

7 June 1949

Pfc Ralph P. Kimball, ASN 31 199 713
Plot A, Row 15, Grave 12
Headstone: Cross
St. Laurent (France) U. S. Military Cemetery

Mrs. Blanche M. Kimball
Box 86
Albany, Vermont

Dear Mrs. Kimball:

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,

H. FELDMAN
Major General
The Quartermaster General

tjh

JUN 8 3 18 PM '49

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

1

Interred 28 March 1949
A-15-12-USMC St Laurent
C.H. HIEMSTRA
1/Lt Inf. Interring Officer.

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER 3586 02280
DATE 15 12 47
DAY MONTH YEAR

NAME KIMBALL RALPH P SERIAL NUMBER 31199713 RANK PFC ARM 1
DATE OF DEATH DAY MONTH YEAR
CEMETERY ST MERE EGLISE NO 2 - CARENTAN 1 3505 80
DISPOSITION OF REMAINS CODE DIST. PT.
PLOT ROW GRAVE COUNTRY CAUSE OF DEATH
M 6 120 FRANCE 1

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE ST. LAURENT, FRANCE
NAME AND ADDRESS OF NEXT OF KIN BLANCHE M. KIMBALL (WIFE)
BOX 86
ALBANY, VERMONT

SECTION C - DISINTERMENT AND IDENTIFICATION Flag Sent 28 March 1949

NAME Kimball Ralph P. SERIAL NUMBER 31199713 RANK Pfc DATE OF DEATH 12 Jul '44 DATE DISTINTERRED 12 May '48
IDENTIFICATION TAG ON REMAINS ORGANIZATION USAGF RELIGION Prot IDENTIFICATION VERIFIED BY John M. Peacock, Emb
 MARKER ID NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL O.D. Uniform CONDITION OF REMAINS Adv. Demp.
OTHER MEANS OF IDENTIFICATION None
MINOR DISCREPANCIES 1 None

REMAINS PREPARED AND PLACED IN CASKET Transfer Case
DATE 19 May 1948 BY John M. Peacock, Emb

CASKET SEALED BY J. L. Yahres, Emb EMBALMER (Signature)

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY All Markings, Tags and Plates Verified By:
DATE 17-6-48 BY Frank E. Gioffi, Clk Rec R. B. Howard, 2d Lt Inf

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

I certify that the entries on this form are true and correct. R. B. Howard, 2d Lt
copies of the entries on Copy No. 4 of this Disinterment Directive which includes the signatures of the persons whose names are typed hereon.
SIGNATURE OF GRS INSPECTOR
BRANCH MEM. DIV.
1 Prepare Discrepancy Report GMC Form 1194a for major discrepancies.

FINAL LETTER SENT 7 JUN 1949

FILE

15 JUN 1949

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM St Mere Eglise no 2.	TO Casketing Point "B" St. Laurent.
KIND OF CONVEYANCE Truck	NAME OF CONVOYER T/5 Gregory
SIGNATURE OF SHIPPER W. T. Dailey, Capt. QMC	DATE 21/6/48
SIGNATURE OF RECEIVER D. A. MacKenzie, Capt. Inf	DATE 21/6/48

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

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Pfc. Ralph P. Kimball, 31 199 713
Plot N, Row 6, Grave 120,
United States Military Cemetery
Ste. Mere Eglise #2, France

25 September 1947

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

NOTE.—The next of kin should familiarize himself with the contents of the pamphlet, "Disposition of World War II Armed Forces Dead," before filling out this form. When the proper part of this form is filled out and properly signed by the next of kin, it should be returned to the OFFICE OF THE QUARTERMASTER GENERAL, MEMORIAL DIVISION, WAR DEPARTMENT, WASHINGTON 25, D. C., in the self-addressed postage-free envelope provided for this purpose.
If you are the next of kin or authorized representative of next of kin and desire to direct the disposition of the remains, please fill in PART I of this form.

PART I

I, Blanche M. Kimball
(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. ST. LAURENT, FRANCE
- 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 _____ (FOREIGN COUNTRY), THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT _____ (LOCATION OF CEMETERY SELECTED)

- 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____ (LOCATION OF NATIONAL CEMETERY SELECTED)
(Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)
 YES NO

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

None
DD processed 19 Dec. '47

order 11/25/47 Mitchell

OQMG FORM 14 NOV 1946 345 MILITARY

16-50411-1

PAGE 1

NOV 21

Handwritten initials and signature

PART I (Continued)

If on Page 1 of this form you have selected Option Number 2 or 3, or Option Number 4 with your own funeral ceremonies desired at a location other than the selected national cemetery, complete one of these sections.

