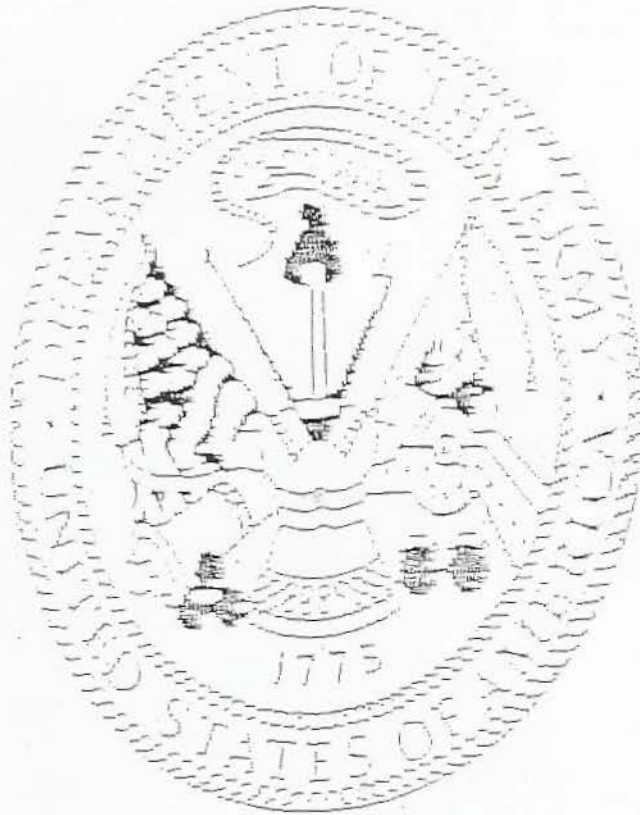


Shea



INDIVIDUAL DECEASED  
PERSONNEL FILE

BEST COPY POSSIBLE  
POOR QUALITY ORIGINAL

16

USMC: MARGRATEN.  
PLOT D, ROW 11, GRAVE 26  
DATE OF BURIAL: 6 JAN. 49  
VERIFIED BY GRS OFFICER:

BURIED ON:  
RIGHT: ALEJANDRO G. GARZA, 38678821

## DISINTERMENT DIRECTIVE

LEFT: VANCE M. ARDEUNE, 39092914

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

4650 14419

DATE

15 05 48

DAY MONTH YEAR

NAME

SHEA LAWRENCE F

SERIAL NUMBER

32717250

RANK

CPL

ARM

1

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

MARGRATEN - AACHEN

DISPOSITION OF REMAINS

1 4601 80

CODE DIST. PT.

PLOT

MMM

ROW

1

GRAVE

25

COUNTRY

HOLLAND

CAUSE OF DEATH

2

## SECTION B — CONSIGNEE AND NEXT OF KIN FLAG SENT: 7 JAN. 49

NAME AND ADDRESS OF CONSIGNEE

MARGRATEN, HOLLAND

NAME AND ADDRESS OF NEXT OF KIN

WALTER J. SHEA, SR (FATHER)  
509 SIXTH STREET  
BROOKLYN, NEW YORK

## SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

LAWRENCE F SHEA

SERIAL NUMBER

32717250

RANK

CPL

DATE OF DEATH

DATE DISTINTERRED

17 AUGUST 1948

IDENTIFICATION TAG ON

 REMAINS MARKER

ORGANIZATION

USAGF

RELIGION

C

IDENTIFICATION VERIFIED BY

ERNEST J OGLESBY, JR  
1/LT CAV NAME AND TITLE

## SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

UNIFORM

CONDITION OF REMAINS CRUSHED SKULL. CRUSHED  
MANDIBLE. DISTAL 1/3 OF LEFT RADIUS  
MISSING. ADVANCED STAGE OF DECOMPO-  
SITION.

