

293 Sunde, Harland V. T-61036 F/O AC European. (Minn.)

44 ws

70-A1  
8297

9/28.4.4.1

No. A5 000584

TRANSFER COUPON

TO:

NOTE THAT FIVE OF:

23 Lunde Harland

HAS BEEN TRANSFERRED TO: (Name)

H. J. Masterson

DIVISION, BRANCH, SECTION, BUILDING AND ROOM NO.

DATE

11/19/51

SIGNATURE

[Signature]

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TRANSFER SLIP

No. A5 000584  
DATE OF REQUEST  
71-16-51 *dm*

✓ RECORDS DESIRED	201 FILE	ENL REC	EFF REP	MED REC	LETTER	IND	MEMO	RADIO	OTHER (Specify)	LAST DATE
FILE OR SERIAL NUMBER AND SUBJECT	993 <i>Sunde, Harland U.</i>									REQUESTED PAPERS NOT IN FILE
TO	NAME AND EXTENSION OF PERSON REQUESTING FILE				DIVISION, BRANCH, SECTION, BUILDING AND ROOM NUMBER					
RETURN TO	<i>Hawkins - H. Martin</i>				<i>61036</i>					
INSTRUCTIONS	<i>Departmental Records Branch, AGO</i> <i>210 North Lee Street</i> <i>Washington, D.C.</i>									

No. A5 000584

Departmental Records Branch, AGO  
210 North Lee Street  
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TRANSFER COUPON

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NOTE THAT FILE OF:

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DIVISION, BRANCH, SECTION, BUILDING AND ROOM NO.

DATE

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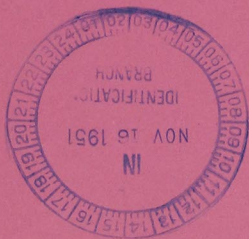
WD AGO FORM 543 1 MAY 1946 Replaces WD AGO Form 06-33 which may be used until exhausted

**DEPARTMENT OF THE ARMY  
THE ADJUTANT GENERAL'S OFFICE  
WASHINGTON**



**DEPARTMENTAL RECORDS BRANCH, A.G.O.**

Departmental Records Branch, AGO  
215 North Lee Street  
Alexandria, Virginia



539-1 205

1

USMC MARGRATEN  
BLOCK 0 ROW 9 GRAVE 12  
DATE OF BURIAL 26 APR 49  
VERIFIED BY: *[Signature]*

DISINTERMENT DIRECTIVE

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
4650 15574

DATE  
15 03 49  
DAY MONTH YEAR

NAME  
SUNDE HARLAND V

SERIAL NUMBER GRADE ARM  
T-61036 FL 0 1

RACE RELIGION  
1 1

CEMETERY  
MARGRATEN HOLLAND

PLOT ROW GRAVE  
YY 12 285

DISPOSITION OF REMAINS  
4601 80  
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN FLAG SENT: 27 April 1949.

NAME AND ADDRESS OF CONSIGNEE  
MARGRATEN, HOLLAND

NAME AND ADDRESS OF NEXT OF KIN  
DOLORES I. SUNDE (SISTER)  
4426 IOWA STREET  
SAN DIEGO, CALIFORNIA

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY  
 REMAINS USAAF  
 MARKER NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

ASN corr (Hq.AGRC)

REMAINS PREPARED AND PLACED IN CASKET

DATE BY EMBALMER (Signature)

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED 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 AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

FILE  
17 JUN 1949  
REPATRIATION  
BRANCH  
MEM. DIV.

QMC FORM 1194  
REV 11 FEB 48

FINAL LETTER SENT 7 JUN 1949

1293

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

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

GMV

1

### DISINTERMENT DIRECTIVE

SECTION A— NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER	DATE
NAME <b>SUNDE HARLAND V</b>				SERIAL NUMBER <b>T-061036</b>	FL <b>0 1</b>
CEMETERY				DAY	MONTH
PLOT				ROW	GRAVE
<b>YY</b>				<b>12</b>	<b>285</b>
COUNTRY				<b>MARGRATEN HOLLAND</b>	

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 <b>HARLAND V SUNDE</b>	SERIAL NUMBER <b>T - 061036</b>	RANK <b>FL 0</b>	DATE OF DEATH <b>24. SEPT. 48</b>	DATE DISINTERRED
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION <b>GRS</b>	RELIGION <b>P</b>	IDENTIFICATION VERIFIED BY <b>CLYDE B. SPINKS, CAPT. INF.</b>	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL <b>UNIFORM</b>	CONDITION OF REMAINS <b>ADVANCED DECOMPOSITION, REMAINS COMPLETE</b>
OTHER MEANS OF IDENTIFICATION <b>NONE</b>	
MINOR DISCREPANCIES <b>NONE</b>	
REMAINS PREPARED AND PLACED IN CASKET DATE <b>28. SEPT. 48</b>	BY <b>WILFRED D. HARRIS, EMBALMER</b>
CASKET SEALED BY <b>WILFRED D. HARRIS</b>	EMBALMER (Signature) <b>WILFRED D. HARRIS</b>
CASKET BOXED AND MARKED DATE <b>28. SEPT. 48</b>	BY <b>STANLEY E. GAJEWSKI, CLERK RECORDER</b>
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 <b>WILLARD B. OWEN, CAPT. INF.</b>	

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.  
I CERTIFY that the typed names appearing above are the same as the original signatures on the No. 4 copy of F-1194 concerned.

*Raymond D. Johnson*  
*1st Lt, Inf*



RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
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

7 June 1949

293 Flt O Harland V Sunde, ASN T-61036  
 Plot O, Row 9, Grave 12  
 Headstone: Cross  
 Margraten (Holland) U. S. Military Cemetery

Mrs. Dolores I. Sunde  
 4426 Iowa Street  
 San Diego, California

Dear Mrs. Sunde:

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

JUN 8 12 32 PM '49  
 H. FELDMAN

vb

REGISTER OF DENTAL PATIENTS AT

Hendricks Field, Sebring, Fla.

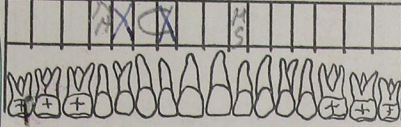
(1) SURNAME	(2) CHRISTIAN NAME		
Sunde, Harland V.	T-61036 5-27		
(3) RANK	(4) COMPANY		
F/Off.	CCTW (Student Offi		
(6) AGE, YEARS	(7) RACE	(8) NATIVITY	(9) SERVICE, YEARS
21	W.	Minn	11/12

DENTAL IDENTIFICATION RECORD	(10) DISEASE OR INJURY WITH SEQUELAE, ETC.
	(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS
	(12) RESULTS AND REMARKS

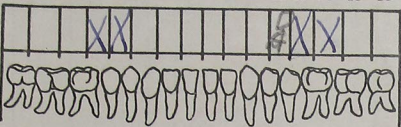
Dental Corps, U. S. A.

\*REPORT OF DENTAL SURVEY

O MO  
 A 5 Do  
 A 5 Right Left A A A  
 8 7 6 5 4 3 2 1 2 3 4 5 6 7 8



LOWER TEETH  
 O Mod  
 A A Right Left  
 16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16



CLASS IV

Occlusion fair: Calculus: Slight, Medium, Heavy

Periodontoclasia no

Dental foci suspected: Yes No

Other conditions

Date 6/23/43, 19\_\_\_\_  
Charles F. Elden Jr.  
 Capt 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
---

# PHYSICAL EXAMINATION FOR FLYING

(See AR 40-100, 40-105, 40-110)

241  
 1. Sunde, Harland Vernon Aviation Student T. 61036 Enl. 2  
 (Last name) (First name) (Middle initial) (Grade and arm or service) (Serial No.) (Age) (Years service)  
17001123 21 A/S 2/12

2. Turner Field, Albany, Georgia For Appointment & September 30, 1942 Qualified.  
 (Address) (Purpose of examination) (Date and result last examination)  
Active Duty

(Aeronautical ratings) Flying time as: Pilot 130:00; observer 00:00; pilot 130:00; observer 00:00  
 (Total) (Total) (Last 6 mos.) (Last 6 mos.)

3. Temperature 99.6 Vaccinations: Typhoid series, No. 3 Last Jan.; smallpox Jan.; reaction Immune  
 (Date) (Date)

4. Medical history.  
 (In the case of applicant include family. Has he ever had epilepsy, enuresis, headaches, dizziness, vertigo, fainting, stammering, tic, somnambulism, pavor nocturnus, migraine, insomnia, phobias, anxiety trends, irritability, apathy, elation, depression, sensory disturbances, amnesia, spasms, unconsciousness, repeated episodes of alcoholism, encephalitis, pneumonia, syphilis, renal calculi, tuberculosis, asthma, hay fever, repeated colds, mastoiditis, sinusitis, tonsillitis, arthritis in any form, malaria, severe injuries, major operations, or other pertinent history? Explain fully.)  
Usual childhood diseases. Denies all else.

5. Eye: Inspection Normal Nystagmus None

6. Associated parallel movements Normal Pupils: Equality Equal Reaction Normal

7. Visual acuity: R. E., 20/ 20, correctible to 20/ 20 L. E., 20/ 20, correctible to 20/ 20

8. Depth perception (uncorrected) 2 mm. With correction 2 mm.

9. Heterophoria at 6 meters: Eso 0 Exo 3 R. H. 0 L. H. 0 Prism divergence 7

10. Red lens test Negative Angle convergence: PcB 45 mm. Pd 65 mm 72

11. Accommodation: R. 10.0 D. L. 9.0 D. Addition required for 50 cm. R. 0 L. 0  
 (Jaeger type): Right J. 1-15, correctible to J. 0; Left J. 1-15, correctible to J. 0

12. Color vision Normal AOC book

13. Field of vision (form): R. Normal L. Normal Ophthalmoscopic: R. Normal L. Normal

14. Refraction: R. reads 20/20 with On record CAx 0 L. reads 20/20 with On record CAx 0

15. Ear: History of ear trouble Denies

16. External ear: R. Normal L. Normal Membrana tympani: R. Normal L. Normal

17. Hearing (whisper): R. 20 /20. L. 20 /20. Audiometer (percent loss): R. 0 L. 0

18. Nares Normal Tonsils Normal

19. Teeth:  
 (a) 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  
 Indicate: Restorable carious teeth by O; nonrestorable carious teeth by X; missing natural teeth by .

(b) Remarks, including other defects None

(c) Prosthetic appliances None (d) Classification IV

20. History of swing, train, air, or sea sickness Denies

21. Barany chair (when indicated with results) Not indicated

22. Posture Good Figure Medium Frame Medium  
 (Excellent, good, fair, bad) (Slender, medium, stocky, obese) (Light, medium, heavy)

23. Height 70 inches. Weight 161 pounds. Chest: Inspiration 33 Expiration 34 Rest 35 Abdomen 29

24. Skin and lymphatics Normal Endocrine system Normal

25. Bones, joints, muscles Normal Feet Normal

26. Heart Normal

27. Pulse rate 76-80 B. P.: S110-122 D. 74-78 Schneider 4.15 Pulse immediately after exercise 100  
 Two minutes after exercise 70 Character Full and regular

28. Arteries Normal Varicose veins None

<sup>1</sup> Semiannual, appointment as cadet, commission in the Air Corps, commission in Air Corps Reserve, transfer to the Air Corps, or any other special contract.  
<sup>2</sup> I, II, III, or IV; see par. 3, AR 40-510.

"EXHIBIT C"

FILE  
 IDENTIFICATION  
 610-22281-1  
 UCB



20

# QUEST FOR DISPOSITION OF REMAINS

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

DATE:

F/O Harland V. Sunde, T-61036  
Plot YY, Row 12, Grave 285  
United States Military Cemetery  
Margraten, Holland

*PHEND*  
AUG 5 1948

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, Dolores V. Sunde

(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

- WIDOW
- FATHER
- WIDOWER
- MOTHER
- SON OVER 21 YEARS OLD
- BROTHER OVER 21 YEARS OLD
- DAUGHTER 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. Margraten, Holland
- 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

15 Jan 48 - Sec 1 - Rec 13 Oct

Coded 3-21-49

L. Scott

DVP

MAR 2 9 1948

DD FORM 13 NOV 1944 345 MILITARY

MAR 1 9 1948

PAGE 1

L. Smith  
19 Mar



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.)

none

See P. 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.

Dolores I. Sunde      4426 Iowa St.  
(SIGNATURE OF NEXT OF KIN)      (STREET AND NUMBER)  
Dolores I. Sunde      San Diego Calif.  
(NAME PRINTED OR TYPED)      (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 6 day of October,  
 1948, at city (or town) of San Diego, county of San Diego, and State (or Territory) of  
California  
 District of \_\_\_\_\_

\*NOTE.—Page 4 is part of the notarial attestation. My comm. expires Jan. 21, 1950

Agnes L. Jamieson  
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)  
Notary Public for San Diego Co. Calif.  
(OFFICIAL TITLE)

If you are the next of kin and

I, THE \_\_\_\_\_ NAMED IN PART I OF THIS FORM AS THE NEXT EXISTING PERSON

LAST NAME
RELATIONSHIP TO THE DECEASED
NUMBER AND STREET

WHOM I UNDERSTAND SHALL

(SIGNATURE)

(NAME)

If you are NOT the next of kin

THIS IS TO NOTIFY YOU THAT THE PERSON NAMED ON PAGE 1 OF THIS FORM SHOULD BE DIRECTED.

LAST NAME
RELATIONSHIP TO THE DECEASED
NUMBER AND STREET

(NAME)

**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)

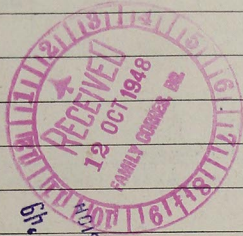
\_\_\_\_\_ (SIGNATURE) \_\_\_\_\_ (STREET AND NUMBER)

\_\_\_\_\_ (NAME PRINTED OR TYPED) \_\_\_\_\_ (CITY AND STATE)

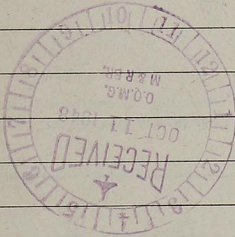
ADDITIONAL REMARKS AND INSTRUCTIONS

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

I enclose certified copies of the death records of my father and my mother,  
Raymond M. Sunde and Ruth Sunde.



