

293 MORRIS, ELWOOD 36,258,128 PVT. PARA. INF. EUROPEAN AEA (MD.) M4rd

DECLASSIFIED IN Accordance With E.O. 13526

JUN 21 1948 1487

DUPLICATE

8410

WW II

**CHECK TYPE REQUIRED**  
(See Instructions attached)

UPRIGHT MARBLE HEADSTONE  
 FLAT MARBLE MARKER  
 FLAT GRANITE MARKER  
 BRONZE MARKER (NOTE RESTRICTIONS)

**APPLICATION FOR HEADSTONE OR MARKER**  
(Please make out and return in duplicate)

ENLISTMENT DATE: \_\_\_\_\_ SERIAL No. **36258128**  
 DISCHARGE DATE: \_\_\_\_\_ PENSION No. \_\_\_\_\_

NAME (Last, First, Middle Initial)  
**MORRIS, ELWOOD**

STATE: \_\_\_\_\_ RANK: **PVT**  
 U. S. REGIMENT, STATE ORGANIZATION, AND DIVISION: **ARMY**

DATE OF BIRTH (Month, Day, Year): **MARCH 4 1919** DATE OF DEATH (Month, Day, Year): **JUNE 23 1944**

NAME OF CEMETERY: **EAST LAWN, Beloit, Wis.** LOCATION (City and State): **Beloit, Wisconsin**

SHIP TO (I CERTIFY THE APPLICANT FOR THIS STONE HAS MADE ARRANGEMENTS WITH ME TO TRANSPORT THE STONE FROM THE FREIGHT STATION TO THE CEMETERY)  
 NEAREST FREIGHT STATION (City and State): \_\_\_\_\_  
 POST OFFICE ADDRESS OF CONSIGNEE: **933 Garfield Ave. Beloit, Wisconsin**

(Mrs. Mary Morris) **933 Garfield Ave. Beloit, Wisconsin**  
 (SIGNATURE OF CONSIGNEE)

**DO NOT WRITE HERE**

FOR VERIFICATION: **JUN 7 1948**  
 ORDERED: \_\_\_\_\_  
 B/L: \_\_\_\_\_  
 SHIPPED: \_\_\_\_\_

I certify this application is submitted for a stone for the unmarked grave of a veteran. I hereby agree to assume all responsibility for the removal of the stone promptly upon arrival at destination, and properly place it at the decedent's grave at my expense.

APPLICANT'S SIGNATURE: **Mrs. Mary Morris** DATE OF APPLICATION: **5/28/48**  
 ADDRESS (Street, City, State): **933 Garfield Ave**

**For Ord. 23 AUG 1948**

**FILE 27 AUG 1948**

DDMG FORM 623 REV 15 APR 47

IMPORTANT—Complete Reverse Side

16-11453-6 GPO



I HEREBY CERTIFY that the type headstone or marker requested by the applicant will be permitted at the grave.

(Be sure you have noted what type is indicated by applicant on form)

*Harold Flint*

(Signature of superintendent, sexton, or caretaker)

Date 5/28/48

16-11463-4

Return to: OFFICE OF THE QUARTERMASTER GENERAL,  
MEMORIAL DIVISION,  
WASHINGTON 25, D. C.

*7/19/48 (See app for official papers)  
see DP.*



ORIGINAL ORDER

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

FLAT GRANITE MARKER

Below you will find a copy of the inscription taken from the OFFICIAL RECORDS as it will appear on the flat granite marker you ordered. CHECK IT CAREFULLY before the marker is manufactured. Check the INSCRIPTION, NAME AND LOCATION OF CEMETERY. Check with CEMETERY OFFICIALS and make sure a government flat granite marker will be allowed at grave. Check NAME AND ADDRESS OF THE PERSON to whom marker is to be shipped. After you have CORRECTED ANY ERRORS, sign and return promptly in the inclosed envelope which requires no postage.

UNTIL YOU RETURN THIS SLIP THE FLAT GRANITE MARKER CANNOT BE ORDERED. DO NOT DELAY-SIGN & RETURN TODAY.

INSCRIPTION: LATIN CROSS

ELWOOD MORRIS / WISCONSIN / PVT 508 PRCHT INF 82 ABN DIV /  
WORLD WAR II / MARCH 4 1919 JUNE 8 1944

SHIP TO:

MRS MARY MORRIS  
933 GARFIELD AVE  
BELOIT

R. R. STATION:

FOR: WISCONSIN

R. R. STATION:

APPLICANT:

*[Handwritten Signature]*  
**FILE 27 AUG 1948**

CEMETERY:

JUL 21 1948

EAST LAWN  
BELOIT  
WISCONSIN

SW *[Handwritten mark]*

QGMG FORM  
Rev. 1 NOV. 48 312

APPROVAL AND ACCEPTANCE

*Mrs Mary Morris*  
SIGNATURE



LET PRINTED MARKS

UNIT TREATMENT

ORIGINAL ORDER

OFFICE OF THE UNATTACHED DEPT. OF THE ARMY  
WASHINGTON, D. C.

