

Key No.....

VETERANS' GRAVES REGISTRATION

War.....

1. Name of deceased..... Irving Arthur Richard
(Surname) (First) (Middle)
2. Name of Cemetery..... Place.....
(City or Town)
- Grave No. Location.....
(Section, path, lot, etc.)
- Date of Burial in this Cemetery..... Grave No. on Blue Print.....
3. Marker placed..... By whom.....
(Organization)
4. Were remains buried elsewhere?..... Date.....
Place.....
(Cemetery, location, section, path, lot, etc.)
5. Branch of Service..... U. S. Naval Reserve Organization Radio-man
(Army, Navy, Marines) (Company, Regiment, Vessel)
6. Born..... Died 1942
(Place and Date) (Place and Date)
7. Cause of death..... Missing in action
Killed in action, died of wounds received in action, accident, illness, etc.)
8. Was deceased member of Veteran Organization?
(Post, camp, garrison, etc. Location)
9. Name and address of next of kin..... Mrs. Orinda Irving (mother)
(Name, relationship, address)
10. Undertaker 273 Commonwealth Ave. Attleboro, Falls
(Name and address)

REMARKS: (over)

*Letter 6/4/42 | 6/18/42 mother reported him
 Isob. only exp. letter alive well*

Mass;
 Graves Registration Officer.

11. Type of stone marking grave.....
(Private, family, Government)
12. Is Government stone permitted in this Cemetery?.....
13. Type of Government stone.....
(Bronze, granite, marble, upright, flat)
14. Name and address of organization making this report
- Veterans Graves Reg. O.P. 165-1-14-284
15. If deceased received any decorations, medals, citation, etc. Note:.....
16. Date of enlistment.....
17. Date of discharge.....