANK <u>Pvt</u>		ABANDONED	
A.S.N. <u>33 678 141</u>	ORGANIZATION <u>Co A 135 Inf</u>			
PACKAGE DESCRIPTION				

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	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 SNORTER
		SOUVENIRS
		SOUVENIR MONEY
		STATIONERY
		TESTAMENTS
		U.S. MONEY (AMOUNT)

REMARKS: relationship unknown ATTACHMENTS: 1 letter

Dorothy Youktion

2301 Sidney St.

Pittsburgh Pa

MAR 8 1945

C.A.T. none

WAREHOUSE SPACE

STORED BY

INVENTORIED BY Gue

PACKED BY

CHECKED BY

WEIGHT	GI REMOVED
	SHORTAGE ON REVERSE
	IDENT. TAGS REMOVED
	DIARY REMOVED
DATE SHIPPED	LOCKED STORAGE
	LAUNDRY REMOVED
#43 OR ADDITIONAL	FILM REMOVED

ADDITIONAL REMARKS

SHORTAGES

U.S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

INVENTORY CLERK

SUPERVISOR

G.I. REMOVED

NAME

RANKL, ROBERT J. PVT 8141

BAY

PALLET

BOX

TALLY

7473

TYPE OF PKG.

WHSE. SPACE

INVENTORIED

LETTER.



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

153,845 ✓
IN REPLY REFER TO _____

JRM:VM:bjm
March 15, 1945

Mrs. Lillian Rankl ✓
1910 Wrights Way ✓
S. S. Pittsburgh 3, Pennsylvania

Dear Mrs. Rankl: ✓

Your letter of recent date has been referred to the Army Effects Bureau from Washington for reply to that portion pertaining to the personal effects of your son, Pvt. Robert J. Rankl. ✓

I am sorry to report that we have not yet received any information regarding your son's effects; however, in view of transportation delays and other difficulties involved, it is probable that sufficient time has not elapsed for the receipt of his property.

Upon receipt of Pvt. Rankl's property you will be notified.

Yours very truly,

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

HEADQUARTERS, ARMY SERVICE FORCES

MEMO ROUTING SLIP

To the following in order indicated:

GPO 16-34260-3

1	EFFECTS QUARTERMASTER ARMY EFFECTS BUREAU KANSAS CITY 1, MISSOURI	(Initials)
	(Name or title) (Organization) (Building and room)	(Date)
2		
3		

For necessary action.

IMMEDIATE ACTION

PIERCE

2- Incl.

Cy ltr dated received 8 Jan 45

Cy ltr dated 20 Feb 45

From mlh

MEMORIAL DIVISION, PLANNING & REGISTRATION
BRANCH, TEMPO "C" WASHINGTON 25, D. C.

(Name)

(Organization)

(Building and room)

20 Feb 45

(Date)

(Telephone)

153845 2
PHS

Mrs. Lillian Rankl
1910 Wrights Way
S.S. Pgh 3 Pa.

Dear Sir:

When inquiring as to where to write, regarding the personal belonging of my dead son, I was referred to you.

He was killed in Italy April 13, 1944 his name Pvt. Robert J. Rankl 336-8141 serving with the 15th Inf. 5th Army Italy.

I would appreciate your aid in securing these items as they are the only things I have left.

Thank you,

s/ Mrs. L. Rankl.

Tally 7473 - Letter

GB - 2-26-45

Incl #1



IN REPLY REFER TO SPQYG 293

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



Rankl, Robert J.
33678141

20 February 1945

Mrs. Lillian Rankl
1910 Wrights Way
SS Pittsburgh, Pa.

Dear Mrs. Rankl:

Reference is made to your inquiry regarding the personal effects of the late **Private Robert J. Rankl**.

A copy of your letter has been forwarded to the Effects Quartermaster, Army Effects Bureau, Kansas City Quartermaster Depot, 601 Hardesty Avenue, Kansas City 1, Missouri, for reply to you. That office has jurisdiction over the disposal of the personal effects of our military personnel outside the United States. However, considerable time is often necessary to process these personal belongings back to this country due to the lack of shipping space and the great amount of work involved.

I extend to you my sincere sympathy and condolence in your loss.

For The Quartermaster General:

Sincerely yours,

C. C. PIERCE,
Captain, Q. M. C.,
Assistant.

#2-