WORLD WAR II / MARCH 8 1918  
ELWOOD MORRIS / WISCONSIN / PVT  
JUNE 8 1918  
508 BRIGADE INF. / 68 AMB DIV

POST OFFICE  
MRS. MARY MORRIS  
933 GARFIELD AVE  
BELLEVILLE  
WISCONSIN

JUL 2 1 1948


WISCONSIN  
BELLEVILLE  
EAST LAMN

FILE 27 AUG 1948

SW

RECEIVED AND ACCEPTANCE  
DATE

**CORRESPONDENCE ACTION SLIP**

NAME <i>Morris Elwood</i>		SERIAL NUMBER <i>36258128</i>	INITIALS <i>CEE</i>	DATE <i>7-29-48</i>
NAME OF DECEDENT	ADDRESS	IDENTIFYING DATA	LETTER TO: <i>Appl. for official papers showing D/O as 6-23-44. Records show 6-6-44</i>  AUG 3 - 1948 FILE 27 AUG 1948	
BRONZE	NO UPRIGHT GRANITE	CONSIGNEE		
DISHONORABLE-DRAFT	NOT PERMANENTLY INTERRED	NOT RECOVERED		
CEMETERY REGULATIONS	AGO	MARINE		
NAVY	COAST GUARD	VETERANS ADMINISTRATION		
STATE PENSION	AUTHORIZED INSCRIPTION	ADDITIONAL INSPECTION		
APPLICATION FOR PROOF	NO AGENT	NO STATION		
DUE TO DISTANCE	UNCLAIMED	BROKEN		
DAMAGED	CERTIFICATE IN LIEU	LOST		
FOREIGN	TRUCK	RESHIPMENT		

DDMG FORM 393  
22 DEC 47

47 25066

Relief source AS  
508 MCHT INF 82 ABN DIV

*Haugland*

FILE 27 AUG 1948



ORIGINAL ORDER

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

FLAT GRANITE MARKER 25

Below you will find a copy of the inscription taken from the OFFICIAL RECORDS as it will appear on the flat granite marker you ordered. CHECK IT CAREFULLY before the marker is manufactured. Check the INSCRIPTION, NAME AND LOCATION OF CEMETERY. Check with CEMETERY OFFICIALS and make sure a government flat granite marker will be allowed at grave. Check NAME AND ADDRESS OF THE PERSON to whom marker is to be shipped. After you have CORRECTED ANY ERRORS, sign and return promptly in the inclosed envelope which requires no postage.

UNTIL YOU RETURN THIS SLIP THE FLAT GRANITE MARKER CANNOT BE ORDERED. DO NOT DELAY-SIGN & RETURN TODAY.

INSCRIPTION: LATIN CROSS

ELWOOD MORRIS / WISCONSIN / PVT ~~INFANTRY~~ /  
WORLD WAR II / MARCH 4 1919 JUNE 6 1944

508 FRONT INF  
82 ARN DIV

SHIP TO: MRS MARY MORRIS  
933 GARFIELD AVE  
BELOIT  
WISCONSIN

R. R. STATION:

FOR:

R. R. STATION:

JUL 2 1948

APPLICANT:

*Mrs Mary Morris*

CEMETERY: EAST LAWN  
BELOIT  
WISCONSIN

EIL

FILE 27 AUG 1948

OQMG FORM  
Rev. 1 NOV. 45 312

APPROVAL AND ACCEPTANCE

*Mrs Mary Morris*

SIGNATURE

UNITED STATES DEPARTMENT OF JUSTICE

UNITED STATES DEPARTMENT OF JUSTICE

UNITED STATES DEPARTMENT OF JUSTICE

RECEIVED  
MAY 11 1968  
MAY 11 1968  
MAY 11 1968



ELWOOD MORRIS / WISCONSIN / PVT  
MAY 11 1968

MRS. W. Y. MORRIS  
322 B. BRIDLE WAY  
S. LOUIS  
ILLINOIS

POSTAGE  
PAID  
ST. LOUIS, MISSOURI

32 APR 1968

*Handwritten signature*

UNITED STATES DEPARTMENT OF JUSTICE

QMKMH 293  
 Morris, Elwood  
 SN 36 258 128

13 August 1948

Mrs. Mary Morris  
 933 Garfield Avenue  
 Beloit, Wisconsin

Dear Mrs. Morris:

Receipt is acknowledged of the order form covering the authorized inscription to be cut on a flat granite marker for the grave of the late Elwood Morris, on which you have made a change in the date of death.

You are advised, when a veteran dies in the service, it is required the date of death on a Government stone be inscribed as shown on the official records, which in this case is 6 June 1944. If, however, you have papers verifying the decedent's day of death as 23 June 1944 and will loan them to this office, action will be taken toward establishing the correct date. You may be assured any documents you forward will be carefully safeguarded and returned to you when they have served their purpose.

In the event you are unable to locate the necessary documents and will accept the date as shown on the official records, please sign and return the inclosed order form.

The envelope is inclosed for your convenience in replying and an early answer will be appreciated.