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

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

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

FULL NAME OF FUNERAL DIRECTOR			
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.

Blanche M. Kimball (SIGNATURE OF NEXT OF KIN) Box 86 (STREET AND NUMBER)
Blanche M. Kimball (NAME PRINTED OR TYPED) Albany, Vermont. (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 23rd day of Oct, 1947, at city (or town) of Albany, county of Orleans, and State (or Territory or District) of Vermont

Spavel F. Long (Stewart)
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Notary Public
 (OFFICIAL TITLE)

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

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

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

_____ (DATE)

_____ (SIGNATURE OF NEXT OF KIN) _____ (STREET AND NUMBER)

_____ (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.



2
M
Pfc. Ralph P. Kimball, 31 199 713
Plot N, Row 6, Grave 120,
United States Military Cemetery
Ste. Mere Eglise #2, France

25 September 1947

Mrs. Blanche M. Kimball
Post Office Box #86
Albany, Vermont

Dear Mrs. Kimball:

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

7 Incls.

OCT 1 3 31
O.C.M.
MAIL & RECORDS

JAR

QMGYG 293
Kimball, Ralph P.

293 Kimball, Ralph P
L

August 1946

Mrs. Blanche M. Kimball
Post Office Box #82
Albany, Vermont

Dear Mrs. Kimball:

The War Department is most desirous that you be furnished information regarding the burial location of your husband, the late Private First Class Ralph P. Kimball, A.S.N. 31 199 713.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Ste. Mere Eglise #2, plot N, row 6, grave 120.

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

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

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

as

SEP 9 11 27 AM '46
O.C.M.C.
MAIL & RECORDS BRANCH

LK

RESTRICTED
REPORT OF BURIAL

TM 10-630 AND AR 30-1815

July 13, 1944
Date

293 3'

N-4535

Kimball, Ralph P. Pfc 31199713
Last Name First Initial Rank Serial

331 Inf Regt 83rd Inf. Div.
Unit Organization

Normandy, France July 12, 1944 KIA, Shell Frag. Pen. chest
Place of Death Date of Death Cause of Death and Lt. side.

1600- July 13, 1944 Ste. Mere Eglise # 2, Ste. Mere Eglise
Time and Date of Burial Name of Cemetery Name or Coordinates of Location

120 6 N Cross
Grave Number Row Number Plot Number Type of Marker

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

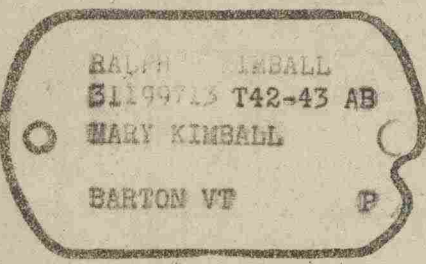
If No Identification Tags
How were remains identified?

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: End of Row, Serial No. _____ Rank _____ Organization _____ Grave No. _____
Deceased's Left: Fowler, Serial No. 35664874 Rank _____ Organization _____ Grave No. 119

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



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

Emergency Addressee _____ Name _____
Address _____

Religion Protestant.

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

1477 Francs.

15 SEP 1944 FILE
[Signature]

[Signature]
Signature of Officer or other person reporting burial

Incl # 26

IF DECEASED UNIDENTIFIED

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:

- | | |
|----------------|--------------------------|
| Height: | Laundry Marks: |
| Weight: | Number of Rifle: |
| Color of Eyes: | Wear Glasses? |
| Color of Hair: | Is Tooth Chart Attached? |
| Race: | |

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below.) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

Left Hand

Thumb

1

2

3

4

Right Hand

Thumb

1

2

3

4

TOOTH CHART

		Deceased's Left															
Upper	8	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Lower	8	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by C linking anchor teeth; replacements by artificial teeth X

Characteristics: _____

Other Data: _____

If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.

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

REPORT OF DEATH

DATE 5 Aug 1944
MBB 4631

FULL NAME <u>Kimball, Ralph P</u>		ARMY SERIAL NUMBER <u>31 199 713</u>	GRADE <u>Pfc</u>										
HOME ADDRESS <u>Barton, Vermont</u>		ARM OR SERVICE <u>Infantry</u>	DATE OF BIRTH <u>14 Jan 1918</u>										
PLACE OF DEATH <u>European Area</u>	CAUSE OF DEATH <u>Killed in action</u>		DATE OF DEATH <u>10 Jul 1944</u>										
STATION OF DECEASED <u>European Area</u>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <u>29 Oct 42</u>	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS <u>1 8 12</u>										
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <u>Mrs. Blanche M. Kimball (wife) Post Office Box Number 86, Albany, Vermont</u>													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <u>Blanche May Kimball (wife) P. O. Box #86, Albany, Vermont</u> <u>Mary Kimball (mother) P.O. #574, Barton, Vermont</u> <u>Mr. Phileman Kimball (father) Same as above</u>													
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
											X		

