

RESTRICTED
REPORT OF BURIAL
TM 10-630 AND AR 30-1815

26 Dec 1944
Date

INGERSOLL Herbert L T/Sgt. 32041895
Last Name First Initial Rank Serial No.
Co B 53 Inf Unk
Unit Organization

Bigonville Luxembourg 24 Dec 1944 Estimate Shell Concussion
Place of Death Date of Death Cause of Death

25 Dec 1944 1400 US Mil Cem #1 Grand Faily France
Time and Date of Burial Name of Cemetery Name or Coordinates of Location

107 5 A Cross
Grave Number Row Number Plot Number Type of Marker

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

If No Identification Tags
How were remains identified?

What means of identification were buried with the body?

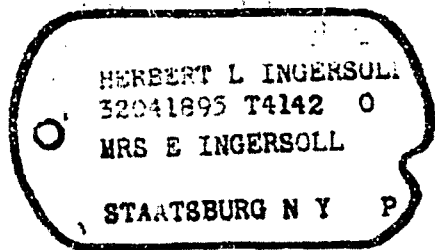
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right: Geo J Lo Presti 32822347 S/Sgt 53 Inf 106
Name Serial No. Rank Organization Grave No.

Deceased's Left: William J Clifford 42125511 Pvt 53 Inf 108
Name Serial No. Rank Organization Grave No.

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



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

Emergency Addressee _____ Name _____

Address _____

Religion P

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

WILLIAM E SAMSON 1st Lt OMC 3043 OMGR CO
Signature of Officer or other person reporting burial
Verified by G.R.S. Officer

FILE
1345
m/v

1

DISINTERMENT OPERATIONS RECORD

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

NAME: INGERSOLL HERBERT L, SERIAL NUMBER: 32041895, GRADE: T SG, ARM: 1, DAY, MONTH, YE, RACE, RELIGION

CEMETERY: GRAND FAILLY FRANCE, PLOT: A, ROW: 5, GRAVE: 107, DISPOSITION OF REMAIN: CODE, DIST. C

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: INGERSOLL HERBERT L, SERIAL NUMBER: 32041895, GRADE: T/SG, DATE OF DEATH, DATE DISTINTERRED: 13 August 1948

IDENTIFICATION TAG ON: REMAINS, ORGANIZATION, RELIGION: P, IDENTIFICATION VERIFIED BY: OLIVER E MODIN, Embalmer

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Military Clothing, CONDITION OF REMAINS: Skull, mandible, fractured. Disarticulated. Small amount of decomposed flesh.

OTHER MEANS OF IDENTIFICATION: None

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.): Identification tags read "HERBERT L INGERSOLL".

REMAINS PREPARED AND PLACED IN ~~other~~ transfer box

DATE: 16 August 1948, BY: OLIVER E MODIN, Embalmer, CASKET SEALED BY: EMBALMER (Signature)

CASKET BOXED AND MARKED: All markings, tags and plates verified by: DATE, BY

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

Signature: Stanley C Tyrrell, STANLEY C TYRRELL CAPT Inf 526 QM SV CO.

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS: BEST COPY POSSIBLE POOR QUALITY ORIGINAL

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

379002

REPORT OF DEATH

DATE 16 Jan 1945

FULL NAME Ingersoll, Herbert L.		ARMY SERIAL NUMBER 32 041 895	GRADE T/Sgt.				
HOME ADDRESS Poughkeepsie, New York		ARM OR SERVICE Infantry	DATE OF BIRTH 6 Aug 1918				
PLACE OF DEATH European Area	CAUSE OF DEATH Killed in action		DATE OF DEATH 24 Dec 44				
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 5 Feb 1941	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS over 3 yrs.				
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Edith M. Ingersoll, wife, Staatsburg, New York							
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Edith Ingersoll, wife, Herbert L. Ingersoll Jr., son, same as above. Mrs. Edith Worden, mother, 25 Coldenham Rd., Walden, N.Y.*							
INVESTIGATION MADE?		IN LINE OF DUTY	OWN MISCONDUCT	WAS DECEASED ON DUTY STATUS	AUTHORIZED ABSENCE	IN FLYING PAY STATUS	OTHER PAY STATUS (SPECIFY BELOW)
YES	NO	YES	NO	YES	NO	YES	NO
						X	*X

ADDITIONAL DATA AND/OR STATEMENT

*Mrs. Hilda Ferguson, sister, RFD #3, Newburgh, New York

*Combat ~~Infantry~~ Infantryman (Source and date of order will be furnished when rec'd.)

Evidence of death rec'd in WD 9 Jan 45.

COPIES FURNISHED:		
S. G. O.	F. B. I.	F. O., U. S. A.
S. O. G. M. O.	O. F. D.	ARMY EFFECTS BUREAU CASUALTY BRANCH FILE
G. A. O.	VET. ADMIN.	A. G. 301 FILE

BATTLE
 NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR

John L. ...
ADJUTANT GENERAL

RESTRICTED

INVENTORY OF PERSONAL EFFECTS

HERBERT L INGERSOLL
19241895, T4142 O
MRS E INGERSOLL

US Mil. Cem. No. 1 Grand Faily, France

26 Dec 1944
Date

STAATSBURG N.Y. P

SUBJECT: Inventory of Personal Effects of:

INGERSOLL	Herbert	L	T/Sgt	32041895
(Last Name)	(First Name)	(MI)	(Rank)	(ASN)
TO: Effects Quartermaster, Communications Zone, APO		887	US Army	
The above named individual of		Co B 53 Inf	Unk	
		(Unit)	(Organization)	
was reported	KIA			about 24 Dec 1944
(Status-Killed, MIA, Hospitalized, etc.)				(Date)
Designated beneficiary if information readily accessible				Mrs E Ingersoll
				Staatsburg, N.Y.

INVENTORY OF EFFECTS

- 4 Photos ✓
- 1 Inf. award ✓
- 1 Postal IO rec. (\$20.00) ✓
- 1 Attawa fountain pen ✓
- 1 Kepo fountain pen ✓
- 2 WD recs. (\$150.00) ✓
- 1 Billfold (Marked- H.L.I.) ✓
- 1 Souvenir German note ✓
- 1 Souvenir Belgium Franc (20) ✓
- 2 Souvenir Coins

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POOR QUALITY ORIGINAL

Currency listed below

492 French Francs
50 Reichsmarks

Money in the amount of _____ has been turned into C.S. MCCORMICK Jr., Lt. Col.
F.D. 211-226 . Form MFD 38 enclosed. (Name of Finance Officer
and symbol number)

Names and addresses of any Banks in which accounts may be carried:

I certify that the above items constitute all of the effects, secured by me, of the above named individual and that they were forwarded to the Effects Depot by _____ on _____

(Rail, Truck, etc.) (Date)

Name

W. Ganson

WILLIAM E GANSON

Rank & ASN

1st Lt OMC

Any additional pertinent information:

Organization

3043 QMGR CO

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