Sincerely yours,

G. L. RUTH  
 Memorial Division

- 2 Incls  
 1. order form  
 2. env

mva



RECEIPT OF REMAINS  
DAY LETTER

DISTRIBUTION CENTER AGR DIV., CHICAGO QUARTERMASTER DEPOT  
1819 W. PERSHING RD., CHICAGO, ILLINOIS

ROSMAN UEHLING KINZER CO.  
BELOIT, WISCONSIN

ROUTINE

REMAINS CONSIGNED TO:

REMAINS OF THE LATE PVT. ELWOOD MORRIS *36,758,28*  
BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT. ON TRAIN NUMBER 511,  
C. & N. W. RR.  
LEAVING CHICAGO 6:30 PM C.S.T. MONDAY 24 MAY 1948  
AND DUE TO ARRIVE BELOIT, WIS., 8:23 PM C.S.T. MONDAY 24 MAY 1948  
REQUEST THAT YOU IMMEDIATELY INFORM THE NEXT OF KIN AND MAKE ARRANGEMENTS  
TO ACCEPT REMAINS AT STATION UPON ARRIVAL. REFER TO CONTROL NUMBER 7556

REPATRIATION  
RECORDS BRANCH  
JUN 4 11 46 AM '48  
MEMORIAL DIVISION

CARROLL J. GRINNELL  
LT. COL. Q.M.C.

I, THE UNDERSIGNED, DO HEREBY ACKNOWLEDGE RECEIPT OF THE REMAINS OF THE ABOVE-NAMED DECEASED

THIS 24 DAY OF May, 1948

Sgt. Lyde Harsboom  
WITNESS (Escort)

W.B. Uehling  
CONSIGNEE

REV. 18B

GP

*Handwritten notes and signatures in the bottom right corner, including names like 'B. H. Ryan' and 'B. H. Ryan'.*

1

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 3508 03471	DATE 15 01 48 DAY MONTH YEAR	
NAME MORRIS ELWOOD		SERIAL NUMBER 36258128	RANK PVT	ARM 1
CEMETERY BLOSVILLE - CARENTAN		DATE OF DEATH 1 6 15 08 DAY MONTH YEAR		
PLOT C	ROW 7	GRAVE 130	COUNTRY FRANCE	CAUSE OF DEATH 1

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE ROCK ISLAND NATIONAL CEMETERY ROCK ISLAND, ILLINOIS <i>Rock Island National Cemetery Bellevue, Wis</i>	NAME AND ADDRESS OF NEXT OF KIN MARY MORRIS (MOTHER) 933 GARFIELD, AVENUE BELOIT, WISCONSIN
---	--

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME Morris, Elwood	SERIAL NUMBER 36258128	RANK UTD	DATE OF DEATH 6 June 1944	DATE DISINTERRED 2 February 1948
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION USAGF	RELIGION Prot.	IDENTIFICATION VERIFIED BY T. C. MURRAY Capt, QMC NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Uniform and mattress cover.	CONDITION OF REMAINS Advanced decomposition.
---	---

OTHER MEANS OF IDENTIFICATION  
"M-8128" on collar of flyer's jacket and on waistband of trousers.

MINOR DISCREPANCIES  
None.

REMAINS PREPARED AND PLACED IN CASKET

DATE 19 February 1948	BY Garrett J. Burke
CASKET SEALED BY Garrett J. Burke	EMBALMER (Signature) <i>Garrett J. Burke</i>
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY Charles J. Missigman

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

*John Palyok Jr.*  
JOHN PALYOK JR, 1st Lt, FA  
SIGNATURE OF GRS INSPECTOR

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

*7556*



RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM USMC Bloisville, France		TO Casketing Point B, St. Laurent, France	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Pvt Spach	
SIGNATURE OF SHIPPER <i>W.T. Daily</i> W. T. DAILEY, Capt, QMC	DATE 16 Feb 48	SIGNATURE OF RECEIVER <i>D.A. MacKenzie</i> D. A. MacKENZIE Capt, Inf.	DATE 16 Feb 48
2. SHIPPED			
FROM Casketing Point B, St. Laurent, France		TO Port Unit, Cherbourg, France	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER <i>Strubland</i>	
SIGNATURE OF SHIPPER <i>D.A. MacKenzie</i> D. A. MacKENZIE, Capt, Inf.	DATE	SIGNATURE OF RECEIVER <i>John E. Hendry Jr.</i> JOHN E. HENDRY JR, Maj, CAC	DATE
3. SHIPPED			
FROM CHERBOURG PORT UNIT		TO NYPE	
KIND OF CONVEYANCE USSS LAWRENCE VICTORY		NAME OF CONVOYER JOSEPH J. CARROLL 1st Lt. TC.	
SIGNATURE OF SHIPPER JOHN E. HENDRY JR. MAJ. CAC.	DATE 26 April 1948	SIGNATURE OF RECEIVER <i>Joseph J. Carroll</i>	DATE 26 April 1948
4. SHIPPED			
FROM		TO <i>NYPE</i>	
KIND OF CONVEYANCE		NAME OF CONVOYER <i>Robinson</i>	
SIGNATURE OF SHIPPER NYPE	DATE	SIGNATURE OF RECEIVER <i>James L. McKinnon</i> JAMES L. MCKINNON COLONEL, T. C.	DATE 7 MAY 1948
5. SHIPPED			
FROM <i>NYPE</i>		TO <i>Det # 8</i>	
KIND OF CONVEYANCE <i>Truck</i>		NAME OF CONVOYER <i>James H. Slick</i>	
SIGNATURE OF SHIPPER JAMES L. MCKINNON COLONEL, T. C. PORT TRANSPORTATION OFFICER	DATE MAY 9 1948	SIGNATURE OF RECEIVER <i>James H. Slick</i>	DATE MAY 11 1948
6. SHIPPED			
FROM C. A. 170 BRANCE		TO Capt, Operations Btl.	
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