OTHER MEANS OF IDENTIFICATION

NONE — NO CONFLICTING EVIDENCE  
THIS IS THE ONLY REMAINING OF THE ABOVE CEMETERY HAVING NOW BEEN COMPLETELY DISINTERRED AND NO CONFLICTING  
EVIDENCE WAS FOUND. THE REMAINS OF THE DECEASED ARE CONSIDERED ADEQUATELY IDENTIFIED.

MINOR DISCREPANCIES 1

NONE

REMAINS PREPARED AND PLACED IN CASKET

24 AUGUST 1948

ELAM E POORBAUGH, EMBALMER

DATE

BY

CASKET SEALED BY

ELAM E POORBAUGH

EMBALMER (Signature)

*Elam E Poorbaugh*  
ELAM E POORBAUGH

CASCKET BOXED AND MARKED

24 AUG 48

DONALD L HOPKINS  
CLERK RECORDER

ALL TAGS, PLATES AND  
MARKINGS VERIFIED BY:  
ERNEST J OGLESBY, JR 1/LT CAV

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

*Ernest J Oglesby, Jr*  
ERNEST J OGLESBY, JR 1/LT CAV

SIGNATURE OF GRS INSPECTOR

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

# REPORT OF BURIAL

5 April 1945

170

TM 10-630 AND AR 30-1815

Date

SHEMA

Lawrence

F.

Unknown

32717250

Last Name

First

Initial

Rank

Serial No.

Unit

Unknown

318

Organization

shell

Neiderzwehren (Kassel), Germany UNK (estimated to be 1 April 45) HE chest, side

Place of Death

Date of Death

Cause of Death

1500 5 April 1945 US Military Cemetery, Butzbach, Germany

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

25 1 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? One Identification tag found around neck

Clothing marks

Web belt "S 7250"

Trousers "S 7250"

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:

STOKE

35885882

Pvt.

Unknown

21

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

END OF ROW

Name

Serial No.

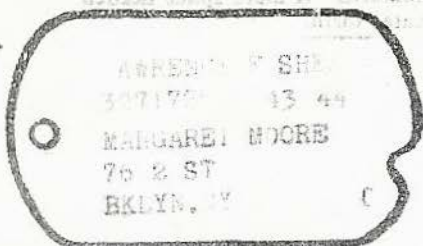
Rank

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

Catholic

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

NO PERSONAL EFFECTS

Signature of Officer or other person reporting burial

For the Commanding Officer

WM. T. KELLY

1st Lt. QMC

609th QM Gr.Reg.Co.

Verified by G.R.S. Officer

*W. T. Kelly*

25 February 1949

Mr. Walter J. Shea, Sr.  
509 Sixth Street  
Brooklyn, New York

*242*  
Cpl. Lawrence F. Shea, ACN 32 717 250  
Plot D, Row 11, Grave 26  
Headstone: Cross  
Margraten U.S. Military Cemetery *412*

Dear Mr. Shea:

This is to inform you that the remains of your loved one have been permanently interred, as recorded above, side by side with comrades who also gave their lives for their country. Customary military funeral services were conducted over the grave at the time of burial.

After the Department of the Army has completed all final interments, the cemetery will be transferred, as authorized by the Congress, to the care and supervision of the American Battle Monuments Commission. The Commission also will have the responsibility for permanent construction and beautification of the cemetery, including erection of the permanent headstone. The headstone will be inscribed with the name exactly as recorded above, the rank or rating where appropriate, organization, State, and date of death. Any inquiries relative to the type of headstone or the spelling of the name to be inscribed thereon, should be addressed to the American Battle Monuments Commission, Washington 25, D. C. Your letter should include the full name, rank, serial number, grave location, and name of the cemetery.

While interments are in progress, the cemetery will not be open to visitors. You may rest assured that this final interment was conducted with fitting dignity and solemnity and that the grave-site will be carefully and conscientiously maintained in perpetuity by the United States Government.