RECORDS SECTION  
MAY 21 9 55 AM '49  
FEDERAL BUREAU OF INVESTIGATION



MINNESOTA STATE DEPARTMENT OF HEALTH  
Division of Birth and Death Records and Vital Statistics

Dist. No. \_\_\_\_\_ Registered No. 1815  
to be inserted by registrar

CERTIFICATE OF DEATH

1 PLACE OF DEATH: STATE OF MINNESOTA  
County: HENNEPIN  
Township: 061  
Village: MINNEAPOLIS  
City: MINNEAPOLIS  
No. MINNEAPOLIS GENERAL HOSPITAL St.  
(If hospital or institution give its NAME instead of St. and No.)  
Length of stay: \_\_\_\_\_  
In hospital or institution \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 2 days  
In this community 3 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days  
(If residence within limits of city or incorporated village)

2 USUAL RESIDENCE OF DECEASED (If an institution, give place of residence prior to admission)  
State: MINNESOTA  
County: HENNEPIN 062  
Township: \_\_\_\_\_  
Village: MINNEAPOLIS  
City: MINNEAPOLIS  
No. 895-22 Ave. So.

3 FULL NAME Ruth Sunde 283 Sunde, Harold V. T. 6103

4 (a) SOCIAL SECURITY NO. 477-18-6671 4 (b) IF VETERAN, Name War NO

5 SEX Female 6 COLOR OR RACE White 7 Single, Married, Widowed or Divorced (Write the word) Widowed

8 (a) IF Married, Widowed or Divorced, NAME OF HUSBAND OR WIFE Raymond Wilson Sunde 8 (b) AGE if alive \_\_\_\_\_ years

9 DATE OF BIRTH (month, day, year) Feb. 24, 1904  
AGE Years 40 Months 4 Days 27 If less than 1 day, hrs. or min.

10 USUAL OCCUPATION Housewife 21  
11 INDUSTRY OR BUSINESS At Home

12 BIRTHPLACE (City or Town) Garden Township (State or County) Takka County, Minnesota

13 NAME Gustaf (Gustav) Anderson  
14 BIRTHPLACE (City or Town) Sweden (State or Country)

15 MAIDEN NAME Minnie Tweeter  
16 BIRTHPLACE (City or Town) Sweden (State or Country)

17 IS THE ABOVE TRUE TO THE BEST OF MY KNOWLEDGE Informant's Signature: Mrs. Alfred J. Smith Address: Montevideo, Minn., 121 No. 5th

18 Buried at Hillside Date 4/24, 1944 or Cemetery (Cremation No.—) \_\_\_\_\_  
19 Signature of Embalmer or Funeral Director: 1966 (City or Town) (County) (State)  
Albion W. Johnson F. D. Lic. No. 423  
Address: 1701 Chicago Avenue  
Firm Name: Albion Mortuary Company

20 Date Received 4-24-44 Signature of Local Registrar: Ruth E. Johnson Address: MINNEAPOLIS GENERAL HOSPITAL Date: APR 22 1944

21 I, Ruth E. Johnson, Deputy Local Registrar of Vital Statistics for the City of Minneapolis, Minnesota, hereby certify that the above is true and correct photo-copy of the record on file in the office of the Division of Public Health.  
Dated: SEP 21 1948  
Deputy Local Registrar

MEDICAL CERTIFICATION  
22 DATE OF DEATH Apr. 21, 1944  
23 I HEREBY CERTIFY: That I attended deceased from April 20, 1944 to APR. 21, 1944  
I last saw h. e. t. alive on APR. 21, 1944  
To the best of my knowledge, death occurred on the date stated above, at 5:15 p.m.  
Immediate cause of death: Myocardial infarction  
Due to: \_\_\_\_\_  
Due to: \_\_\_\_\_  
Other conditions: hypertension (Include pregnancy within 3 months of death) Physician Underline the cause to which death should be charged statistically.  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

Sunde, Harlan (2) T-61036



MINNESOTA STATE DEPARTMENT OF HEALTH  
Division of Birth and Death Records and Vital Statistics

Dist. No. \_\_\_\_\_ Registered No. 1499  
To be inserted by registrar CERTIFICATE OF DEATH

1 PLACE OF DEATH: STATE OF MINNESOTA  
 County: HENNEPIN  
 Township: 061  
 Village: MINNEAPOLIS  
 No. MINNEAPOLIS GENERAL HOSPITAL St.  
 (If hospital or institution give its NAME instead of St. and No.)  
 Length of stay:  
 In hospital or institution: 2 yrs. 11 mos. 14 days  
 In this community: 44 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days  
 2 USUAL RESIDENCE OF DECEASED: (If an institution, give place of residence prior to admission)  
 State: MINNESOTA  
 County: HENNEPIN 062  
 Township: \_\_\_\_\_  
 Village: MINNEAPOLIS  
 City: \_\_\_\_\_  
 No. 836 - 22nd Ave. So.  
 Is residence within limits of city or incorporated village? Y St.

3 FULL NAME: Raymond M. Sunde (RAYMOND MILTON SUNDE) 1518

4 (a) SOCIAL SECURITY No. 476-02-5553 4 (b) IF VETERAN, Some WAR: No  
 5 SEX: MALE 6 COLOR OR RACE: WHITE 7 Single, Married, Widowed or Divorced: WIDOWED (Write the word)  
 8 (a) IF Married, Widowed or Divorced, NAME OF HUSBAND OR WIFE: RUTH SUNDE 8 (b) AGE if alive: 40 Years  
 9 DATE OF BIRTH (month, day, year): Oct. 2nd, 1888  
 10 AGE: Years 44 Months 5 Days 25 If LESS than 1 year, hrs. or min.

11 USUAL OCCUPATION: Farming 30  
 12 INDUSTRY OR BUSINESS: On Farm  
 13 BIRTHPLACE (City or Town) (State or Country): Hennepin County Minnesota

14 NAME: Guatav Sunde  
 15 BIRTHPLACE (City or Town) (State or Country): Norway  
 16 MAIDEN NAME: Rea A. Wambal  
 17 BIRTHPLACE (City or Town) (State or Country): Norway

18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant's own Signature: Mrs. Ruth Sunde  
 Address: 835 - 22nd Ave. So.

19 Buried at: Hillside Date: 4/8/44  
 or Removed to: Cemetery (Cremation No. \_\_\_\_\_)  
 20 Signature of Embalmer or Funeral Director: Amurlo, Wambal Exp. Lic. No. 1866  
 Address: 1701 - Chicago Ave. D. Lic. No. 410  
 Firm Name: Algonquin Mortuary Co.

21 Date Received: 4-1-44 Signature of Registrar: Ruth E. Johnson  
 22 DATE OF DEATH: March 21, 1944  
 23 I HEREBY CERTIFY: That I attended deceased from: JANUARY 11, 1944 to: MARCH 21, 1944  
 I last saw him alive on: March 21, 1944  
 To the best of my knowledge, death occurred on the date stated above, at: 8:30 A.M.  
 Immediate cause of death: Acute glomerulonephritis  
 Other conditions (include pregnancy within 3 months of death): \_\_\_\_\_  
 Major findings of operations: As above  
 Of autopsy: 3. Surgical dissection of the heart, lungs, liver, stomach, and intestines.  
 24 If death was due to external cause, fill in the following:  
 (a) Accident, suicide, or homicide (specify): \_\_\_\_\_  
 (b) Date of occurrence: \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or Town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_ Write at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means: See Report Dr. George Fahr

25 Signature of Doctor: D.H. Taylor M. D.  
 Address: MINNEAPOLIS GENERAL HOSPITAL  
 I, Ruth E. Johnson, Deputy Local Registrar of Vital Statistics for the City of Minneapolis, Minnesota, hereby certify that the above is a true and correct photo-copy of the record on file in the office of the Division of Public Health.  
 Dated: SEP 21 1948  
 Signature: Ruth E. Johnson Deputy Local Registrar  
 Handwritten notes: NAT file 19/44 acc unit

*Xlunde, Harland V. - T-61036*



*g*





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

4 August 1948

*Bob*

In Reply Refer To: QMGMR 293 Sunde, Harland V., F/O, T-61036  
Plot YY, Row 12, Grave 285  
United States Military Cemetery  
Margraten, Holland

*XC 369 5528*  
*8-6-48*  
*8-1-B*

Date of Birth 14 September 1921

SUBJECT: Request for information re next of kin of above named deceased serviceman of World War II.

TO: Director, Dependents and Beneficiaries Claims Service  
Veterans Administration  
Washington 25, D. C.

For use in determination of final disposition of remains of the above identified deceased serviceman, it is requested that appropriate information be entered on the lower portion of this letter and that one copy of the completed letter be returned to this office.

1 Incl: *ox*  
Envelope

*Gerald F. Cunningham*  
GERALD F. CUNNINGHAM (ED)  
Captain, USAFR  
Memorial Division

Date August 31, 1948  
Veteran's  
Name SUNDE, Harland Vernon  
XC 3 695 528

Information in the VA case file indicates that the deceased serviceman was survived by the relatives listed below.

NOTE - A. Identify two persons in the following order or preference:

1. Widow
2. Male children over 21 years
3. Female children over 21 years
4. Father

B. If parent is listed, state whether natural, step-, adoptive or foster parent.

C. If no information is available concerning any surviving relatives, state "None".

Relationship:	Name	Address
WIDOW (If none, state "None"):	<u>none</u>	
: Has she remarried?		If so, is proof of remarriage on file?
Sister :	<u>Delores Sunde, 4426 Iowa Street, San Diego, Calif.</u>	
Aunt	<u>Mrs. Bernice Hovey, 3013 Nicollet Ave., Minneapolis, Minn.</u>	

*H. A. Campbell*  
H. A. CAMPBELL  
DIRECTOR  
Acting CLAIMS SERVICE  
(Address) Fort Snelling, St. Paul  
11, Minnesota

*345 Rec'd 20 Oct. 48*

*NA 11-11-48*  
*24 Oct. 1948*  
*Clayton*

RECEIVED  
SEP 2 1948  
FAMILY CENTER, RM.

RECEIVED  
SEP 3 1948  
D.O.M.G.  
Rm. 404

RECEIVED  
AUG 5 1948  
COMMUNICATIONS RM.  
Rm. 44

RECEIVED  
AUG 27 1948  
Veterans Records  
Section

RECEIVED  
AUG 30 1948  
SEPT. & REPT. PLANT  
BRANCH NO. 8

MAIL AND  
DISTRIBUTION  
SECTION

RECEIVED  
VETERANS ADMINISTRATION  
BRANCH OFFICE #8  
AUG 27 8 25 AM 1948  
O.G.M.G.  
MAIL & RECORDS BRANCH  
AUG 4 12 23 PM '48



THE AMERICAN NATIONAL RED CROSS

PACIFIC AREA

FRANCISCO 1, CALIFORNIA  
1550 SUTTER STREET

VIA AIR MAIL

*Handwritten notes in top left corner*

Repatriation Records Branch  
Disinterment locator Section  
Office of the Quartermaster General  
Department of the Army  
Washington 25, D. C.

DATE: October 8, 1948

Your Reference: QMGMR 293

*345  
R. 20 Oct 48*

FROM: (Miss) Cathryn Henna

Re: SUNDE, Harland V. F/O, T-61036  
~~Plot YY, Row 12, Grave 285~~  
U. S. Military Cemetery  
Margraten, Holland

*ms*

In compliance with your request of August 5, 1948 for an investigation in connection with the disposition of the remains of this deceased serviceman, we submit the following information:

*ND 2/2*

- 1. OQMG Form 345 has been submitted by Miss Delores Sunde, Sister  
(Name) (Relationship)  
4426 Iowa Street, San Diego, California, on 10/6/48  
(Address) (Date)
- 2. OQMG Form 345 will be submitted by \_\_\_\_\_, \_\_\_\_\_  
(Name) (Relationship)  
\_\_\_\_\_ on or about \_\_\_\_\_  
(Address) (Date)

3. Remarks: Your request of August 5, 1948 for a contact with the next of kin of the deceased serviceman was forwarded to this office by Midwestern Area, American Red Cross on September 2, 1948, it having been learned that the parents of the deceased serviceman had died shortly after the death of their son. This information, we understand, was relayed to you by Midwestern Area, the source of information being the chapter at Morris, Minnesota. It was learned that Miss Delores Sunde, sister of the deceased, qualified as next of kin. We wish to advise that she has been contacted and has executed the Form 345 which she submitted to you on October 6, choosing Option I. She included documentary evidence to prove her status as next of kin. Her address you will note is 4426 Iowa Street, San Diego, California.

*345 Rec'd 20 Oct 48  
A. W. Womley 24 Nov 48*

*Gertrude T. Parker*  
(Mrs.) Gertrude T. Parker  
Home Service Correspondent

*Cathryn Henna*  
(Miss) Cathryn Henna  
Director, Home Service  
Pacific Area

*File 700  
1207 48  
5-7-48*



PH  
A

RRE Form #43  
20 Sep 48

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

*[Handwritten signature]*

SUNDE	Harland	V.	FL O	T-61036
(Last Name)	(First Name)	(Initial)	(Rank)	(ASN)

Subject remains have been permanently interred overseas in the United States Military Cemetery MARGRATEN

STATION FILE

Incl #

376 SUNDE Harland Vind Harland V. U.S.A. 1  
Familien- u. Vorname: U. 2496

geboren am in: Kreis: 6816  
Truppenteil:

Dienstgrad: Sold. Flg. Flyer

Erkennungsmarke: T 61036 61 036

Tag des Todes 12.6.44 Ort des Todes Nieuw-Lekkerland angeschw. Beerdigt am  
12.6.44

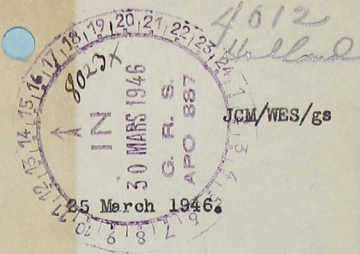
Lage und Nr. des Grabes: Cemetery at Nieuw-Lekkerland 2A (D06) HOLLAND  
Gen. Fakh. Nieuw-Lekkerland MA

Gemeldet durch: B.L. Ref. l. W.G.O. Wast. Trupp.-L. Bl.  
Gen. Dänig-Luft M. 2018/44 vom 12.8.44 R

Ret Margraten XX-12-285

place of death: washed ashore near Mieuw-Nekkerland

HEADQUARTERS SECOND FIELD COMMAND  
AMERICAN GRAVES REGISTRATION COMMAND  
APO 228 U.S. ARMY



AGRYO 298.9

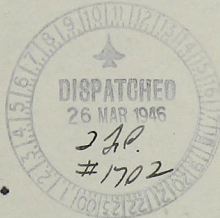
SUBJECT: Transmittal of German Registration Card.

TO : Commanding General, American Graves Registration Command, Theater  
Service Forces European Theater, APO 887, U.S. Army.

1. Transmitted herewith is German Registration Card for Sunde,  
Harland V. T-61036.

2. Report of Interment for subject deceased was forwarded to your  
Headquarters under case register number WZ-Holland 81.

FOR THE COMMANDING OFFICER:



*John C. Moran*  
JOHN C. MORAN  
Capt. QMC  
Adjutant.

Incl: s/s

Tel.: BRUSSELS - 12 18 48.