INSPECTION CHECKLIST					
NAME <b>Morris, Elwood</b>		RANK <b>Pvt</b>		SERIAL NUMBER <b>36268128</b>	
NEXT OF KIN			ADDRESS		
SHIPPING CASE - General Appearance <i>(Check ONLY Discrepancies)</i>			CONDITION OF SHIPPING CASE <i>(Check One)</i> <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY		
FINISH (Exterior)			REMARKS <i>change of consignee</i>		
FINISH (Interior)					
HANDLES					
HANDLE BOLTS					
<input checked="" type="checkbox"/> STENCILING - NAMEPLATE					
			INSPECTED BY: <i>J.W. Malinowski</i>		
CASKET - General Appearance <i>(Check ONLY Discrepancies)</i>			CONDITION OF CASKET <i>(Check One)</i> <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY		
FINISH (Exterior)			REMARKS		
HANDLES AND FASTENINGS					
STENCILING - NAMEPLATE					
CAM LOCKS (Sealing)					
ODOR OR MOISTURE					
			INSPECTED BY: <i>[Signature]</i>		
ROUTED THROUGH					
<input type="checkbox"/> MORTUARY OPERATING ROOM			<input type="checkbox"/> MORTUARY REPAIR SHOP		
CONDITION OF REMAINS <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY			CASKET REPAIRED <input checked="" type="checkbox"/> <i>At Mauter's</i>		
NECESSARY DISINFECTION <i>(Explain)</i>			CASKET EXCHANGED <input type="checkbox"/>		
			SHIPPING CASE REPAIRED <input type="checkbox"/>		
			SHIPPING CASE EXCHANGED <input type="checkbox"/>		
			REMARKS <i>made stencil change</i>		
TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTING OFFICER
				<i>3/24/48</i>	<i>[Signature]</i>
REMARKS					
<b>INSPECTION</b>					
STORAGE LOCATION				PASS. LIST NUMBER	
FLOOR	SECTION	BAY	STORAGE NUMBER	<b>008</b>	
STAMP INCOMING OR OUTGOING				CONTROL NUMBER	
<b>OUTGOING</b>				<b>NC 7556</b>	

HEADQUARTERS  
CHICAGO QUARTERMASTER DEPOT  
OFFICE OF THE COMMANDING OFFICER  
1819 WEST PERSHING ROAD  
CHICAGO 9 ILLINOIS

FILE

IN REPLY REFER TO:

QMDIG-NC

5 May 1948

SUBJECT: Cancellation of Burial

TO : Superintendent  
Rock Island National Cemetery  
Rock Island, Illinois

Request you disregard letter from this office dated 26 March 1948, regarding final burial of Pvt. Elwood Morris in your National Cemetery. The next-of-kin, Mrs. Mary Morris, has requested final burial of Pvt. Morris in a private cemetery.

FOR THE COMMANDING OFFICER:

CARROLL J. GRINNELL  
Lt. Colonel, QMC  
Chief, AGR Division



HEADQUARTERS  
CHICAGO QUARTERMASTER DEPOT  
OFFICE OF THE COMMANDING OFFICER  
1819 WEST PERSHING ROAD  
CHICAGO 9 ILLINOIS

FILE

IN REPLY REFER TO:  
QMDIG-NC

HAD/rdm  
5 May 1948

Mrs. Mary Morris  
933 Garfield Avenue  
Beloit, Wisconsin

Dear Mrs. Morris:

In accordance with your telegram dated 4 May 1948, the remains of the late Private Elwood Morris will be delivered to Rosman Uehling Kinzer Company, Beloit, Wisconsin, with final burial in a private cemetery. Approximately three or four days prior to delivery of remains, your funeral director will be advised of time and means of arrival.

Sincerely yours,

H. A. DAVIS, JR.  
Captain, QMC  
Chief, Adm. Branch  
AGR Division



AT. EOLF  
SIGNAL CENTER  
MAY 4 2 59 PM '48

WU A331 15/14 COLLECT

BELOIT WIS MAY 4 1948 120P

CARROLL J GRINNELL LTD COLONEL

QMC CHIEF AGR DIV

CONSIGN BODY OF ELWOOD MORRIS NC-7556 TO ROSMAN UEHLING

KINZER COMPANY BELOIT WIS

MRS MARY MORRIS.

157P.

75578 5

NC-7556.

347

BQA299 REP

*Lawrence Victory*

FILE  
*noted djs*

100-100-100-100

WU 337 15/14 COLLECT

BELOIT WIS MAY 4 1948 15CP

CARROLL J GRINNELL LTD COLONEL

GMC CHIEF AGR DIV

CONSIGN BODY OF ELWOOD MORRIS NC-7556 TO ROSMAN UELING

KINZER COMPANY BELOIT WIS

MRS MARY MORRIS.

157P.

111  
O.M.D. 100-100-100-100

NC-7556.