Sincerely yours,

*[Signature]*  
THOMAS B. LARKIN  
Major General  
The Quartermaster General

igb

QMCMF 293 Shea, Lawrence F.  
SN 32 717 250

1st Ind

Dept. of the Army, OQMG, Washington, D. C. 12 January 1948

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

1. Forwarded as a matter pertaining to your office.
2. The writer has not been informed of this action.

FOR THE QUARTERMASTER GENERAL:

RLS

1 Incl

Cy ltr dtd 4 Jan 48

RICHARD B. COOMBS  
Major, QMG  
Memorial Division

REC

27

JAN 17 2 00 PM '48

CORRESPONDENCE ACTION SHEET

Mr.  
Miss.  
Addressee: Mrs. \_\_\_\_\_  
State \_\_\_\_\_ Relationship \_\_\_\_\_  
City, State \_\_\_\_\_ Date letter \_\_\_\_\_ '47

Cemetery  
Temporary: \_\_\_\_\_

Permanent: \_\_\_\_\_  
Plot Row Gr Cem. Name or No. City Country

PARAGRAPHS  
(sequence)

--- ADDITIONAL --- DATA --- MODIFICATIONS ---

Decedent:

Last

First

Initial

Rank

ASN

~~133~~ To 1st Ind  
A.G.O.

1. Forwarded as a matter pertaining to your office
2. The writer has not been informed of this action.

1 Incl  
Letter

1/8/48

Analyst Typist Reviewer

Modifications

OKed

*Handwritten initials and date*  
1/12/48

Cpl Lawrence F. Shea, 32 717 250  
Plot MM, Row 1, Grave 25,  
United States Military Cemetery  
Margraten, Holland

5 December 1947

Mr. Walter J. Shea  
509 Sixth Street  
Brooklyn, New York

Dear Mr. Shea:

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. LAFREN  
Major General  
The Quartermaster General

Incls. 8  
P41

maf

Dec 10 10 43 AM  
O. D. M. C.  
MAIL & RECORDS BRANCH

18 November 1946

Mr. Walter J. Shea  
509 6th Street  
Brooklyn, New York

Dear Mr. Shea:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Corporal Lawrence F. Shea, A.S.N. 32 717 250.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Margraten, Holland, plot M24, row 1, grave 25. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

This cemetery is located ten miles west of Aachen, Germany, and is under the constant care and supervision of United States military personnel.

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

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN  
Major General  
The Quartermaster General

NOV 18 12 31 PM '46

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

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

DATE **23 April 1945** *FLW*

REPORT OF DEATH

FULL NAME <b>Shea, Lawrence F.</b>				ARMY SERIAL NUMBER <b>32 717 250</b>				GRADE <b>Cpl</b>					
HOME ADDRESS <b>Brooklyn, N. Y.</b>				ARM OR SERVICE <b>Infantry</b>				DATE OF BIRTH <b>12 Sept 1923</b>					
PLACE OF DEATH <b>European Area</b>				CAUSE OF DEATH <b>Killed in action</b>				DATE OF DEATH <b>2 Apr 45</b>					
STATION OF DECEASED <b>European Area</b>				DATE OF ENTRY ON CURRENT ACTIVE SERVICE <b>14 Jan 1943</b>				LENGTH OF SERVICE FOR PAY PURPOSES					
								YEARS	MONTHS	DAYS			
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <b>Mrs. Margaret Moore (Sister) 509 6th St., Brooklyn, N. Y.</b>													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <b>Mrs. Margaret Moore (Sister) Same as above.</b> <b>Mr. Walter J. Shea (Father) Same as above.</b>													
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
												<b>X</b>	

ADDITIONAL DATA AND/OR STATEMENT

BATTLE     NON-BATTLE

Evidence of Death rec'd in the W. D. 13 April 1945.

COPIES FURNISHED:

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

BY ORDER OF THE SECRETARY OF WAR:

*C. J. Whitecroft*  
 ADJUTANT GENERAL

Jan 4<sup>th</sup> 1948.