Case No. WZ 61land 81

4012

REPORT OF INVESTIGATION

AREA SEARCH

AGRC Form # 10 (Revised)

1 January 1946.

18 Feb. 1946  
Date

NAME Harland V. Sunde RANK Unknown ASN T-61036

ORGANIZATION Unknown

MEANS OF IDENTIFICATION Identification tags

(All statements above this line will be completed, upon final processing, by the clerical staff at the unit processing point.)

SECTION A - GENERAL (To be completed by investigators in all cases)

1. Was positive identity required for the deceased through the surface investigation? Yes If so, state the following information:

a. NAME Harland V. Sunde RANK Unknown ASN T-61036 42-43

b. ORGANIZATION U.S.A. A. F. O. P.

2. Was partial identification established? Not Applicable so, state the facts as to whom you believe the deceased to be:

a. NAME Not Applicable RANK Not Applicable ASN Not Applicable

b. ORGANIZATION Not Applicable

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY Right: Onsinnig Geliefd

Zoont Je en Broert de Piter de Kumer Gud 12 Jaer Overl. Tealbl, Dem 19 Oct. 43  
(Use reverse side for listing of crew members from EACH)

a. Date of above burials 19 Oct. 1943 Common Graves? NO

4. Void

5. Name and Type of Cemetery Algemeene Begraafplaats Civilian  
(Military or Civilian)

Map Ref. Northwest Europe 1:250,000  
Welcheren Amsterdam  
Sheets 2A&3A Nieuw-Lekkerland  
Algemeene Begraafplaats

6. Map Coordinates of the Cemetery D-97

a. Town Nieuw-Lekkerland Country Holland

7. Give exact location in cemetery of the remains.

a. Section Not Applicable Row Not Applicable Grave N-42

b. Is sketch attached? Yes

8. If remains are not located in a cemetery, give exact location.

- a. Town Not Applicable Coordinates Not Applicable
- b. Is sketch attached? Not Applicable
- c. Is area mined? Not Applicable

9. How is the grave marked? Rectangular Marker

10. If grave is marked with cross, give exact markings thereon \_\_\_\_\_

Harland V. Sande Minneapolis Gerlieerd Vliegier Ceshouveld 1. Dec. 1943

- a. From what source was this information obtained? Identification tags (identification tags, personal effects)
- b. By whom? Garrit Slob A. 96 Nieuw-Lekkerland

11. Where are the cemetery records? Kinderdyk in Town Hall (Town Hall, cemetery, bur. minister's office)

a. What information was contained thereon? Name HARLAN V. SANDE Date of death MINNAPOLIS  
6 BALLIEERD V. LIEGER  
 Date of burial of deceased 6 ESNHVELD 1 DEC. 1943

- b. Where was the information obtained? Identification tags
- c. By whom? H. Plaiser

12. What is the date of death? Sworn statement attached

- a. Give basis Sworn statement attached

13. What is the cause of death? Plane Crash

- b. Give basis \_\_\_\_\_

14. What is the date of burial? June 12, 1944

- a. Give Basis Sworn statements

15. What was the place of death? Nieuw-Lekkerland Coords D-97 Map Ref. Northwest Europe  
Amsterdam 1:250,000 Walcheren  
 Sheets 2A&3A  
 Nieuw-Lekkerland  
 Give basis Sworn statements attached Algemeene Begraafplaats

16. Where were the remains found? Water Coords 1:250,000 Map Ref. Northwest Europe  
Amsterdam 1:250,000 Walcheren  
 Sheets 2A&3A  
Nieuw-Lekkerland  
 a. By whom? Dirk Verhey A25 Nieuw-Lekkerland Algemeene Begraafplaats

- b. Is sketch attached? Yes

17. Was a casket used? Yes Who furnished the casket? Stam Civilian

Type of casket Plain How marked? NO Markings

18. Who made the burial? Two civilians and German Officer (Civilian, American Mil. or German Mil).

- a. What are the names and addresses? Stam A. 86 Nieuw-Lekkerland

Garrit Slob A96 Nieuw-Lekkerland

- b. Are certificates and statements attached? Yes

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SECTION B - AIR CORPS D.C. 55B (To be completed only if Deceased is believed to be a member of the A.F).

- 19. Were remains found in the plane wreckage? No
  - a. Give location in plane from which the bodies were removed Unknown  
(Tail gunner, pilot, radio, turret, etc., or front, side, of plane)
  - b. Near wreckage? Not Applicable
- 20. Scene of crash must be investigated. Give complete results of investigation (if removed, state when and by whom)
  - a. Type of Plane 4 Engine
  - b. Markings and/or name of plane Unknown
  - c. Give numbers on motors, machine guns, instruments, radios or other equipment Unknown
- 21. How did crash occur? ~~No~~ Shot Down Anti-aircraft No
  - Enemy Planes? Yes Collision? No
- 22. Did plane explode in the air? No On ground? No
- 23. Did plane burn in the air? No On ground? No
- 24. What was the direction of the flight? Northwest
- 25. What was the civilian opinion regarding destination of plane? Going to England
- 26. Had bombs been released prior to the crash? Yes
- 27. Does specific time and date of crash correspond with date of death of above named deceased? Yes
- 28. Number of planes in formation prior to crash Only one
- 29. State precise time and date of plane crash Dec. 1, 1943 1320 Hours  
(night? Day?)
- 30. Were parachutes seen? No How many? None Escaped? None  
Prisoners? 7

SECTION C-- ARMORED CORPS DECEASED (To be completed only if deceased is believed to have been a member of the Armored Force).

- 31. Were remains found in wreckage of a tank?
  - a. Give specific position in tank from which deceased was removed.  
(Radio man, driver, assistant driver or ....front, side, or back)
  - b. Near wreckage?
- 32. Location of destroyed tank must be investigated. Give complete results of investigation. (if removed, state when and by whom)
  - a. Type of tank
  - b. Markings and/or name of tank

c. Numbers on motors, machine guns, ammunition, instruments, etc \_\_\_\_\_

33. What was the type of enemy action that resulted in the tank's  
disablement? \_\_\_\_\_

34. Did tank explode? \_\_\_\_\_ Burn? \_\_\_\_\_

35. Number of tanks in immediate vicinity at time of disablement \_\_\_\_\_

36. Does specific time and date of disablement correspond with date of  
death of above named deceased? \_\_\_\_\_

37. Precise time and date of disablement of tank \_\_\_\_\_  
(Night? Day?)

38. Did any of the crew members escape? \_\_\_\_\_ Prisoners? \_\_\_\_\_

SECTION D - OTHER BRANCH (To be filled out if B & C are not applicable)

39. Did death occur from any other means (i.e., truck, jeep, mines,  
drowning, or small arms fire) \_\_\_\_\_

40. State the specific clues and evidence that were obtained in securing  
the name and facts regarding the above listed deceased \_\_\_\_\_

SECTION E - GENERAL (To be completed by investigation in all cases)

41. Were personal effects recovered by the investigation team? no  
if not, state reason None found

a. Were identification tags found at the time of death? Yes

Where? On body By whom? G. Slob A.96 Nieuw-Lekkerland

Present disposition Not With body

If deceased is not identified, personal effects will not be forwarded  
to FE Depot, but will remain with this form until final identification  
is made, or investigation is abandoned.

b. Were personal effects found at the time of death? No

Where? Not Applicable By whom? Not Applicable

Present disposition Not Applicable

c. Was deceased identified by living members of the crew at the  
time of death? No

d. Did Cemetery register or cross indicate the immunization shot? Yes

42. Was deceased given first aid? No If so, where? Not Applicable

By whom? Not Applicable statements from the medical people attached?

Not Applicable

43. Was deceased evacuated to a German civilian hospital? No

Where? Not Applicable Names of people concerned Not Applicable

4012

- 44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? No
- 45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains? Decomposed  
(Burned? Decapitated? etc)
- 46. Do facts surrounding death show any evidence that it might be an atrocity case? No
  - a. If so, give basis for positive assumption Not Applicable  
Not Applicable
  - b. If so, has higher headquarters been notified? Not Applicable
- 47. Was case previously investigated? No By whom? Not Applicable  
When? Not Applicable
- 48. Give full names, addresses, and information obtained from each person interviewed  
Sworn statements attached
- 49. Are all positive statements regarding identification and particulars surrounding death attached? Yes
- 50. Has any information been given concerning isolated burials in the area outside the immediate vicinity? No
- 51. Was investigation preceded by advanced publicity? Yes  
(If special investigation, give case number) Not Applicable
- 52. Give Brief Narrative Sworn statements attached  
  
(Use attached sheets, if necessary)

[Signature]  
Signature of Interpreter

Rank \_\_\_\_\_ ASN \_\_\_\_\_

Organization \_\_\_\_\_

[Signature]  
Signature of Investigator

[Signature] 39423958  
Rank \_\_\_\_\_ ASN \_\_\_\_\_

6883 G. B. Co.  
Organization

LUCHTBESCHERMINGSDIENST der GEMEENTE Nieuw-Lekkerland

NIEUW - LEKKERLAND  
=====4012  
R A P P O R T inzake neerstorten Geallieerd vliegtuig  
in de Gemeente Nieuw-Lekkerland

Op Woensdag, 1 December 1943, om 13.10 uur werd mij telefonisch medegedeeld dat een geallieerd vliegtuig was neergestort in de rivier de Lek in deze gemeente op ongeveer 2 KM afstand van de grens Nieuw-Lekkerland-Streefkerk. Onmiddellijk werden de noodige maatregelen genomen.

Het vliegtuig lag geheel onder water in de rivier en was niet meer zichtbaar.

Daar geen slachtoffers of gewonden onder de burgerbevolking, waren, geen schade of brand aan gebouwen werd veroorzaakt had de reddings- en transportcolonne der luchtbescherming zich geheel te bepalen bij de bemanning en werd derhalve direct naar de plaats van het ongeval gezonden, teneinde hulp aan deze bemanning te verlenen.

Van de bemanning werden 7 personen door middel van roeibootten uit het water gehaald: deze werden ondergebracht in een dichtbijzijnde boerderij en een cafe alwaar de gewonden werden geholpen en verbonden door de doktoren uit deze gemeente en een dokter uit de aangrenzende gemeente Streefkerk bijgestaan door de leden der luchtbeschermingsdienst.

Van de geredde bemanning waren 2 ernstig gewond, 3 minder ernstig en 1 lichtgewond, terwijl 1 geen letsel had bekommen.

Volgens de verklaring van de Marechaussee, die ook ter plaatse was, had het vliegtuig een bemanning van 10 personen, waaruit dan valt op te maken dat 3 personen zijn verdronken.

De rivierpolitie van Krimpen a/d Lek bracht boven de plaats waar het vliegtuig was gezonken een baken aan en regelde het scheepvaartverkeer.

Zeer spoedig waren duitse autoriteiten ter plaatse, die de regeling overnamen en zorgden voor het overbrengen van de bemanning naar een ziekenhuis, vermoedelijk naar een lazaret in Gouda.

Nieuw-Lekkerland, 2 December 1943

Het Hoofd der Luchtbescherming,

voor eensluidend afschrift  
Het Hoofd der Luchtbescherming van  
Nieuw-Lekkerland,

14012  
A F S C H R I F T  
 R A P P O R T

inzake het vinden van een lijk op  
 12 Juni 1944.

Op Maandag, 12 Juni 1944, werd mij medegedeeld door den Opperwach-  
 meester der Marechaussee G. Slob, dat omstreeks 17.45 uur door Dirk Verhey  
 wonende te Nieuw-Lekkerland A. 25 een lijk van een manspersoon was gevonden  
 in het rietland liggende langs de rivier de Lek ter hoogte van de woning van  
 L. de Jong A. 27 te Nieuw-Lekkerland.

Het lijk is vermoedelijk een lid van de bemanning van het Amerikaansche  
 vliegtuig, hetwelk op 1 December 1943 op een afstand van ongeveer 500 Meter van  
 de vindplaats in de rivier de Lek is gestort en waarbij 3 personen zijn verdron-  
 ken. Een lederen jekker waarmede hij was gekleed was voorzien van een vleugeltje  
 aanduidende als behorende bij de luchtvaart.

Bij onderzoek door de marechaussee werd nog op hem gevonden een identi-  
 teitsplaatje met het volgende opschrift:

Harland v Sunde T-61036 T 42-43 O.

M R S Ruth- Sunde 835-22 ND.AVES

Minneapolis. Minn P

De Polizei-Offizier en de Ortskommandant (Feldgendarmerie) zijn met  
 de vondst van het lijk telefonisch in kennis gesteld.

Het lijk is gelegd in een houten ist en vervoerd naar het baarhuis op  
 de Algemeene Begraafplaats te Nieuw-Lekkerland.

Aldus door mij Burgemeester van Nieuw-Lekkerland opgemaakt, geteekend  
 en ondertekend dit rapport gedaan op den eed bij de aanvaarding zijner bedie-  
 ning afgelegd.

Nieuw-Lekkerland, 13 Juni 1944

De BURGEMEESTER,

w.g. F.M.A. v.d. Rovaart

Voor eensluidend afschrift,

de Secretaris van Nieuw-Lekkerland,

*Alairier*  
 A.S.



4012

Aan het Informatiebureau van het ned  
Nederlandsche Rode Kruis

te

's-GRAVENHAGE.

Uw brief van 11 Apr 45

Datum: 12 Mei 1945.

onderwerp: Graven van in Nederland omgekomen Militairen.

In antwoord op Uw bovenaangehaald schrijven, bericht ik U dat zich op de algemeene Begraafplaats te Nieuw-Lekkerland, het graf bevindt van een gesneuvelde Amerikaansche vliegenier.

Het lijk is op 12 Juni 1944 aan den oever van de rivier de Lek gevonden en is vermoedelijk afkomstig uit een op 1 December 1943 in de rivier neergestort Amerikaansch vliegtuig.

Op het lijk werd een identiteitsplaatje gevonden met het volgende op schrift:

Harland v Sunde T-61036 T 42-43 0

M R S Ruth - Sunde 835-22 ND.AVES

Minneapolis Minn P

Verdere gegevens zijn mij niet bekend.

De Burgemeester van Nieuw-Lekkerland,

w.g. F.M.A. van de Rovaart

Voor eensluidend afschrift de  
secretaris van Nieuw-Lekkerland,

*Stainier*  
s.s.





4012

Air raid Warning Service of Nieuw-Lekkerland.

On Wednesday, Dec. 1, 1943 around 13:10 hours, I was called and warned that an allied aeroplane had crashed in the river Lek at Nieuw-Lekkerland about 2 KM. distance from the border of Nieuw-Lekkerland and Streefkerk. Since there were no civilian accidents we went out with all our men to save the crew. From the crew we got 7 men out of the water by boat. We put them in a farmhouse and a cafe where a doctor gave them first aid. From the crew there were two men seriously wounded, 3 men badly wounded, 1 man wounded and one man not wounded.

The police man, who was also there, said that the aeroplane had a crew of 10 men, so that is the way we figured out that three men must have drowned. The river police put signs out where the aeroplane was lying to warn ships "aeroplane below".