ROSSA REP

<b>MESSAGEFORM</b>		MESSAGE CENTER NO.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT	
CALLS V	STA. SER. No.	PRECEDENCE	TRANSMISSION INSTRUCTIONS <b>WESTERN UNION TELEGRAPH COMPANY CHICAGO, ILLINOIS</b>	ORIGINATOR	DATE-TIME GROUP
ACTION	NR	INFORMATION	EXEMPT	OPERATING SIGNALS	GROUP COUNT GR
SPACE ABOVE FOR SIGNAL CENTER ONLY			SECURITY CLASSIFICATION		
FROM: (Originator) AGR DIV., CHICAGO QUARTERMASTER DEPOT 1819 W. PERSHING RD., CHICAGO, ILL.			PRECEDENCE FOR ACTION INFORMATION		
ACTION TO: <b>MRS. MARY MORRIS 933 GARFIELD AVENUE BELOIT, WISCONSIN</b>			<input type="checkbox"/> ORIGINAL MESSAGE <input type="checkbox"/> REFERS TO ANOTHER MESSAGE IDENTIFICATION CLASSIFICATION		
INFORMATION TO:					
THIS HEADQUARTERS ADVISED REMAINS OF LATE <b>PVT. ELWOOD MORRIS</b> ARE ENROUTE TO UNITED STATES. RECORDS OF THIS OFFICE INDICATE YOU WISH REMAINS INTERRED AT <b>ROCK ISLAND NATIONAL CEMETERY, ROCK ISLAND, ILLINOIS</b> PLEASE CONFIRM ABOVE DELIVERY INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS BY TELEGRAM COLLECT WITHIN 48 HOURS TO CHICAGO QUARTERMASTER DEPOT CHICAGO ILLINOIS. THIS IS YOUR FINAL OPPORTUNITY TO CHANGE DELIVERY INSTRUCTIONS AT GOVERNMENT EXPENSE. YOUR COOPERATION WILL GREATLY ASSIST THIS OFFICE. NATIONAL CEMETERY SUPERINTENDENT WILL NOTIFY YOU BY TELEGRAM DATE AND HOUR FUNERAL SERVICES WILL BE HELD IN SUFFICIENT TIME TO PERMIT YOUR ATTENDANCE AT YOUR OWN EXPENSE. MILITARY ESCORT WILL ACCOMPANY REMAINS TO NATIONAL CEMETERY. PAYMENT OF SEVENTY-FIVE DOLLAR INTERMENT EXPENSE ALLOWANCE NOT REPEAT NOT AUTHORIZED IN ANY CASE WHERE BURIAL IS IN A NATIONAL CEMETERY. APPROPRIATE JOINT MILITARY HONORS AND RELIGIOUS SERVICES WILL BE PROVIDED AT GRAVESIDE BY VETERANS ORGANIZATIONS OR MILITARY OR NAVAL PERSONNEL. IN TELEGRAM REPLY REFER TO CONTROL NUMBER <b>NO-7656</b> AND NAME OF DECEASED.					
REV. 46		SECURITY CLASSIFICATION	SIGNATURE	AUTHORIZATION	
ORIGINATING AGENCY		DATE-TIME GROUP <b>MAY 3 1948</b>	OFFICIAL TITLE <b>CARROLL J. GRINNELL LT. COLONEL, QMC, CHIEF, AGR DIV.</b>	PAGE OF	

CARROLL J. GRINNELL,  
LT. COLONEL, QMC,  
CHIEF, AGR DIV.

**FILE**



MR. MARK MORRIS  
222 GARFIELD AVENUE  
MILWAUKEE, WISCONSIN

PAUL WOOD MORRIS

ROCK ISLAND NATIONAL CENTER, ROCK ISLAND, ILLINOIS

RECEIVED  
MAY 3 5 01 PM '48

8888.02

14M

HEADQUARTERS  
CHICAGO QUARTERMASTER DEPOT.  
OFFICE OF THE COMMANDING OFFICER  
1819 WEST PERSHING ROAD  
CHICAGO 9, ILLINOIS

IN REPLY REFER TO  
QMDIG-NC

Date MAR 26 1948

SUBJECT: Final Burial of

<u>Morris, Elwood</u>	<u>Pvt.</u>	<u>36256128</u>	
(Name)	(Rank)	(Serial)	
<u>Army</u>	<u>White</u>	<u>Protestant</u>	<u>Male</u>
(Arm of Service)	(Race)	(Religion)	(Sex)

TO: Superintendent

Rock Island National Cemetery  
Rock Island, Illinois

1. Information has been received from the Quartermaster General that the next-of-kin desires delivery of the remains of subject deceased to you for burial in your National Cemetery. The next-of-kin in this case is:

Mary Morris (Mother)  
(Next-of-kin)

933 Garfield Avenue

(Address)

Beloit

(City)

Wisconsin

(State)

2. When the remains are received in this Distribution Center, and are ready for delivery to you, this office will advise you by telegram; at that time you should communicate with the next-of-kin to arrange a time for the burial. Your reply to this office, including hour and date of funeral, should also be by telegram.

3. Future communications with this office regarding this burial should be identified by CONTROL NO. <sup>NC-7556</sup> and name of deceased.

FOR THE COMMANDING OFFICER:

R. W. BENNETT  
Lt. Colonel, QMC  
Assistant, AGR Div.

## OFFICE OF THE QUARTERMASTER GENERAL

Washington 25, D. C.

293 MORRIS, Elwood *ms*Washington JUN 9 1948 194   

Your request for a headstone for the veteran named on the attached application has reached this office.

Please fill in on the enclosed application or form attached, the information requested where the items are checked in red and return the application and form to us immediately. No further action can be taken on this case until the application and form fully completed regarding additional information are returned.