ADDITIONAL DATA AND/OR STATEMENT

12 AUG 1944 FILE
W. J. [Signature]

<p style="text-align: center;">COPIES FURNISHED:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">S. G. O.</td> <td style="width: 33%;">F. B. I.</td> <td style="width: 33%;">F. O., U. S. A.</td> </tr> <tr> <td>2. O. C. M. G.</td> <td>O. F. D.</td> <td>ARMY EFFECTS BUREAU</td> </tr> <tr> <td>G. A. O.</td> <td>VET. ADMIN.</td> <td>CASUALTY BRANCH FILE</td> </tr> <tr> <td></td> <td></td> <td>A. G. 201 FILE</td> </tr> </table>	S. G. O.	F. B. I.	F. O., U. S. A.	2. O. C. M. G.	O. F. D.	ARMY EFFECTS BUREAU	G. A. O.	VET. ADMIN.	CASUALTY BRANCH FILE			A. G. 201 FILE	<input checked="" type="checkbox"/> BATTLE <input type="checkbox"/> NON-BATTLE	<p style="text-align: center;">BY ORDER OF THE SECRETARY OF WAR:</p> <p style="text-align: center;"><i>John T. Wien</i> John T. Wien ADJUTANT GENERAL</p>
S. G. O.	F. B. I.	F. O., U. S. A.												
2. O. C. M. G.	O. F. D.	ARMY EFFECTS BUREAU												
G. A. O.	VET. ADMIN.	CASUALTY BRANCH FILE												
		A. G. 201 FILE												

ARMY SERVICES FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO: Mrs. Blanche M. Kimball

Box 86

Effects of:

Name Pfc. Ralph P. Kimball

Albany, Vermont

ASN 31199713

Case No. 163822-D

Wt.

DATE April 23, 1945
Sumpter--dsf

J.S.
FOR: Effects Quartermaster

REMARKS:

X Inclose Bureau Check
Acct. No. 84353
Amount \$29.80 *emb*
Inclose "Valuables" item
Ship "Valuables" item(s)

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

ROUTING:

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

65116 djj

84353

163822

April 26, 45

Blanche M. Kimball

29.80

Twenty-Nine and 80/100

REMARKS:

Franked _____
Est. Exp. Chgs. _____
Est. Frt. Chgs. _____
No. of packages _____

Shipping Clerk

mts

ARMY EFFECTS BUREAU
INVENTORY

~~435340~~

163822

CASE NO.

TYPED BY

DATE MAR 15 1945

STATUS

dec'd

NAME

Ralph P. Kimball

A.S.N.

31199713

RANK

ORGANIZATION

AMOUNT

29.80

ACCOUNT NO.

Ac # 84303100

LIST NO.

of 184

REMARKS

Co # 6546 mg

ACCOUNTING INVENTORY

File
sh



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

JRM:JS:dsf
 April 23, 1945

IN REPLY REFER TO 163822

Mrs. Blanche M. Kimball
 Box 86
 Albany, Vermont

Dear Mrs. Kimball:

Since our letter of March 6, the Army Effects Bureau has received money in the amount of \$29.80, belonging to your husband, Private First Class Ralph P. Kimball, check for which amount is inclosed.

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

As it is my intention to forward any additional property of your husband to you immediately upon arrival here, I ask that you please notify us in the event there is any change in your address within the next few months.

I wish to express my sympathy in the loss of your husband.

Yours very truly,

A. G. SCHUMACHER
 1st Lt. Q.M.C.
 Asst. Chief, Adm. Division

1 Incl--
 Check

Mrs. Blanche M. Kimball ✓

Box 86 ✓

Albany, Vermont ✓

Pfc. Ralph P. Kimball ✓

31199713 ✓

163822-D ✓

April 23, 1945 ✓
Sumpter-dsf ✓

X

84353 ✓
\$29.80 ✓

yes

1

2

#14

Summary Court-Martial
ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPOT
601 Hardesty Avenue
Kansas City 1, Missouri

Case No. 163822 JS:dsf

Date 23 April 1945

SUBJECT: Report of transaction in disposing of the effects of

Ralph P. Kimball
(Name of deceased)

31199713
(Army Serial Number)

late a

Private First Class
(Grade)

Infantry

(Organization, Army or Service)

who died

on the 10th day of July, 1944, at European Area.