The Germans were at the place of the accident in no time and they took care of the transportation to the hospital. I believe they were sent to Gouda.

Signed Broers.

True Translation.

True certified copy.

John W. McColgan

2nd. Lt. Inf.

4012

In case of finding body on June 12, 1944

On Monday June 12, 1944, Policeman G. Slob told me that Dirk Verhey found a body of a man around 17:45 hours, laying ashore of the rive Lek near the house of L. de Jong. A 27 Nieuw-Lekkerland. D. Verhey lives at A 25 Nieuw-Lekkerland. The body is possible one of the crew of the American bomber which came down in the rive Lek on Dec. 1, 1943. About 500 meters from the place we found the body. Of the crew three men drowned. He was dressed with a leather jacket on which was a wing from the airforce.

The Policeman found a dog-tag on him that said:

~~Harland/~~

Harlan V. Sunde T-61036 T 42-43 0  
Mrs. Ruth Sunde 835-22 Nd. Aves  
Minneapolis, Minn. P.

The German Police Officer and the Town Major were told by telephone that a body was found. The body was put in a wooden box and transported to the morgue on the Algemene Begraafplaats at Nieuw Lekkerland.

Signed by the Burgomeister  
of Nieuw Lekkerland

F.M.A. v.d. Rovaart

To the Information-office of the  
Netherlands Red Cross  
at

den Haag

Your letter from April 11, 1945  
Concerning: Graves from dead soldiers in Holland

Date May 12, 1945

In answer to your letter, I inform you that there is a grave of an American soldier on the Algemene Begraafplaats at Nieuw Lekkerland.

The body was washed ashore on June 12, 1944, and we believe that it is one of the crew of the U.S. Aeroplane which came down on Dec. 1, 1943.

Harland V. Sunde T-61036 T42-43 0  
Mrs. Ruth Sunde 835-22 Nd. Aves  
Minneapolis, Minn. P.

More details are unknown.

The Burgomeister of Nieuw-Lekkerland  
W.S.F.M.A.v.d. Rovaart

A True Translation

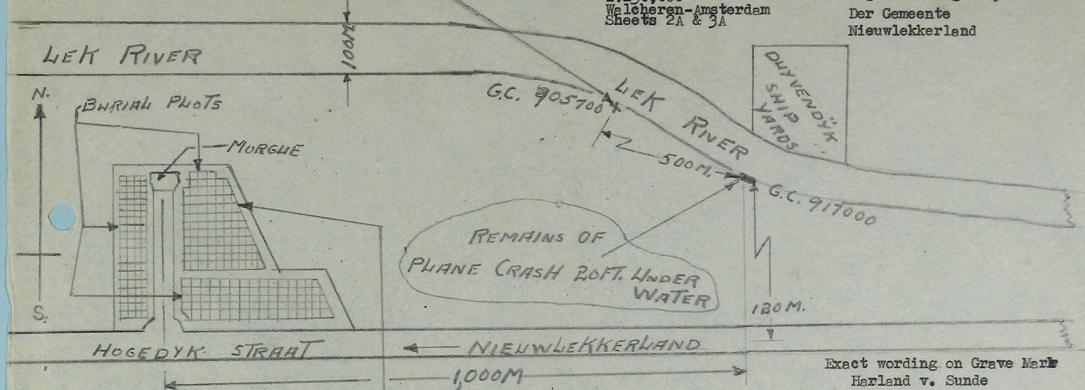
A Certified True Copy

John W. McColgan  
2nd Lt. Inf.

BODY RECOVERED HERE

Map Ref. Northwest Europe  
1:250,000  
Wolcheren-Amsterdam  
Sheets 2A & 3A

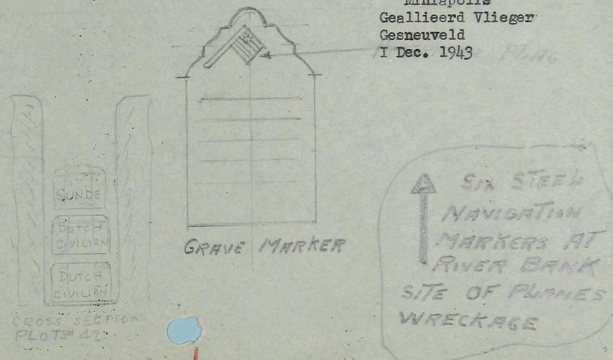
Nieuwlekkerland D-97  
Algemeene Begraafplaats  
Der Gemeente  
Nieuwlekkerland



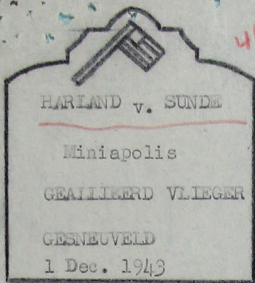
HARWARD SUNDE

BURIED IN PLOT No. 42.

	20	21	44		
	19	22	43	45	66
	18	23	42	46	65
	17	24	41	47	64
1.	16	25	40	48	63
2	15	26	39	49	62
3	14	27	38	50	61
4	13	28	37	51	60
5	12	29	36	52	59
6	11	30	35	53	58
7	10	31	34	54	57
8	9	32	33	55	56



4012

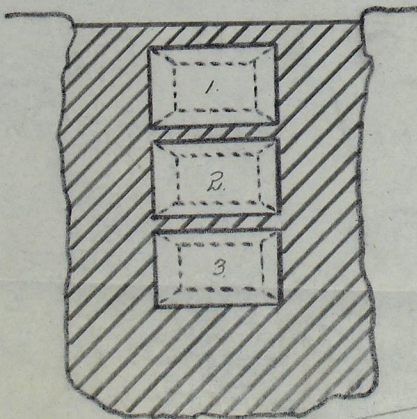


Plot #42

20	21	44						
19	22	43	45	66	67	88	89	
18	23	X	46	65	68	87	90	
17	24	41	47	64	69	86	91	
1	16	25	40	48	69	70	85	92
2	15	26	39	49	62	71	84	93
3	14	27	38	50	61	72	83	94
4	13	28	37	51	60	73	82	95
5	12	29	36	52	59	74	81	96
6	11	30	35	53	58	75	80	97
7	10	31	34	54	57	76	79	98
8	9	32	33	55	56	77	78	99

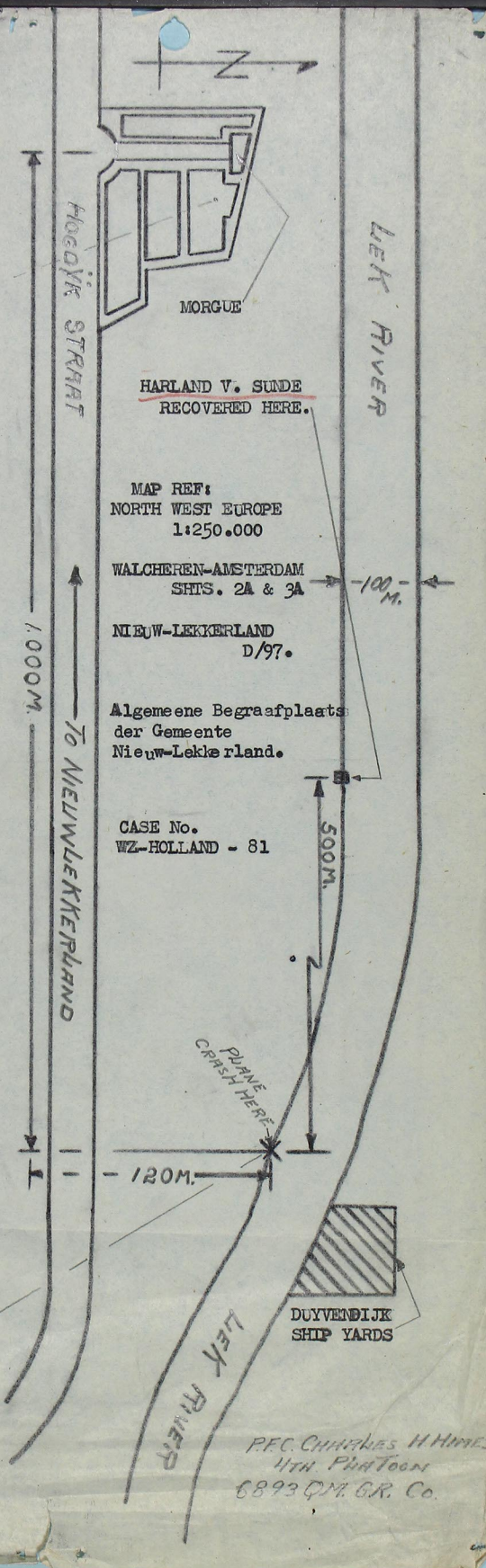
Plot #42 is a triple Burial. Harland V. Sunde is Grave number 1. Graves #2 and #3 beneath Harland V. Sunde are Dutch civilians. Sketch below is an end view of triple burial.

TOP VIEW



Steel Navigation Marker Placed at site of remains of Plane Wreckage. Reason: Wreckage is a menace to shipping. Marking is a warning for shipping to stay clear.

HOLLAND #81



HARLAND V. SUNDE  
RECOVERED HERE.

MAP REF:  
NORTH WEST EUROPE  
1:250.000

WALCHEREN-AMSTERDAM  
SHTS. 2A & 3A

NIEUW-LEKKERLAND  
D/97.

Algemeene Begraafplaats  
der Gemeente  
Nieuw-Lekkerland.

CASE No.  
WZ-HOLLAND - 81

DUYVENDIJK  
SHIP YARDS

PFC CHARLES H. HINES  
11TH PHOTO  
6893 QM. GR. Co.

HOLLAND 2A

U-2996

REPORT ON SHOT-DOWN AIRCRAFT

DATE AND TIME AIRCRAFT  
WAS SHOT DOWN: 12 June 1944

PLACE OF CRASH: Body was washed ashore near Nieuw-Lekkerland

TYPE OF AIRCRAFT: ./.

REPORTING OFFICE: Air Force Prisoner of War Concentration point  
Netherlands.

## CREW

SURNAME, AND  
FIRST NAME : SUNDE, Harland V.

DATE OF BIRTH: ./.

RANK: ./.

SERIAL NUMBER: T-61036

CAPTURED: WOUNDED: DEAD: Yes

DISTRIBUTION: WHICH CAMP: ./ TYPE OF INJURY: ./.

GRAVE LOCATION: Community Cemetery at Nieuw-  
Lekkerland

D96

REMARKS: ./.

Dulag Luft, 10 Aug 1944 wo.

Margraten Y- 12. 285



THE AMERICAN NATIONAL RED CROSS  
MIDWESTERN AREA  
1709 WASHINGTON AVE., ST. LOUIS 8, MO.

September 2, 1948

Memorial Division  
Department of the Army  
Office of the Quartermaster General  
Washington 25, D. C.

Re: RR Br: QMGR 293

SUNDE, Harland V. F/O  
T-61036  
Plot II, Row 12, Grave 285  
U. S. Military Cemetery  
Margraten, Holland

Gentlemen:

Following receipt of your request for completion of Form 345 in the above case, we have learned from our chapter in Minnesota that the parents of the deceased serviceman died shortly after their son's death.

Since the sister, Miss Delores Sunde, is currently living at 4426 Iowa Street, San Diego, California, we are referring the case to our Pacific Area for their appropriate action.

Sincerely yours,

*Janet Neel*  
(Miss) Janet Neel  
Director, Home Service

Dictated 9/2

*Attached opt 4 - acc. 309448*

*9/15/48  
File copies Bu  
copy Paul  
Krumholz*

THE AMERICAN NATIONAL RED CROSS

MIDWESTERN AREA

Washington, D. C.

September 2, 1946



Memorial Division  
Department of the Army  
Office of the Quartermaster General  
Washington 25, D. C.

Gentlemen:

Following receipt of your request for completion of Form 255 in the above case, we have learned from our master in Minnesota that the parents of the deceased serviceman died shortly after their son's death.

Since the sister, Miss Delores Bonds, is currently living at 4800 Iowa Street, San Diego, California, we are returning the case to our Pacific Area for their appropriate action.

Sincerely yours,

(Miss) Janet East  
Director, Home Service

Enclosed 2/3



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

att

In Reply Refer to RR Br: QMGMR 293 Sunde, Harland V., F/O, T-61036  
Plot 11, Row 12, Grave 285  
United States Military Cemetery  
Marcaten, Holland

Miss Janet Neel, Home Service Director  
Midwestern Area, American Red Cross  
1709 Washington Avenue  
Saint Louis 3, Missouri

AUG 5 1948

Dear Miss Neel:

Efforts of this office to contact the Next of Kin of the above-named deceased have failed, in that letters have been returned by Postal Authorities as undeliverable. This office is desirous of obtaining the wishes of Mr. Ray H. Sunde,

(name)  
father whose last known address was \_\_\_\_\_  
(relationship)  
Alberta, Minnesota, in connection with  
disposition of remains of the decedent. Your assistance in resolving this case will be greatly appreciated.

The following additional information is furnished in hope that it will be of assistance to your representative in completing the case.

- a. Date of latest communication from above named Next of Kin at address as listed none
- b. Race & Religion of deceased White - Protestant
- c. Organization 381st Bomb Group (H)
- d. Date, Place and Cause of Death 1 December 1943; European Area; killed in action.
- e. Other members of deceased family:

Relationship	Name	Address
<u>Mother</u>	<u>Mrs. Ruth Sunde</u>	<u>835 - 22nd Avenue, South Minneapolis, Minnesota</u>

10 54 AM '48  
RECORDS BRANCH

In the course of investigation, it may be found that the above named individual is no longer the legal Next of Kin by reason of death, remarriage or incompetency. If so, an appropriate legal document will be necessary to substantiate these facts in order that the next person in line of kinship may be established as authorized to direct disposition of the remains. It will be appreciated if your representative will assist the Next of Kin in securing such documents that may be necessary. The attached OQMG Form 345 should be accomplished by the legal Next of Kin and returned with legal documents if required as stated above.

In the event this case cannot be resolved, it is respectfully requested that this office be furnished a statement covering your investigation and indicating persons or agencies contacted.

Sincerely yours,

JOHN O. HYATT  
Colonel, QMG  
Memorial Division

- 4 Incls 208
- Incl 1 - OQMG Form 345
- Incl 2 - Envelope
- Incl 3 - Booklet
- Incl 4 - Cemetery List

mlg



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

In Reply Refer to RR Br: QMGR 293 SUNDE HARLAND V-F/O-T-61036  
PLOT 44, ROW 12, GRAVE 285  
U.S. MILITARY CEMETERY  
MARGRATEN, HOLLAND

*are*  
*Midwestern area*

Efforts of this office to contact the Next of Kin of the above-named deceased have failed, in that letters have been returned by Postal Authorities as undeliverable. This office is desirous of obtaining the wishes of RAY M.  
(name)

SUNDE - FATHER whose last known address was  
(relationship)  
HERBERTA MINNESOTA, in connection with disposition of remains of the decedent. Your assistance in resolving this case will be greatly appreciated.