243 Shea Lawrence F.

War Department. 32, 717, 250

Quartermaster General.

Gentlemen:

<sup>243</sup>  
Re: Lawrence F. Shea Corp.

a. s. n. 32 717 250

I am sorry to inform you that I have either misplaced or lost your original "Notification of Death" of my son, and to ask for a copy which is required by the State of New York, in order that I may receive the bonus

# REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

333  
3178  
118

Cpl Lawrence F. Shea, 32 717 250  
Plot MMM, Row 1, Grave 25,  
United States Military Cemetery  
Margraten, Holland

5 December 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, WALTER J. SHEA, SR.  
(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

*(Please indicate relationship to the deceased by placing an "X" in the proper box.)*

- |   |                                  |  |   |
|---|----------------------------------|--|---|
| <input type="checkbox"/> WIDOW  | <input type="checkbox"/> WIDOWER | <input type="checkbox"/> SON OVER 21 YEARS OLD     | <input type="checkbox"/> DAUGHTER OVER 21 YEARS OLD |
| <input checked="" type="checkbox"/> FATHER                                      | <input type="checkbox"/> MOTHER  | <input type="checkbox"/> BROTHER OVER 21 YEARS OLD | <input type="checkbox"/> SISTER OVER 21 YEARS OLD   |
| <input type="checkbox"/> RELATIONSHIP OTHER THAN ABOVE ( <i>Specify</i> ) _____ |                                  |  |   |

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. Margraten
2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY
- (NAME AND LOCATION OF CEMETERY) \_\_\_\_\_
3. BE RETURNED TO \_\_\_\_\_, THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT \_\_\_\_\_
- (FOREIGN COUNTRY) (LOCATION OF CEMETERY SELECTED)
4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT \_\_\_\_\_
- (LOCATION OF NATIONAL CEMETERY SELECTED)
- (Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)*
- YES       NO

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MAR 25 1948

**PART I (Continued)**

If on Page 1 of this form you have selected Option Number 2 or 3, or Option Number 4 with your own funeral ceremonies desired at a location other than the selected national cemetery, complete one of these sections.  
 I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE THE REMAINS TO BE SENT TO THE FOLLOWING PERSON WHO HAS AGREED TO RECEIVE THEM:

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

OR  
 I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE THE REMAINS TO BE SENT TO THE FOLLOWING FUNERAL DIRECTOR WHO HAS AGREED TO RECEIVE THEM:

FULL NAME OF FUNERAL DIRECTOR			
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.	

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	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP TO DECEASED
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY

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

AS EXPLAINED IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," I AM THE NEXT OF KIN AND THE INDIVIDUAL AUTHORIZED TO DIRECT THE DISPOSITION OF THE SAID REMAINS.

I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in the foregoing document are full and true to the best of my knowledge and belief.

Walter J. Shea, Sr.      509-6<sup>th</sup> St  
 (SIGNATURE OF NEXT OF KIN)      (STREET AND NUMBER)  
WALTER J. SHEA, SR.      Brooklyn, New York.  
 (NAME PRINTED OR TYPED)      (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 27<sup>th</sup> day of January, 1948, at city (or town) of Brooklyn, county of Kings, and State (or Territory or District) of NY

Levin P. Petrus  
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)  
 NOTARY PUBLIC  
 IN THE STATE OF NEW YORK  
 RESID. BROOKLYN COUNTY, N.Y. (OFFICIAL TITLE)  
 Notary Public, CLERK'S No. 107  
 No. 107-1000, 20-D-8  
 Commission Expires March 26, 1948

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

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

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

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

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

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

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

ADDITIONAL REMARKS AND INSTRUCTIONS

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

Handwritten vertical text on the left margin, possibly "Walter".

I would appreciate to gether with my other children that if its possible that a photograph of the final grave of my son be forwarded to us, if that is possible.

Thanking you,  
Walter J. Hen Sr.  
Family.