Complete shipping instructions should be given.

Exact date of death - month, day and year should be furnished.

Give name and location of cemetery in which deceased is buried.

AS THE RECORDS SHOW THE FOUNDATIONS FOR HEADSTONES OR MARKERS MUST BE PAID FOR PRIOR TO ERECTION, ACTION ON THIS APPLICATION IS BEING WITHHELD PENDING RECEIPT OF A SIGNED STATEMENT FROM THE SUPERINTENDENT OF THE CEMETERY ADVISING THAT THE FOUNDATION HAS BEEN TAKEN CARE OF AND THAT THE HEADSTONE OR MARKER CAN BE ERECTED UPON ARRIVAL.

The records of this office show there are restrictions with regard to headstones and markers in the cemetery in which this veteran is buried. It will be necessary, therefore, that you obtain from the cemetery officials a permit for the erection or placing of the government headstone or marker at the head of the veteran's grave.

THE GOVERNMENT FURNISHES AN UPRIGHT HEADSTONE OF MARBLE OR A FLAT MARKER OF EITHER MARBLE, GRANITE OR BRONZE.

CHECK THUS: (X) WHICH TYPE PERMITTED:

UPRIGHT MARBLE

FLAT MARBLE MARKER

FLAT GRANITE MARKER

BRONZE (furnished only where other type stones not permitted.)

PLEASE RETURN THE APPLICATION WITH THE CEMETERY PERMIT PROMPTLY.

47 15686

FILE 21 JUN 1948  
R M Gield  
Lew Br  
NAT





*g.w.*  
FORWARD COPY  
QUARTERMASTER GENERAL, WASHINGTON 25, D. C.  
ATTN: HQBGS, A. G. R. S.

# CERTIFICATE

WW II  
CONTROL NO. 7556

(AR 30-1830)

210-257  
R. K. LITBROU,  
CCL, F. D.  
PAGE, III  
JUN 16 1948

1. FILL IN EITHER PART A OR PART B; NOT BOTH.
2. USE PART A WHEN INTERMENT IS IN A CIVILIAN OR PRIVATE CEMETERY.
3. USE PART B WHEN REMAINS ARE DELIVERED TO HOME OR OTHER PLACE PRIOR TO BURIAL IN A NATIONAL OR POST CEMETERY.

## PART A - CIVILIAN OR PRIVATE CEMETERY

<b>A</b>			
<b>REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES</b> (PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)			
NAME OF DECEDENT <b>MORRIS, ELWOOD</b>	GRADE <b>PVT.</b>	SERIAL NUMBER <b>36258128</b>	COMPONENT <b>US ARMY</b>
I certify that the sum of \$ <u>75.00</u> was paid by me from personal funds in connection with the interment of the remains of the above named decedent in the below named cemetery.			
CLAIM VALID REDEPOSITION INSERT NAME OF CEMETERY <b>EASTLAWN</b>		CITY OR COUNTY <b>Beloit</b>	STATE <b>WISCONSIN</b>
<b>INSTRUCTIONS TO PERSON SIGNING THIS FORM</b> 1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. 2. Return four copies to: <b>Chicago QM Depot American Graves Registration Div. 1819 W. Pershing Rd. Chicago 9, Illinois</b>		SIGNATURE OF CLAIMANT <b>MARY MORRIS Mrs Mary Morris</b>	
		ADDRESS OF CLAIMANT (City, Street or RFD, and State) <b>933 GARFIELD AVENUE, BELOIT, WISCONSIN</b>	
		RELATIONSHIP TO DECEDENT <b>MOTHER</b>	DATE <b>26 May 1948</b>

## PART B - NATIONAL OR POST CEMETERY

<b>B</b>			
<b>REQUEST FOR REIMBURSEMENT OF TRANSPORTATION EXPENSES</b> (PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)			
NAME OF DECEDENT	GRADE	SERIAL NUMBER	COMPONENT
I certify that the sum of \$ _____ was paid by me from personal funds in connection with the transportation of the remains of the above named decedent from and to the following places:			
INSERT CITY OR TOWN (OR ADDRESS NOT IN A CITY OR TOWN) FROM WHICH REMAINS WERE SHIPPED		INSERT NAME AND LOCATION OF NATIONAL OR POST CEMETERY TO WHICH REMAINS WERE SHIPPED	
<b>INSTRUCTIONS TO PERSON SIGNING THIS FORM</b> 1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. 2. Return four copies to: <b>P. O., U. S. ARMY, CHICAGO, ILL.</b>		SIGNATURE OF CLAIMANT	
		ADDRESS OF CLAIMANT (City, Street or RFD, and State)	
		RELATIONSHIP TO DECEDENT	DATE

QMC FORM 23 OCT 47 **1238**

REPLACES WD AGO FORM R-5507, QMC FORM R-5048 AND QMC FORM R-5066, WHICH ARE OBSOLETE.

PAID ON  
161510  
JUN 16 1948  
THEY ACCOUNTS OFF. R. LEAROU,  
COL. F. D. Symbol Number 21...



EXPLANATION OF PART A - CIVILIAN OR PRIVATE CEMETERY

1. When the remains are delivered for interment in a civilian or private cemetery, you are responsible for paying all interment expenses. In this connection, you are entitled to the allowance mentioned in paragraph 2 below.