The following additional information is furnished in hope that it will be of assistance to your representative in completing the case.

- a. Date of latest communication from above named Next of Kin at address as listed NONE.
- b. Race & Religion of deceased WHITE-PROTESTANT.
- c. Organization 381 Bomb Group (H).
- d. Date, Place and Cause of Death 1 Dec. 43, EUROPEAN AREA, Killed in Action.
- e. Other members of deceased's family:

Relationship	Name	Address
Mother	Ruth Sunde	835-22 <sup>nd</sup> AVENUE, South MINNEAPOLIS, MINNESOTA

In the course of investigation, it may be found that the above named individual is no longer the legal Next of Kin by reason of death, remarriage or incompetency. If so, an appropriate legal document will be necessary to substantiate these facts in order that the next person in line of kinship may be established as authorized to direct disposition of the remains. It will be appreciated if your representative will assist the Next of Kin in securing such documents that may be necessary. The attached OQMG Form 345 should be accomplished by the legal Next of Kin and returned with legal documents if required as stated above.

In the event this case cannot be resolved, it is respectfully requested that this office be furnished a statement covering your investigation and indicating persons or agencies contacted.

Sincerely yours,

2 Incls.  
Incl 1 - OQMG Form \_\_\_\_\_  
Incl 2 - Envelope

JOHN O. HYATT  
Colonel, OMC  
Memorial Division

*J. Barker*  
*13 Aug 48*

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

4 August 1948

In Reply Refer To: QMGR 293 Sunde, Harland V., P/O, T-61036  
Plot YY, Row 12, Grave 285  
United States Military Cemetery  
Margraten, Holland

Date of Birth 14 September 1921

SUBJECT: Request for information re next of kin of above named deceased serviceman of World War II.

TO: Director, Dependents and Beneficiaries Claims Service  
Veterans Administration  
Washington 25, D. C.

For use in determination of final disposition of remains of the above identified deceased serviceman, it is requested that appropriate information be entered on the lower portion of this letter and that one copy of the completed letter be returned to this office.

1 Incl:  
Envelope

GERALD F. CUNNINGHAM  
Captain, USAFR  
Memorial Division

GFC  
EG

mlg

Date \_\_\_\_\_  
Veteran's Name \_\_\_\_\_  
XC \_\_\_\_\_

Information in the VA case file indicates that the deceased serviceman was survived by the relatives listed below.

NOTE - A. Identify two persons in the following order or preference:

1. Widow
2. Male children over 21 years
3. Female children over 21 years
4. Father

B. If parent is listed, state whether natural, step-, adoptive or foster parent.

C. If no information is available concerning any surviving relatives, state "None".

Relationship: \_\_\_\_\_ Name \_\_\_\_\_ Address \_\_\_\_\_  
 WIDOW  
 (If none, state "None"): \_\_\_\_\_  
 : Has she remarried? \_\_\_\_\_ If so, is proof of remarriage on file? \_\_\_\_\_

\_\_\_\_\_  
 : \_\_\_\_\_  
 : \_\_\_\_\_  
 \_\_\_\_\_

DIRECTOR  
CLAIMS SERVICE  
(Address) \_\_\_\_\_

Aug 11 1948 PM 4  
M & R

Faint, illegible text, likely bleed-through from the reverse side of the page.

REPATRIATION  
RECORDS BRANCH  
AUG 4 11 18 AM '48  
MEMORIAL DIVISION

ANALYST ACTION REQUEST FORM

Name <i>Sunde, HARLAND V.</i>	Grade <i>F10</i>	Serial Number <i>T-61 036</i>
----------------------------------	---------------------	----------------------------------

This case has been thoroughly analyzed and the following action is to be taken:

*Letter to VA for NOK + address*

*Date of Birth 14 Sept 21*

*Plot 7121, Row 12 Base 285  
US Military Cemetery  
Margraten, Holland*

Date <i>3 Aug 48</i>	Signature of Analyst <i>[Signature]</i>
Division <i>Mem</i>	Branch <i>RR</i>
	Section <i>LOG</i>

OJMG Form 1905  
6 May 1948

This form is to be filed in 293 File

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

*202*

IN REPLY REFER TO BURIAL OF  
Flt O Harland V. Sunde, T-61 036  
Plot YF, Row 12, Grave 285,  
United States Military Cemetery  
Margraten, Holland

15 January 1948

Mr. Ray M. Sunde  
Alberta, Minnesota

Dear Mr. Sunde:

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.

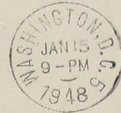
Sincerely,  
*Thomas B Larkin*  
THOMAS B. LARKIN  
Major General  
The Quartermaster General

Incls.

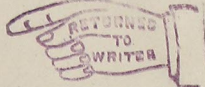
*Not present 3 Aug 48*  
*Flarkin*

*File - Pending Route  
70000000  
L 01 Sec - 2/13/48*

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON, D. C  
OFFICIAL BUSINESS



PENALTY FOR PRIVATE USE TO AVOID  
PAYMENT OF POSTAGE, \$300.  
(PMGC)



REASON CHECKED  
Undelivered...refused.....  
Unknown.....  
For better address.....  
Moved; Let no address.....  
No such office in state.....



POSTMASTER: If addressee has removed and  
new address is known, notify sender on FORM  
3547, postage for which is guaranteed.



RECEIVED  
JAN 23 1948  
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24

Flt O Herland V. Sunde, T-61 036  
Plot II, Row 12, Grave 285,  
United States Military Cemetery  
Mergraten, Holland

15 January 1948

Mr. Ray M. Sunde  
Alberta, Minnesota

Dear Mr. Sunde:

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.

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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 E. LARKIN  
Major General  
The Quartermaster General

Incl. 8

ve  
209

JAN 15 4 03 PM '48  
O.C.M.G.  
MAIL & RECORDS BRANCH



293

NAME SUNDE, HARLAND V.

ASN T-61036 RANK F/O

Cem MARGRATEN, Holland Changes made in information  
Forms #333 and A-Z are from  
Plot- YY- Row-12- GRAVE sources listed below:

285 PER-AGO.

OFFICERS NAME \_\_\_\_\_

DATE \_\_\_\_\_

FROM: RELATIONSHIP MOTHER

NAME SUNDE, RUTH. A

STREET 835-22nd AVE

CITY & STATE SOUTH. MINNEAPOLIS MINN.

TO: RELATIONSHIP FATHER

NAME SUNDE, RAY M

STREET \_\_\_\_\_

CITY&STATE ALBERTA MINNESOTA

NAT: FILE---

L.O.I. SENT JAN 15 1948

*Handwritten notes:*  
H \* 18 Jan '48  
7 files  
of long to

*Handwritten notes:*  
LOI - FATHER -  
New LOI sent to Father 15 Jan '48

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

IN REPLY REFER TO BURIAL OF

F/O Harland V. Sunde, T-61 036  
Plot YY, Row 12, Grave 285,  
United States Military Cemetery  
Margraten, Holland

5 December 1947

Mrs. Ruth Sunde  
835 22nd Avenue  
Minneapolis, Minnesota

Dear Mrs. Sunde:

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.

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Sincerely,

*Thomas B. Larkin*

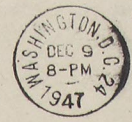
THOMAS B. LARKIN  
Major General  
The Quartermaster General

Incls.

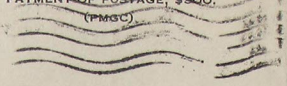
*New Ltr Snd to father 15 Jan. '48*

L. O. I. SENT JAN 15 1948

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON, D. C.  
OFFICIAL BUSINESS



PENALTY FOR PRIVATE USE TO AVOID  
PAYMENT OF POSTAGE, \$300.



*more down*



POSTMASTER: IF ADDRESSEE HAS REMOVED AND  
NEW ADDRESS IS KNOWN, NOTIFY SENDER ON FORM  
3547. POSTAGE FOR WHICH IS GUARANTEED.



F/O Harland V. Sunde, T-61 036  
 Plot YY, Row 12, Grave 285,  
 United States Military Cemetery  
 Margraten, Holland

5 December 1947

Mrs. Ruth Sunde  
 835 22nd Avenue  
 Minneapolis, Minnesota

Dear Mrs. Sunde:

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.

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Sincerely,

THOMAS B. LARKIN  
 Major General  
 The Quartermaster General

8 Incls.

shl

Dec 9 1 37 PM '47  
 O. O. H. G.  
 MAIL & RECORDS BRANCH

L.O.I. SENT JAN 15 1948

AFFPA-8

L. Daliker  
AFFPA-8/HAL/deh/CLLH  
Rm 5D-867 7/23/46293  
AAF 201 - (1661) Sunde, Harland V.  
(U 2996) T-61036

25 July 1946

Mrs. Ruth A. Sunde  
835 22nd Avenue, South  
Minneapolis, Minnesota

Dear Mrs. Sunde:

I am writing to you in reference to your son who gave his life in the service of his Country during the European conflict.

In an effort to furnish the next of kin with all available details concerning casualties among our personnel, the Army Air Forces recently completed the translation of several volumes of captured German records.

In regard to Flight Officer Harland V. Sunde, these records indicate that on 12 June 1944, his body washed ashore near Nieuw-Lekkerland (51° 54' N, 4° 42' E), Holland. These records further indicate that after having been recovered, his remains were interred in the Community Cemetery at Nieuw-Lekkerland.

The Quartermaster General in his capacity as Chief, American Graves Registration Service is charged with the responsibility of notifying the next of kin concerning grave locations of members of the military forces who are killed or die outside the continental limits of the United States. An official report obtained from the Quartermaster General states that the remains of your son have since been reinterred on 28 February 1946, in the United States Military Cemetery at Margraten, Holland, plot YY, row 12, grave 285. This cemetery is located ten miles west of Aachen, Germany.

May the knowledge of your son's valuable contribution to our cause sustain you in your bereavement.

Sincerely yours,

LEON W. JOHNSON  
Brigadier General, U.S. Army  
Deputy, AC/AS-1File  
25 JUL 1946  
me

OCMA FORM 356  
4 APR 46

TELEPHONE INFORMATION RECORD

DATE  
18 July 1946

TELEPHONE NUMBER AND BRANCH CALLED  
6484 - German Records, AAF

NAME OF PERSON PLACING CALL  
Capt. L'Heureux

CASE UNDER INVESTIGATION (X of Case Number)  
Macr - 1661  
Sunde, Harland V. T-61036

CEMETERY

INFORMATION REQUIRED  
Reburial

DATE CALLED BACK

PERSON GIVING INFORMATION  
HEP

INFORMATION RECEIVED

German Record Ltr.

Reinterred: 28 February 1946, U.S.Mil.Cem. Margraten, Holland,  
Plot YY, Row 12, Grave 285.

Paragraph: 13B

*Alvin I. Kochman*  
ALVIN I. KOCHMAN, Capt., AC

*Robert G. ...*  
Authorizing Officer, QMC.

*JL*  
*2/19/46*  
*Weninger*  
*NAT.*



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

SPQYG 293

Sunde, Harland V.  
T-61 036  
Ltr #938-C

SUBJECT: Report of Burial 10 May 1946

TO: Commanding Officer  
American Graves Registration Command  
European Theater Area  
APO 887, c/o Postmaster New York, New York.

1. Request that a Report of Burial, if completed, or other currently available information be furnished concerning the following named decedent for whom no report is on hand in this office:

NAME: Sunde, Harland V. DATE OF DEATH: 1 December 1943.  
RANK: P/O PLACE OF DEATH: Near Nieuw-Lekkerland, Netherlands.  
SERIAL NO.: T-61 036

2. The following information has been received in this office which may aid in the location and recovery of his remains:

fml  
GG

PLACE OF BURIAL: Community Cemetery, at Nieuw-Lekkerland, Netherlands.

Information obtained from captured German Records.

3. If no Report of Burial is on hand, it is requested that this office be furnished the approximate time during which the particular area where his remains are believed to be located will be searched.

FOR THE QUARTERMASTER GENERAL:

W. G. EITNER  
Major, QMC  
Assistant

May 8 11 45 AM '46  
O O H G  
MAIL & RECORDS BRANCH

REGISTRATION AND  
RECORDS BRANCH  
May 8 10 53 AM '46  
MEMORIAL DIVISION



RESTRICTED

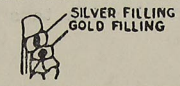
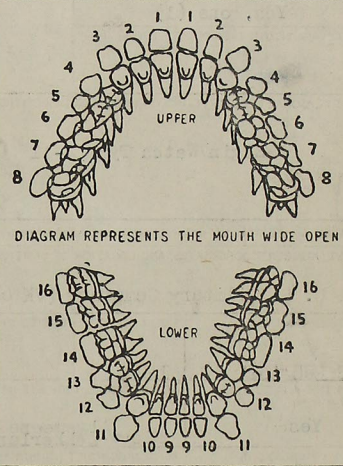




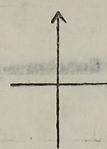
Case WZ-Holland-81

WD GMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)		DATE OF REPORT 18 Feb. 46			
Imprint Identification Tag if Possible DO NOT TYPE		Section 1.—IDENTIFICATION.		SERIAL No.			
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;">                 HARLAND V SUNDE                  T-610 36 T42-43                  MRS RUTH SUNDE                  835-22ND AVE S                  MINNEAPOLIS MINN P             </div>		NAME (Last, first, middle initial) Sunde, Harland V.		T -061036			
		GRADE F1. O. Unknown		ORGANIZATION 381 Bomb GP H Unknown		BRANCH OF SERVICE U. S. A. A. F.	
		RACE White		RELIGION Protestant		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY -----	
		PLACE OF DEATH Holland, Nieuw-Lekkerland		CAUSE OF DEATH Plane Crash		DATE OF DEATH Dec. 1, 1943	
EMERGENCY ADDRESSEE (Name, relationship, and address) Mrs. Ruth Sunde 835 - 22nd Ave. Minneapolis, Minn.							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) Yes, one (1)		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) Identification tags found on body. 15 MARS 1946					
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes							
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME Elgin Watch Type A-11 Spec. No. --- 94-27834 Forwarded to Ordnance Serial No. -- AF43-60183 Depot. Mfrs. Part No. - 1783 Ord. No. W535 A. C. -34898 15 MARS 1946							
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.							
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY U. S. Military Cemetery (VK 645482), Margraten, Holland							
DATE OF BURIAL 28 Feb 46	HOUR 1420	BURIED IN (Shroud, blanket, or name of other) U. K. Coffin	TYPE OF GRAVE MARKER Cross	PLOT No. YY	ROW No. 12	GRAVE No. 285	
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY AND LOCATION OF GRAVE Algemeene Begraafplaats der Gemeente Nieuw-Lekkerland, Holland			PLOT No. 42	ROW No. --	GRAVE No. ---	
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY					
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Tag made at Cemetery						
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) BROUSSARD, SHIRLEY J.	RANK Unknown	SERIAL No. 38204402	ORGANIZATION Unknown	GRAVE No. 286			
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Unknown X - 2166	RANK Unknown	SERIAL No. Unknown	ORGANIZATION Unknown	GRAVE No. 284			
SIGNATURE OF PERSON PREPARING REPORT 2nd Lt. Inf. 6893 QM. Co. John W. McGolgan		SIGNATURE OF GRS OFFICER VERIFYING REPORT FRANCIS A. LOFTUS 2nd Lt INF Francis A. Loftus					
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.							