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

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

a. No legal representative or widow of decedent being present at decedents camp or quarters; effects of decedent were forwarded to this Summary Court-Martial.

b. Local debtors owed decedent's estate \$ none, of which the sum of \$ _____ was collected. (If nothing was found due or collected, state "None"; otherwise attach itemized statement of sums owing and collected.) (Incl. _____.)

c. Decedent owed undisputed local creditors the sum of \$ none which has been paid by the Summary Court-Martial from funds of decedent. (See inclosed receipt _____, Incl. _____)

d. Disposition of decedent's effects (less money paid creditors, if any) has been made by the Summary Court-Martial by transmittal through the Quartermaster Corps, at Government expense to person found entitled (See Summary Court-Martial FINDING below)

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 13 April 1945, pursuant to Special Orders 228, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of _____

Mrs. Blanche M. Kimball for the effects of the above-named deceased soldier, or person subject to military law, now in the possession of the United States, with other relevant evidence, was duly considered;

Whereupon, this Summary Court-Martial finds that, under the provisions of

A.W. 112, Mrs. Blanche M. Kimball of _____
(Name of person found entitled)

Box 86

(Number, Street or Avenue)

Albany

(City, Town or Village)

State of

Vermont

is the

widow

of the

(Relationship or Capacity)

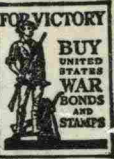
above-named decedent and appears to be entitled to receive his or her effects.

(Signature of Summary Court Officer)

W. F. HEHMAN, Major Q.M.C.

(Name, Rank, Organization)

SUMMARY COURT MARTIAL



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

IN REPLY REFER TO (163,822)

JFM:JBS:hg
March 6, 1945

Mrs. Blanche M. Kimball
Box 86
Albany, Vermont

Dear Mrs. Kimball:

This will acknowledge your letter of February 19 regarding the personal property of your husband, Private First Class Ralph P. Kimball.

We have checked our records and regrettably we have not received any information regarding his belongings.

All War Department agencies are under instruction to forward the personal effects of military personnel to the Army Effects Bureau for disposition, and it is reasonable to assume that your husband's property ultimately will be received here. However, because of transportation difficulties, considerable time may elapse before the shipment arrives here.

You may be assured that upon receipt here of any property belonging to your husband, you will be promptly notified.

Sincerely yours,

F. A. ~~HECKHARDT~~
Captain Q.M.C.
Assistant

IMMEDIATE ACTION

Albany, Vermont
Box 86
Feb. 19-1945.

Effects Quartermaster,
Kansas City, Missouri.

163822

Dear Sir:

Am writing to find out if there was any of my husband's personal belongings were ever sent back here to the states from overseas. P.F.C. Ralph P. Kimball 31199713, Infantry, killed in action July 10, 1944 in France. His XC number is XC-3,657,971.

Would like to hear from you concerning this. Thanking you.

Yours truly

Mrs. Blanche M. Kimball
Albany, Vermont.
Box 86.

MA

2-26-45

[Handwritten signature]

44
M

EFFECTS BUREAU
KANSAS CITY, MO.
FEB 29 1909

163822

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

REPORT OF DEATH

DATE 5 Aug 1944
MBB 4631

FULL NAME Kimball, Ralph P		ARMY SERIAL NUMBER 31 199 713	GRADE Pfc										
HOME ADDRESS Barton, Vermont		ARM OR SERVICE Infantry	DATE OF BIRTH 14 Jan 1918										
PLACE OF DEATH European Area	CAUSE OF DEATH Killed in action		DATE OF DEATH 10 Jul 1944										
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 29 Oct 42	LENGTH OF SERVICE FOR PAY PURPOSES <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>YEARS</td> <td>MONTHS</td> <td>DAYS</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">8</td> <td style="text-align: center;">12</td> </tr> </table>	YEARS	MONTHS	DAYS	1	8	12				
YEARS	MONTHS	DAYS											
1	8	12											
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Blanche M. Kimball (wife) Post Office Box Number 86, Albany, Vermont													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Blanche May Kimball (wife) P. O. Box #86, Albany, Vermont Mary Kimball (mother) P.O. #574, Barton, Vermont Mr. Phileman Kimball (father) Same as above													
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
											X		



ADDITIONAL DATA AND/OR STATEMENT

COPIES FURNISHED:			<input checked="" type="checkbox"/> BATTLE	BY ORDER OF THE SECRETARY OF WAR: John T. Wian ADJUTANT GENERAL
S. G. O.	F. B. I.	F. O., U. S. A.	<input type="checkbox"/> NON-BATTLE	
2. O. Q. M. G.	O. F. D.	ARMY EFFECTS BUREAU CASUALTY BRANCH FILE		
G. A. O.	VET. ADMIN.	A. G. 201 FILE		