2. An amount not to exceed \$75 is allowed by the government toward actual interment expenses when final interment of the remains is in a private or civilian cemetery. No allowance is authorized toward interment expenses when interment is in a national or post cemetery.

3. The \$75 maximum allowance by the government toward interment expenses includes but is not limited to the payment of one or more of the following items: hearse hire from the railroad station to your home, the funeral home, church, cemetery, or any other place designated by you; vault; church services; newspaper notices; transportation for friends and relatives to and from cemetery; and the services of a funeral director.

4. Reimbursement by the government is made only to the person who paid from his personal funds the expenses of or incident to interment in a private or civilian cemetery. Receipted bills are not required to accompany this form. Any expenses over and above the \$75 maximum must be borne by the person who incurred or paid the additional expenses.

Form fields for Part A including STATE (WISCONSIN), COUNTY (DANE), and ADDRESS (1000 W. ...). Includes a circular stamp: 'RECEIVED JUN 14 1948 F.O. U.S. CHICAGO'.

EXPLANATION OF PART B - NATIONAL OR POST CEMETERY

1. When the remains are delivered to you at government expense prior to burial in a national or post cemetery, you are responsible for all additional expenses necessary to deliver the remains from that point to the national or post cemetery grave site. However, you may be entitled to an allowance for the cost of transporting the remains from your home to the national or post cemetery grave site subject to the conditions outlined in paragraph 2 below.

2. Reimbursement of transportation expenses is allowed only when the cost to the government to deliver the remains to you is LESS than what it would have cost the government to deliver the remains direct to the national or post cemetery of final interment. However, the amount which you may be allowed (the difference between cost of delivery to you and cost of delivery by the government direct to the national or post cemetery) may not exceed the amount actually expended by you to deliver the remains to the cemetery grave site. WHETHER OR NOT YOU WILL BE GRANTED AN ALLOWANCE IS DEPENDENT UPON AN AUDIT OF THIS REQUEST. IN ANY EVENT YOU WILL BE NOTIFIED OF ANY ALLOWANCE DUE YOU BY THE OFFICE TO WHICH THIS FORM IS SENT.

3. Reimbursement by the government will be made only to the person who paid from his personal funds for transporting the remains to the national or post cemetery grave site.

4. No interment expense allowance is authorized since interment is made ultimately in a national or post cemetery.

Form fields for Part B including STATE (WISCONSIN), COUNTY (DANE), and ADDRESS (1000 W. ...). Includes a circular stamp: 'RECEIVED JUN 14 1948 F.O. U.S. CHICAGO'.



*h. grim*

*0*

HEADQUARTERS  
CHICAGO QUARTERMASTER DEPOT  
OFFICE OF THE COMMANDING OFFICER  
1819 WEST PERSHING ROAD  
CHICAGO 9, ILLINOIS

IN REPLY REFER TO:  
QMDIG-NC

5 May 1948

*213 Morris, Elwood ms*

SUBJECT: Change in Instructions by Next-of-Kin

TO : The Quartermaster General  
Department of the Army  
Washington 25, D. C.  
Attention: Memorial Division

1. Reference <sup>293</sup>Disinterment Directive 3508 03471 for return burial of Pvt. Elwood Morris. The original instructions provide for burial in Rock Island National Cemetery, Rock Island, Illinois. The next-of-kin, Mrs. Mary Morris, 933 Garfield Avenue, Beloit, Wisconsin, has requested this Distribution Center to deliver the remains to Rosman Uehling Kinzer Company, Beloit, Wisconsin, before interment in a private cemetery. *NY 08*

2. The Superintendent of Rock Island National Cemetery has been advised of this cancellation of interment.

FOR THE COMMANDING OFFICER:

*Carroll E. Grinnell*  
CARROLL E. GRINNELL  
Lt. Colonel, @MC  
Chief, AGR Division

*NAT  
File  
20  
P Rogerson  
1 by JP*

CHICAGO QUARTERMASTER DEPT  
OFFICE OF THE COMMANDING OFFICER  
1415 WEST PULASKI ROAD  
CHICAGO 9, ILLINOIS

TO: [Faint recipient information]

SUBJECT: Change in Instructions to [Faint subject details]

1. Reference is made to [Faint paragraph 1 content]

The information [Faint paragraph 2 content]

RECORDS BRANCH  
MAY 10 11 15 AM '48  
MEMPHIS DIVISION





**REQUEST FOR DISPOSITION OF REMAINS**

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

DATE:

Pvt. Elwood Morris, 36 298 128  
 Plot C, Row 7, Grave 130,  
 United States Military Cemetery  
 Bloisville, France

17 October 1947

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

**PART I**

I, MRS MARY MORRIS

(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

- WIDOW                       WIDOWER                       SON OVER 21 YEARS OLD                       DAUGHTER OVER 21 YEARS OLD
- FATHER                       MOTHER                       BROTHER OVER 21 YEARS OLD                       SISTER OVER 21 YEARS OLD
- RELATIONSHIP OTHER THAN ABOVE (Specify) \_\_\_\_\_

HAVING FAMILIARIZED MYSELF WITH THE OPTIONS WHICH HAVE BEEN MADE AVAILABLE TO ME WITH RESPECT TO THE FINAL RESTING PLACE OF THE DECEASED DESIGNATED ABOVE, NOW DO DECLARE THAT IT IS MY DESIRE THAT THE REMAINS: (Please place an "X" in the box opposite the option you have selected.)