RESTRICTED

107

**RESTRICTED**

LEFT LITTLE FINGER	<p><b>Section 3. UNIDENTIFIED REMAINS.</b></p> <p><b>INSTRUCTIONS:</b></p> <p>(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.</p> <p>(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.</p>				
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS.
LEFT MIDDLE FINGER	WEAPON AND SERIAL NO.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES				
LEFT THUMB	<p>FILLINGS</p> 				
RIGHT THUMB	<p>CAVITIES</p> 				
RIGHT INDEX FINGER	<p>MISSING TEETH</p> 				
RIGHT MIDDLE FINGER	<p>CROWNED TEETH</p> 				
RIGHT RING FINGER	<p>BRIDGE WORK</p> 				
RIGHT LITTLE FINGER	<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align: center;">  </div>				
REMARKS:					

**RESTRICTED**

99 APR 1978

Gefangenenlager: <u>U. 2996</u>	Staatsangehörigkeit: <u>U. S. A.</u>	Nr. der Liste:
Gefangenen-Nr.: <u>293 Sunde, Harland U.</u>		Seite der Liste:
Name: <u>Sunde</u>		Beruf:
Vornamen: <u>Harland, U.</u>		Religion:
Geburtsstag u. Geburtsort:	Truppenteil:	Dienstgrad: <u>Sold. Flo.</u>
Vorname des Vaters:	Komp. usw. Matr. Nr. <u>T-61036 T-61036</u>	
Familiennamen der Mutter: <u>FILE</u> <u>Mrs</u> <u>MAY 7 1946</u>	Ort und Tag der Gefangennahme oder Internierung: <u>Body washed ashore</u>	
Name u. Anschrift der zu benachrichtigenden Person:	Verwundungen, Verletzungen oder Tod: <u>12 June 44 near Nieuw-Lekkerland -</u>	
	wann und von wo zugegangen: <u>buried - Com. Ceer, at Nieuw-Lekkerland -</u>	

Aufenthalt u. Veränderungen: Fr 12. 6. 44 b. Nieuw - Lekkerland angeschwemmt.  
 Grablage: Gen. Fdch. Nieuw - Lekkerland Netherlands

v s 1 Dec 43 - KIA



gen. d. Dialag d. Lev. Nr. 2018/44 vom 12. 8. 44

V. 4 an Ref. IV 1

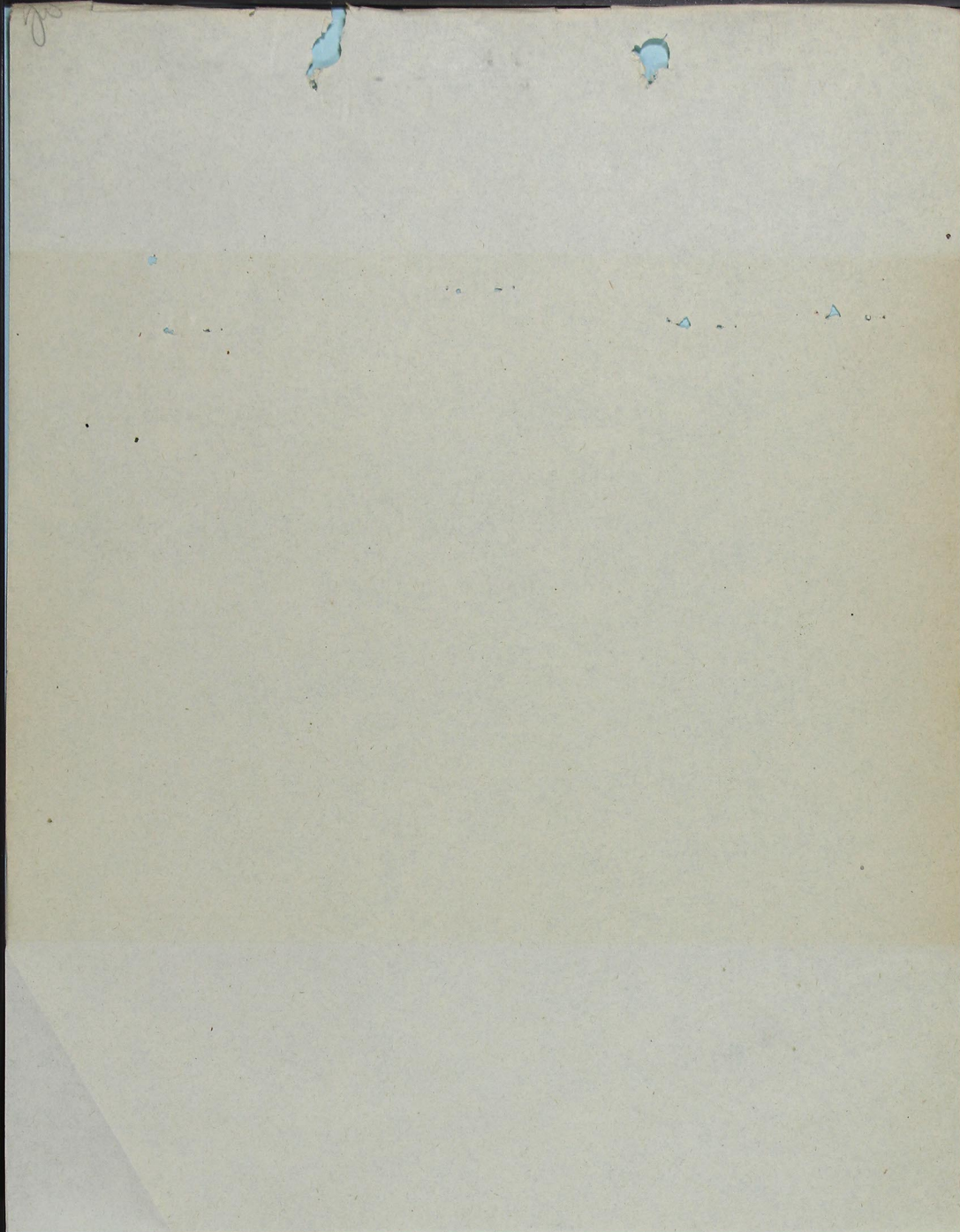
report by Dialag A. 7. 2018/44

V4-Ref IV 1, of 12 Aug. 44-

Totenliste Nr. 38

Yd. Nr. 25

death list 38  
no. 25



OQMG FORM 302a  
1 Dec. 1944

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

NAME (Last, First, Middle) <i>2937</i> Sunde, Harland V.		RANK T-61036 Airman	ORGANIZATION Air Corps (Machine type unknown)	
DATE OF BIRTH <i>mw</i>		PLACE		
EMERGENCY ADDRESSEE				
DATE OF DEATH 12 June 1944		PLACE		
PLACE OF BURIAL Community Cemetery, Nieuw-Lekkerland, Netherlands.			ROW NUMBER	GRAVE NUMBER
TYPE OF BURIAL <input type="checkbox"/> SINGLE <input type="checkbox"/> COMRADE		DATE OF BURIAL		DATE OF REBURIAL
OTHER MEMBERS OF CREW OF _____				
NAME		RANK	NAME	
RANK		NAME		RANK
1.			6.	
2.			7.	
3.			8.	
4.			9.	
5.			10.	
PERSONAL EFFECTS				
SOURCE OF INFORMATION: GERMAN LIST OF AMERICAN CASUALTIES NO. <i>38/25</i>				
RUS NUMBER 7951		DATED 30 September 1944		PLACE Saalfeld/Saale, Germany
STAMP: INFORMATION CENTER FOR PRISONERS OF WAR AND CASUALTIES				DATE 30 Sept. 1944
REMARKS Washed ashore on June 12, 1944 near Nieuw-Lekkerland, Netherlands.				

FILE  
*me*  
MAY 7 1946

*File*  
JUN 30 1945  
*RL*

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

REPORT OF DEATH

DATE 8 Sept 1944  
MI/jca/4626

FULL NAME <b>Sunde, Harland V.</b>		ARMY SERIAL NUMBER <b>T-61 036</b>	GRADE <b>Flight Officer</b>			
HOME ADDRESS <del>Minneapolis</del> <b>Minneapolis, Minn.</b>		ARM OR SERVICE <b>AC</b>	DATE OF BIRTH <b>14 Sept 1921</b>			
PLACE OF DEATH <b>European Area</b>	CAUSE OF DEATH <b>Killed in action</b>		DATE OF DEATH <b>1 Dec 1943</b>			
STATION OF DECEASED <b>European Area</b>	DATE OF ENTRY ON CURRENT ACTIVE SERVICE <b>29 Apr 1943</b>	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS				
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <b>Mrs. Ruth A. Sunde, mother, 835 22nd Ave., South Minneapolis, Minn.</b>						
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <b>On 10 July 1940 <del>investigation was made</del> while and enlisted man he designated as his beneficiaries, Mrs. Ruth A. Sunde, mother, address same as above. Mr. Ray M. Sunde, father, Alberta, Minn. No break in service.</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
					X	

ADDITIONAL DATA AND/OR STATEMENT

The individual named in this report of death is held by the War Department to have been in a missing in action status from 1 December 1943 until such absence was terminated on 28 August 1944 when evidence considered sufficient to establish the fact of death was received by the ~~Genl~~ Secretary of War from the German Government through the International Red Cross.

*FILE*  
*MAY 7 1946*

*[Signature]*

**14 SEP 1944 FILE**

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

**SENSITIVE SURFACE - HANDLE EDGES ONLY**

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

Copy  
**REPORT OF DEATH**

DATE 8 Sept 1944

FULL NAME Sunde, Harland V.		ARMY SERIAL NUMBER T-61 036	GRADE Flight Officer
HOME ADDRESS Minneapolis, Minn.		ARM OR SERVICE AC	DATE OF BIRTH 14 Sept 1921
PLACE OF DEATH European Area	CAUSE OF DEATH Killed in action		DATE OF DEATH 1 Dec 1943
STATION OF DECEASED European Area	DATE OF ENTRY ON CURRENT ACTIVE SERVICE 29 Apr 1943		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS
EMERGENCY ADDRESSEE (Name, relationship, and address) Mrs. Ruth A. Sunde, mother, 835 22nd Ave., South, Minneapolis, Minn.			
BENEFICIARY (Name, relationship, and address) On 10 July 1940 while an enlisted man he designated as his beneficiaries, Mrs. Ruth A. Sunde, mother, address same as above. Mr. Ray M. Sunde, father, Alberta, Minn. No break in service.			
INVESTIGATION MADE	IN LINE OF DUTY	OWN MISCONDUCT	WAS DECEASED ON DUTY STATUS
YES NO	YES NO	YES NO	YES NO
AUTHORIZED ABSENCE		IN FLYING PAY STATUS	
YES NO		YES X NO	
OTHER PAY STATUS (Specify below)			YES NO
ADDITIONAL DATA AND/OR STATEMENT			<input checked="" type="checkbox"/> BATTLE <input type="checkbox"/> NON-BATTLE
<p>The individual named in this report of death is held by the War Department to have been in a missing in action status from 1 December 1943 until such absence was terminated on 28 August 1944 when evidence considered sufficient to establish the fact of death was received by the Secretary of War from the German Government through the International Red Cross.</p>			

MEMPHIS DIVISION  
 AUG 28 1944  
 RECORDS BRANCH  
 YES

/s/ J. P. CURL

**FILE**  
 28 AUG 1944  
 P. Rogers  
 rat

BY ORDER OF THE SECRETARY OF WAR

ADJUTANT GENERAL



*[Faint, mostly illegible text, possibly bleed-through from the reverse side of the page]*

88 AUG 22 1946  
**FILE**

REGISTRATION AND  
 RECORDS BRANCH  
 Aug 22 4 33 PM '46  
 MEMORIAL DIVISION

*[Handwritten signature]*

*Anna*

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

114, 953


REPORT OF DEATH

DATE 8 Sept 1944  
MI/jca/4626

FULL NAME <b>Sunde, Harland V.</b>		ARMY SERIAL NUMBER <b>T-61 036</b>	GRADE <b>Flight Officer</b>			
HOME ADDRESS <b>Minneapolis, Minn.</b>		ARM OR SERVICE <b>AC</b>	DATE OF BIRTH <b>14 Sept 1921</b>			
PLACE OF DEATH <b>European Area</b>	CAUSE OF DEATH <b>Killed in action</b>		DATE OF DEATH <b>1 Dec 1943</b>			
STATION OF DECEASED <b>European Area</b>	DATE OF ENTRY ON CURRENT ACTIVE SERVICE <b>29 Apr 1943</b>	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS				
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <b>Mrs. Ruth A. Sunde, mother, 835 22nd Ave., South Minneapolis, Minn.</b>						
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <b>On 10 July 1940 <del>was designated as his beneficiary</del> while and enlisted man he designated as his beneficiaries, Mrs. Ruth A. Sunde, mother, address same as above. Mr. Ray M. Sunde, father, Alberta, Minn. No break in service.</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
					X	

ADDITIONAL DATA AND/OR STATEMENT

The individual named in this report of death is held by the War Department to have been in a missing in action status from 1 December 1943 until such absence was terminated on 28 August 1944 when evidence considered sufficient to establish the fact of death was received by the ~~State~~ Secretary of War from the German Government through the International Red Cross.



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

ADJUTANT GENERAL

# CASUALTY MESSAGE

## TELEGRAM

OFFICIAL BUSINESS—GOVERNMENT RATES

FROM	WAR DEPARTMENT
BUREAU	A G O
CHG. APPROPRIATION	MJK 3832

AG 201 **SUNDE, HARLAND V** (8 DEC 43)  
 ASN **T-61 036**

SPXPC-N **343076-S (1) 11 DECEMBER 43**  
 MESSAGE NO. DATE

MRS RUTH A SUNDE

**835 TWENTY SECOND AVENUE SOUTH  
 MINNEAPOLIS MINNESOTA**

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

**SON** **FLIGHT OFFICER** **HARLAND V SUNDE**  
(RELATIONSHIP) (GRADE) (NAME)

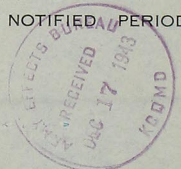
HAS BEEN REPORTED MISSING **IN ACTION SINCE**

**ONE DECEMBER** **OVER GERMANY** PERIOD IF FURTHER  
(DATE) (AREA)  
 DETAILS OR OTHER INFORMATION ARE RECEIVED YOU WILL BE PROMPTLY NOTIFIED PERIOD

OFFICIAL:

**ULIO**  
 THE ADJUTANT GENERAL

**BATTLE**



ADJUTANT GENERAL

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.

XXXXXXXXXXXX

114353

CHE/BLF/ms  
2 August 1946

*ms*

Miss Dolores I. Sunde  
3013 Nicollet Avenue, South  
Minneapolis, Minnesota

Dear Miss Sunde:

Thank you for the information recently given the Army Effects Bureau in connection with the disposal of personal property of your brother, Flight Officer Harland V. Sunde.

This property, contained in one package and one envelope is being sent you for distribution. If, for some reason, it has not been received within the next thirty days, this Bureau should be informed so that tracer may be instituted.

*File me*

Yours very truly,

C. H. ESSERT  
Administrative Assistant  
Army Effects Bureau

AMOUNT OF CHECK	NOTE DISCREPANCY IN	INCLOSE VALUABLES	RECIPIENT FROM
ACCOUNT NUMBER	NAME	SHIP VALUABLES	CASUALTY REPORT
	SERIAL NUMBER	VALUABLES SHIPPED BY (clerk)	INVENTORY
	RANK		FORM 20
<p>Miss Dolores I. Sunde                  3013 Nicollet Avenue, South                  Minneapolis, Minnesota</p> <p>F/O Harland V. Sunde                  T-61036                  114353-D</p>			<input checked="" type="checkbox"/> LETTER 7-15
			NO. & TYPE OF CONTAINER
			<input checked="" type="checkbox"/> ENVELOPE
			<input checked="" type="checkbox"/> CARTONS
			<input checked="" type="checkbox"/> PACKAGE
			FOOT LOCKER
			SPECIAL INSTRUCTIONS
			REMOVE GI
			SHIP BLOODSTAINED
			SHIP DAMAGED
REMOVE BL'DSTAINED			
REMOVE DAMAGED			
FILMS REMOVED			
DIARY REMOVED			
CHE/BLF/ms	SUMMARY COURT DATA	DATE ACTION TAKEN	
DATE OF FINDING	APPLICANT	8-1-46	MAIL REVIEWER (initials)
REMARKS	1 Env. inv 4-29-46 1 pkg. " 1-4-"		<input checked="" type="checkbox"/> SHIPPED
			<input type="checkbox"/> FRANKED
			<input type="checkbox"/> EXPRESS
			<input type="checkbox"/> FREIGHT
		DATE SHIPPED	AUG 5 1946
		SHIPPING CLERK	mk
		ROUTING	
		<input checked="" type="checkbox"/> ACCOUNTING BRANCH	
		<input checked="" type="checkbox"/> WAREHOUSE	
		<input checked="" type="checkbox"/> FILE	
ORDER FOR ACTION			

EFF QM FORM 14  
10 OCT 1945

SUNDE, HARLAND V.		7/0	1036	
BAY	PALLET	BOX	TALLY	TYPE PKG
			7381	F.R.

1143 53 40

ATTACHMENTS		EFFECTS INVENTORY		ARMY EFFECTS BUREAU		STATUS	
INBOUND INVENTORY						DECEASED	
G. R. OR SUB GR LABEL						MISSING	
WILL OR POWER OF ATTY.						P. O. W.	
TALLY IN FORM 43						ABANDONED	
						UNKNOWN	
BAGS, CLOTH OR TRAVEL	BELT	OVERCOATS					
BELT, MONEY (NO MONEY)	BOOKS, ADDRESS	PAPERS, PERSONAL					Flight record
BILLFOLD (NO MONEY)	BOOKS, PILOT LOG	PENCIL, MECHANICAL					Personal papers
BOOKS	BRUSHES	PEN, FOUNTAIN					
BRACELET, IDENT.	CASE	PHOTOS	X				
CAMERAS	CLOTH, WASH	PIPES					
CLOTHING	COATS	RINGS					
MISC. ARTICLES	FOOTLOCKER	SCARFS					
RELIGIOUS ARTICLES	FOOTWEAR, PR.	SHIRTS					
RIBBONS, DECORATION	GLASSES	SOCKS, PR.					
SHORT SNORTER	GLOVES, PR.	STATIONERY					
SOUVENIR MONEY	HANDKERCHIEFS	TIES					
SOUVENIRS	HEADWEAR	TOBACCO					
TESTAMENTS	JACKETS	TOILET ARTICLES					
TOWELS & WASHCLOTHS	KITS	TOWELS					
U. S. MONEY (AMOUNT)	KNIVES	TROUSERS, PR.					
WATCH	LETTERS	TRUNKS, PR.					
WINGS	LIGHTERS	UNDERWEAR					
CONTAINERS ADDRESSED TO				INFORMATION			
none				Mrs. Ruth Sunde (mother) 835 - 22 <sup>nd</sup> Ave. So. Minneapolis, Minn			
NAME AND STATUS VARIATIONS				CROSS REFERENCE			
CHECK	REC'D BY	NUMBER	BUREAU CHECK				
MONEY ORDER			TRANSMIT ORIGINAL				
BOND		SYMBOL	ORIG. REG. MAIL				
TRAV. CHECK		AMOUNT	TO G. A. O.				
FOREIGN CURRENCY			MUTILATED				
U. S. CURRENCY			TO ISSUING AGENCY				
		DATE					
		BANK OR PLACE OF ISSUE	Feb 7, 75				
		PAYEE					
		REMITTER OR DRAWER					
TALLY NO.	ORIG. NO. OF PKGS.	EXAMINING DATE	BOX NO.	SHEET			
7381		29-apr-46		OF SHEETS			
NAME		A. S. N.					
HARLAND VERNON SUNDE		T-61036					
ORGANIZATION		RANK	CASE NO.				
381 <sup>st</sup> Bomb. Sq. (H) 535 <sup>th</sup> B. Sq. (H)		F/O					
WAREHOUSE SPACE	EXAMINED BY	DIARY REMOVED					
119	Jordan	PHOTO FILM REMOVED					
PACKAGE DESCRIPTION	PACKED BY	MOTION PICTURE FILM REMOVED					
no. I. sub.	Murray	SHIPPED					
WEIGHT	INSPECTED BY	DATE	BY WHOM				
		AUG 5 1946	MK				
	STORED BY						





212 388 2992 300  
210 426 77262

no  
27388  
72202  
1-9-46  
0290

ATTACHMENTS		EFFECTS INVENTORY		STATUS	
<input checked="" type="checkbox"/>	INBOUND INVENTORY	<b>EFFECTS INVENTORY</b> <b>ARMY EFFECTS BUREAU</b>		<input type="checkbox"/>	DECEASED
<input type="checkbox"/>	G. R. OR SUB GR LABEL			<input type="checkbox"/>	MISSING
<input type="checkbox"/>	WILL OR POWER OF ATTY.			<input type="checkbox"/>	P. O. W.
<input type="checkbox"/>	TALLY IN FORM 43			<input type="checkbox"/>	ABANDONED
<input checked="" type="checkbox"/>	attachment			<input type="checkbox"/>	UNKNOWN
	BAGS, CLOTH OR TRAVEL	BELT	OVERCOATS		
	BELT, MONEY (NO MONEY)	BOOKS, ADDRESS	PAPERS, PERSONAL		1 Ring, glass,
	BILLFOLD (NO MONEY)	BOOKS, PILOT LOG	PENCIL, MECHANICAL		gold color. Printed
	BOOKS	BRUSHES	PEN, FOUNTAIN		on the top "A High
	BRACELET, IDENT.	CASE	PHOTOS		School." Date on the
	CAMERAS	CLOTH, WASH	PIPES		side "1938," Initial
	CLOTHING	COATS	RINGS		inside "H.V.S."
	MISC. ARTICLES	FOOTLOCKER	SCARFS		
	RELIGIOUS ARTICLES	FOOTWEAR, PR.	SHIRTS		
	RIBBONS, DECORATION	GLASSES	SOCKS, PR.		
	SHORT SNORTER	GLOVES, PR.	STATIONERY		
	SOUVENIR MONEY	HANDKERCHIEFS	TIES		
	SOUVENIRS	HEADWEAR	TOBACCO		
	TESTAMENTS	JACKETS	TOILET ARTICLES		
	TOWELS & WASHCLOTHS	KITS	TOWELS		
	U. S. MONEY (AMOUNT)	KNIVES	TROUSERS, PR.		
	WATCH	LETTERS	TRUNKS, PR.		
	WINGS	LIGHTERS	UNDERWEAR		

CONTAINERS ADDRESSED TO	INFORMATION
none	none rechecked
NAME AND STATUS VARIATIONS	CROSS-REFERENCE
	German AEB for

CHECK	REC'D BY	NUMBER	BUREAU CHECK
MONY ORDER			TRANSMIT ORIGINAL
BOND		SYMBOL	ORIG. REG. MAIL
TRAV. CHECK		AMOUNT	TO G. A. O.
FOREIGN CURRENCY		DATE	MUTILATED
U. S. CURRENCY			TO ISSUING AGENCY
		BANK OR PLACE OF ISSUE	
		PAYEE	
		REMITTER OR DRAWER	

TALLY NO. 6250	ORIG. NO. OF PKGS.	EXAMINING DATE 4-Jan-46	BOX NO.	SHEET OF SHEETS
NAME Harland		A. S. N. T-61036		
ORGANIZATION		RANK	CASE NO. 358759	
WAREHOUSE SPACE 352	EXAMINED BY [Signature]	DIARY REMOVED 119353		
PACKED BY [Signature]	INSPECTED BY [Signature]	PHOTO FILM REMOVED		
PACKAGE DESCRIPTION # I play	STORED BY [Signature]	MOTION PICTURE FILM REMOVED		
		SHIPPED	DATE AUG 5 1946	BY WHOM [Signature]



HARLAND		1036		
BAY	PALLET	BOX	TALLY	TYPE PKG.
			9250	PKG.

②

PERSONAL EFFECTS & BAGGAGE  
 DEPOT Q-290  
 APO 513 U.S. ARMY

TALLY INVENTORY RECORD - TALLY IN NO. 633-4453

NAME HARLAND, - DATE 10 AUG 1945

RANK & ASN UNK. T-61036 SHIP TO \_\_\_\_\_

ORGANIZATION \_\_\_\_\_ ADDRESS \_\_\_\_\_

TYPE OF CONTAINER ENV STATUS KIA

- I N V E N T U R Y -

ITAN NO	QUANTITY	DESCRIPTION	REMARKS (SEE REVERSE SIDE)
1	1	RING ✓	
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

APPROVED Ernest V. Garis 945 ERNEST V. GARIS, 1st LT INF. TAG NUMBER \_\_\_\_\_  
 \_\_\_\_\_ INSPECTING OFFICER 633-4453

Certificates, Affidavits and Customs  
Declaration  
(Strike out portions inapplicable)

- 1. I certify and declare that the above items of Government property indicated in "Remarks" as "A" were purchased by me and are my personal property.

.....  
Name

.....  
Rank and ASN.

- 2. As his Commanding Officer, I certify that the above named has by authority of his theater Commander been authorized to retain the above of captured enemy material indicated in "Remarks" as "B"

evidenced to me his ownership and right to possess the above items of British-Russian-Canadian Government material indicated in "Remarks" as "C".  
.....  
.....  
.....

Date .....

- 3. The following Customs Declaration will be accomplished in all cases. In addition the Customs Declaration tag will be accomplished and affixed to the container.

CUSTOMS DECLARATION

I declare that all items listed herein consist of personal or household effects either taken abroad for my personal use, except the following:

(Here list items or write "No exceptions" as appropriate)

Reprocessed  
I declare that this baggage consist of personal or household effects of a member of the United States armed forces, and that it is being forwarded to the United States by reason of Government instructions regarding the movement of the owner or the articles.

Date .....

Signature: Howard L. Stewart.  
Rank & ASN: 1/LT. ONO c392090  
Inspecting Officer



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

(S-8-15-46)  
CHE:BLF:imb  
July 15, 1946

IN REPLY REFER TO 114353

Miss Dolores I. Sunde  
3013 Nicollet Avenue, South  
Minneapolis, Minnesota

Dear Miss Sunde:

The Army Effects Bureau has received some additional property of your brother, Flight Officer Harland V. Sunde.

It is my intention to forward this property to you; however, in view of the lapse of time since our previous correspondence, I shall appreciate it if you will first confirm your address.

Your reply may be made at the foot of this letter, if desired, and mailed in the inclosed self-addressed envelope which needs no postage.

Yours very truly,

*C. H. Essert*

C. H. ESSERT  
Administrative Assistant  
Army Effects Bureau

1 Incl--  
Envelope

*C. H. Essert.*

*Dear Sir:*

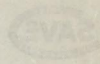
*My address is still the same.*

*Thanking you, I am, yours truly,*

*Dolores Sunde*  
*3013 Nicollet Ave.*

*Minneapolis 8 Minn.*

*6-25*  
*7*



(84-11-9-2)  
Date: July 11, 1946

KANSAS CITY POLICE DEPARTMENT  
KANSAS CITY, MO.  
COMMUNICATIONS SECTION



KANSAS CITY, MO.  
JUL 18 1946

Dear Sirs:  
The above named person has received some additional information of our brother, flight instructor, and...

It is my intention to forward this property to you, however, in view of the fact that since our previous correspondence, I shall appreciate it if you will return the same to me as soon as possible. If you have any questions, please call me at the office or at my home.

Very truly yours,  
[Signature]

Enclosure

*[Faint, illegible handwritten notes and signatures at the bottom of the page.]*

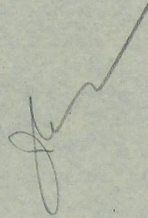


RTB:LD:mcb  
656759  
(8-3-5-46)  
February 11, 1946

Harland

T-61036

Evidently MIA or POW--shot down  
Received from German AEB

A handwritten signature in dark ink, appearing to be a stylized name, possibly "John" or "Johnson", written in a cursive style.

*a.*  
Sunde, Harold V. 7-61036

845/44

U 2996

Eigentum des toten englischen Fliegers

HARLAND

NSI-61036, <sup>geboren</sup> ~~abgeschlossen~~ am 12.6.44

in einer

bei: Wien-Liechtenland

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

JRM:NM:wb  
Case No. 114,358 M

Date 21 November 1944

Subject: Report of transactions in disposing of the effects of

Sunde, Harland V. (Name of deceased), T-61036 (Army Serial No.), late a  
Flight Officer (Grade), Air Corps (Organization, Arm or Service), who died  
on the 1 day of December, 1943, at European Theatre.

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.C. 228, Hq., ACOM 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 decedent's 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 None was collected. (If nothing was found due or collected, state "None"; otherwise attach itemized statement of sums owing and collected.) (Incl. None)

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 None, Incl. None.)

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:

FILE  
made  
MAY 7 1946

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 20 October 1944, pursuant to Special Orders 228, Headquarters, ACOM Depot, dated 25 September 1943, the application or affidavit of Miss Dolores I. Sunde 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, Miss Dolores I. Sunde of 3013 Nicollet Avenue, South, Minneapolis, State of Minnesota, is the Sister of the above-named decedent and appears to be entitled to receive his or her effects.

(Signature of Summary Court Officer)

H.F. HEHMAN, Major O.M.C.  
(Name, Rank, Organization)  
SUMMARY COURT-MARTIAL



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

114,353 M

JRM:NM:wb

November 20, 1944

IN REPLY REFER TO \_\_\_\_\_

Miss Dolores I. Sunde  
3013 Nicollet Avenue, South  
Minneapolis, Minnesota

Dear Miss Sunde:

The Army Effects Bureau has received some additional property of your brother, Flight Officer Harland V. Sunde.

These effects contained in one carton are being forwarded to you. If delivery is not made within thirty days from this date, please notify me so that tracer action may be instituted.

As previously indicated, personal property is transmitted by this Bureau for distribution according to the laws of the state of the officer's legal residence.

I am inclosing herewith a Will, Power of Attorney, and Certificate of Instrument Flying found among your brother's effects.

Extending every sympathy, I am

Sincerely yours,

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

3 Incls--  
Will  
Power of Attorney  
Certificate of Instrument Flying

FILE  
MAY 7 1945

ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU  
ORDER FOR SHIPMENT

Ship To: Miss Dolores I. Sunde  
3013 Nicollet Avenue, South  
Minneapolis, Minnesota

Effects of  
Name F/O Harland V. Sunde  
ASN T-61036  
Case No. 114,353 D  
Wt.

Ship Via FRANKED G B/L No. \_\_\_\_\_

Date November 20, 1944  
JRM:NM:wb  
H Mc Millan  
For Effects Quartermaster

PACKAGES SHIPPED

1 Carton  
\_\_\_\_\_  
\_\_\_\_\_  
TOTAL \_\_\_\_\_ WT. \_\_\_\_\_

Franked \_\_\_\_\_  
Est. Exp. Chgs. \_\_\_\_\_  
Est. Frt. Chgs. \_\_\_\_\_  
Date Shipped NOV 23 1944

NOV 22 1944

REMARKS:

NOV 24 1944

Mc  
Shipping Clerk

Sheet 1 of 1 Sheets  
 Box No. \_\_\_\_\_

ARMY EFFECTS BUREAU  
 INVENTORY

*Pal 43*  
*May 50*  
*Blair*

Deceased \_\_\_\_\_  
 Missing X  
 P.O.W. \_\_\_\_\_  
 Abandoned \_\_\_\_\_

SHOWN ON TALLY-IN AS Sund, H.V. 710 ORIGINAL NO. OF PKGS. 1

TALLY-IN NO. 5361 INVENTORY DATE 11/11/44 CASE NO. 114,353

EFFECTS OF Harland V. Sund RANK F/O

A.S.N. T-61036 ORG. \_\_\_\_\_ A C \_\_\_\_\_

PACKAGE DESCRIPTION: # <u>1 Carton</u>	
ARTICLE DESCRIPTION	
1 Trench coat ✓	1 Comb ✓
1 Jacket ✓	Misc. articles ✓
2 Pr trousers ✓	1 Pr swim trunks ✓
1 Brouse w/wings and insignia ✓	1 Zipper bag ✓
3 Shirts ✓	** 3 Pr shoes ✓
*3 Caps, 1 w/visor ✓	1 Pr house slippers ✓
1 Pr pajamas ✓	1 Pr gym shoes ✓
1 Lot socks ✓	1 Brush ✓
1 Lot towels ✓	Personal papers and cards ✓
1 Lot underwear ✓	1 Pilot log ✓
2 Ties ✓	1 Record book ✓
1 Folder w/stationery, letters and photo ✓	
2 Handkerchiefs ✓	
3 Belts ✓	<i>2nd Grad</i>
1 New Testament ✓	
1 Billfold w/short snorter, no money ✓	
1 Insignia ✓	
1 Ring ✓	

REMARKS: Mother  
 Mrs. Ray Sund  
 835 22nd Ave., South  
 Minneapolis, Minn.  
 Shortage on reverse  
 Correspondence ✓

\*Mouldy

\*\*Muddy and mouldy

C. A. T. Effects of Edison Eichhorn in with the effects of Harland V. Sund, set up as additional  
 Mrs. Ray Sund  
 835 22nd Ave., South  
 Minneapolis, Minn

ATTACHMENTS:

- 2 Form #54 ✓
- 1 Last will and testament ✓
- 1 Power of attorney ✓
- 1 Identification card ✓

NO CORRESPONDENCE

SHORTAGE ON REVERSE

G.I. ON REVERSE

STORAGE ) 519X  
 SPACE )

SAFE STORAGE \_\_\_\_\_  
 VAULT STORAGE \_\_\_\_\_

WEIGHT \_\_\_\_\_  
 SHIPPED NOV 23 1944

Inventoried by Clarke Packed by Clarke

Shortage

Money

Notes \$166.13

I certify the above-named items  
were not contained in the  
package when checked by me.

Inventory Clerk

*Clarke*

Inventory Clerk

*A. B. Bantam*  
Supervising Officer



**INVENTORY OF EFFECTS**

(See AR 600-550)

Sunde, Harland V. T-61036 *file W*

(Last name) (First name) (Middle initial) (Army serial number)

late a *7/0* *A.C.*

MIA (Grade) (Organization or arm or service)

who died on the 1st day of December, 19 43

CLASS I—Saber, insignia, decorations, medals, campaign badges, watches, manuscripts, and other articles valuable chiefly as keepsakes.

NUMBER	ARTICLES	PACKAGE NUMBER
	Insignias ✓	
	Personal papers ✓	
	Ring ✓	
	Wallet ✓	
	Handbag ✓	
	Testament ✓	
	Snaps ✓	
	Logbook ✓	
	Letters ✓	
	Stationery folder ✓	

\*To be filled out only in case of shipment to The Adjutant General.

CLASS II—Other effects

NUMBER	ARTICLES
	Blouse ✓
	Trousers ✓
	Trench coat ✓
	Cap ✓
	Neckties ✓
	Socks ✓
	Hat ✓
	Slippers ✓
	Pajamas ✓
	Shirts ✓
	Field jacket ✓
	Belts ✓
	Underwear ✓
	Handkerchiefs ✓
	Shoes ✓



**INVENTORY OF EFFECTS**

(See AR 600-550)

*file  
HW*

**Sunde, Harland V.** T-61036  
 (Last name) (First name) (Middle initial) (Army serial number)

Rate a **P/O** **A.C.**  
 (Grade) (Organization or arm or service)

who died on the **1st** day of **December**, 19**43**

**CLASS I**—Saber, insignia, decorations, medals, campaign badges, watches, manuscripts, and other articles valuable chiefly as keepsakes.

NUMBER	ARTICLES	*PACKAGE NUMBER
	Insignias	
	Personal papers	
	Ring	
	Wallet	
	Handbag	
	Testament	
	Snaps	
	Logbook	
	Letters	
	Stationery folder	

\*To be filled out only in case of shipment to The Adjutant General.

**CLASS II**—Other effects

NUMBER	ARTICLES
	Blouse Pajamas
	Trousers Shirts
	Trench coat Field jacket
	Cap Belts
	Neckties Underwear
	Socks Handkerchiefs
	Hat Shoes
	Slippers



LAST WILL AND TESTAMENT of  
Harland V. Sunde

Date: 1 May 1943

Place: Hendricks Field, Sebring, Fla.

Beneficiary: Ruth A. Sunde

Executrix: Ruth A. Sunde

Witnesses: Theadora L. Pawers Sebring, Fla.

Jessie M. Bollinger Cramerton N.C.

Florence Boyle 105th WACC Post HQ Co.  
Hendricks Field, Fla.



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

*File  
W*  
(S-12-26-44)  
JRM:NM:elb  
October 26, 1944

IN REPLY REFER TO 114,353 M

Miss Dolores I. Sunde  
3013 Nicollet Avenue, South  
Minneapolis, Minnesota

Dear Miss Sunde:

Thank you for the information recently given the Army Effects Bureau in connection with disposal of personal property of your brother, Flight Officer Harland V. Sunde.

I am inclosing a check for \$166.13, which is the only property belonging to him received at this Bureau.

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 officer's legal residence.

Please acknowledge receipt of the check by signing one copy of this letter in the space provided and returning it to this Bureau. For your convenience, there is inclosed a self-addressed envelope which needs no postage.

It is probable that additional effects of Flight Officer Sunde will reach this Bureau at a later date. As it is my intention to forward any such property to you immediately upon arrival here, I ask that you please notify us, without fail, in the event there is any change in your address within the next six months.

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

Sincerely yours,

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

2 Incls—  
Check  
Envelope

Receipt acknowledged:

*Dolores I. Sunde*  
Signature

*October 30, 1944*  
Date



KANSAS CITY, MO.  
NOV - 3 1944

[Faint, mostly illegible text, likely a letter or document, with some lines of text visible through the paper.]

JRM:NM:slb  
October 24, 1944

*gs*

ROUTING

- 1. Capt. ECKHART
- 2. Fiscal Dept.
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

Case No. 114353 M

Attach Bureau Check:

Account No. 39881 Amount \$166.13 *ew*

Account No. \_\_\_\_\_ Amount \_\_\_\_\_

Payable to

Dolores I. Sunde  
3013 Nicollet Avenue, South  
Minneapolis, Minnesota

NM  
(Correspondent)

Attach following item(s) from  
Office Safe: -

Check No. 30071

Initials emh

Soldier: F/O Harland V. Sunde

Relationship: brother

39881

114353

October 27 44

Dolores I. Sunde

166.13

One Hundred Sixty-Six and 13/100

Major Q.M.C.  
Asst.

*18-26*





Encl 3013 Nicollet Ave. So.  
 114,353 Minneapolis, Minn.  
 Sept 26, 1944

Dear Sir:

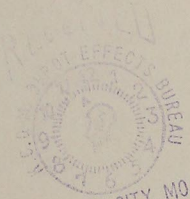
I am writing in reply to your letter of September 16, 1944 in which you were requesting information as to whom flight officer Garland v. Sundt's personal property should belong.

Since my mother, Mrs Ruth A. Sundt, and father both passed on last spring, I, Garland's sister, am his closest living relative.

1. He was not married.
2. His father is not living.
3. Miss Dolores I. Sundt  
 3013 Nicollet Ave. So.  
 Minneapolis, Minnesota
4. I would be willing to receive, receipt for, and safely keep and store his property as a gratuitous bailee.
5. I will agree to return it to him, his personal representative or the Army Effects Bureau upon request.

Yours truly,

Dolores I. Sundt



KANSAS CITY, MO.

SEP 28 1944

200  
02



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

114353-M ✓

(S-10-16-44) ✓

JFM: NW: fpa ✓

September 16, 1944 ✓

Mrs. Ruth A. Sunde ✓  
835 Twenty Second Avenue South ✓  
Minneapolis, Minnesota ✓

Dear Mrs. Sunde: ✓

Flight Officer Harland V. Sunde, consisting of funds in the amount  
of \$166.13. ✓

father ✓

his ✓

W. D. WALSER ✓  
1st Lt. Q.M.C. ✓  
Assistant ✓

204a



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

(8-10-10-10)  
JIM:MM:202  
IN REPLY REFER TO \_\_\_\_\_

Mrs. Ruth A. Sunde  
838 Twenty Second Avenue South  
Minneapolis, Minnesota

Dear Mrs. Sunde:

Flight Officer Harold V. Sunde, consisting of funds in the amount  
of \$100.00.

letter  
and

W. D. WALKER  
Asst. Dir. C. M. C.  
Assistant

2040

535TH BOMBARDMENT SQUADRON  
3CLST BOMBARDMENT GROUP (H)  
APO 634

C-B-2

20 December 1943.

SUBJECT: Personnel Missing in Action.

TO : Effects Quartermaster, G-14, APO 507, U.S. Army.

1. The following named officers and enlisted men failed to return from a sortie over continental Europe (Leverkusen, Germany) on 2 December, 1943, and considered "Missing in Action".

1st Lt HESS Warren G.	O-794661	(\$7.96)
1st Lt JELLY Walter A.	O-735348	(\$233.61)
2nd Lt CHRISTENSEN Roger G.	O-739541	(\$60.43)
2nd Lt RECHORN Edison	O-735295	(\$262.08)
2nd Lt GIOVANNINI, George D.	O-678236	(\$99.13)
2nd Lt NOXON, Donald E.	O-2044881	(\$204.72)
2nd Lt RANDLE David	O-801507	(\$7.96)
2nd Lt SMITH Charles L. Jr.	O-748267	(\$169.04)
2nd Lt SWEANEY James W.	O-749108	(\$0.00)
2nd Lt TULLY O.D. (in)	O-685392	(\$0.00)
2nd Lt WERNERSBACH Robert F.	O-734520	(\$7.96)
8564 F/O SUNDE Harland V.	T-61036	(\$166.13)
T/Sgt GARFELLA Albert J.	32426578	(\$184.61)
T/Sgt LUDWIGSEN Peter K.	32401810	(\$130.75)
T/Sgt PHILLIPS Toby B. Jr.	38174614	(\$0.00)
T/Sgt REGAN John F.	31190810	(\$24.06)
S/Sgt BURKE Philip F.	33327732	(\$45.37)
S/Sgt CHANNELL John S.	10601050	(\$0.00)
S/Sgt DELP Edgar G.	13120919	(\$132.37)
S/Sgt ENGLAND William P.	38168075	(\$0.00)
S/Sgt LUDWIG Allen G.	38219837	(\$110.58)
S/Sgt MACQUEEN William M.	35418214	(\$156.48)
S/Sgt MCGUSH Paul T.	37090910	(\$100.00)
S/Sgt THOMPSON Harry M.	33167490	(\$0.00)
S/Sgt THOMPSON John E. Jr.	13034781	(\$0.00)
Sgt GARANO Claudio S.	32410832	(\$64.79)
Sgt CULVER Charles J.	35722592	(\$0.00)
Sgt HEATY John F.	32335119	(\$0.00)
Sgt JOSEPHSON Garlton A.	31196598	(\$0.00)
Sgt McCUTCHEEN Doyle G.	39542283	(\$0.00)

2. WD AGO Forms No. 54, "Inventory of Effects" pertaining to each of the above individuals are herewith enclosed.

For the Squadron Commander:

68 Incls:  
30 - WD AGO Forms No. 54 (in dup).  
38 - Money Orders.

RICHARD L. TANSEY,  
Captain, Air Corps,  
Executive Officer.

Incl (2 Incls)

MISSOURI  
FBI EFFECTS BUREAU  
KANSAS CITY, MO.  
AUG 28 1944