- 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS.
- 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 Rock Island Ill. (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.

*Code 2 6 Nov 47  
 Gallagher*

*J.P. Jones*  
 16 FEB 1948

QMG FORM 345 MILITARY  
 14 NOV 1946

16-5011-1

PAGE 11

NOV 20

*J.K.*



**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
MORRIS	CLARENCE	A	Brother
933 GARFIELD	BELOIT	ROCK	WIS

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

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

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

*Mrs Mary Morris* (SIGNATURE OF NEXT OF KIN)      933 Garfield Ave. (STREET AND NUMBER)  
 MRS MARY MORRIS (NAME PRINTED OR TYPED)      Beloit, Wisconsin (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 3rd day of Nov., 1947, at city (or town) of Beloit, county of Rock, and State (or Territory or District) of Wisconsin

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

*James A. Napp*  
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)  
 NOTARY PUBLIC, POLK CO., WISCONSIN  
 (OFFICIAL TITLE)

If you are the next of kin and you

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

LAST NAME
RELATIONSHIP TO THE DECEASED
NUMBER AND STREET

WHOM I UNDERSTAND SHALL BE

(SIGNATURE)

(NAME PRINTED)

If you are NOT the next of kin and

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

LAST NAME
RELATIONSHIP TO THE DECEASED
NUMBER AND STREET

(SIGNATURE)

(NAME PRINTED)

**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)

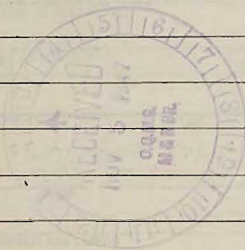
\_\_\_\_\_ (SIGNATURE) \_\_\_\_\_ (STREET AND NUMBER)

\_\_\_\_\_ (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.*





1993  
 Pvt. Elwood Morris, 36 258 128  
 Plot G, Row 7, Grave 130,  
 United States Military Cemetery  
 Bloisville, France

17 October 1947

Mrs. Mary Morris  
 933 Garfield Avenue  
 Beloit, Wisconsin

Dear Mrs. Morris:

The people of the United States, through the Congress have authorized the disinterment and final burial of the heroic dead of World War II. The Quartermaster General of the Army has been entrusted with this sacred responsibility to the honored dead. The records of the War Department indicate that you may be the nearest relative of the above-named deceased, who gave his life in the service of his country.

The enclosed pamphlets, "Disposition of World War II Armed Forces Dead," and "American Cemeteries," explain the disposition, options and services made available to you by your Government. If you are the next of kin according to the line of kinship as set forth in the enclosed pamphlet, "Disposition of World War II Armed Forces Dead," you are invited to express your wishes as to the disposition of the remains of the deceased by completing Part I of the enclosed form "Request for Disposition of Remains." Should you desire to relinquish your rights to the next in line of kinship, please complete Part II of the enclosed form. If you are not the next of kin, please complete Part III of the enclosed form.

If you should elect Option 2, it is advised that no funeral arrangements or other personal arrangements be made until you are further notified by this office.

Will you please complete the enclosed form, "Request for Disposition of Remains" and mail in the enclosed self-addressed envelope, which requires no postage, within 30 days after its receipt by you? Its prompt return will avoid unnecessary delays.

Sincerely,

THOMAS B. LARKIN  
 Major General  
 The Quartermaster General

Incls.

kag

Oct 21 11 22 AM '47

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

# REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

*29/3*  
Pvt Elwood Morris, 36 258 128  
Plot C, Row 7, Grave 130,  
United States Military Cemetery  
Blossville, France

*9/11/47*  
9 September 1947

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

## PART I

I, \_\_\_\_\_ (PLEASE PRINT OR TYPE NAME OF NEXT OF KIN) (Please indicate relationship to the deceased by placing an "X" in the proper box.)

- WIDOW       WIDOWER       SON OVER 21 YEARS OLD       DAUGHTER OVER 21 YEARS OLD
- FATHER       MOTHER       BROTHER OVER 21 YEARS OLD       SISTER OVER 21 YEARS OLD
- RELATIONSHIP OTHER THAN ABOVE (Specify) \_\_\_\_\_

HAVING FAMILIARIZED MYSELF WITH THE OPTIONS WHICH HAVE BEEN MADE AVAILABLE TO ME WITH RESPECT TO THE FINAL RESTING PLACE OF THE DECEASED DESIGNATED ABOVE, NOW DO DECLARE THAT IT IS MY DESIRE THAT THE REMAINS: (Please place an "X" in the box opposite the option you have selected.)

1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS.
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 HOMETLAND 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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FILE**  
**28 OCT 1947**  
*P. Rogers*

*new C.O.I. SWT OCT 1 7 1947 mta*



**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
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	STATE OR TERRITORY OF U. S. A., OR COUNTRY
		TELEPHONE No.

IN CASE OF EMERGENCY THE NAME AND ADDRESS OF THE PERSON NEXT IN LINE OF KINSHIP AFTER ME, AS SET FORTH IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," IS:

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

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

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

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

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

Subscribed and duly sworn to before me according to law by the above-named applicant this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, at city (or town) of \_\_\_\_\_, county of \_\_\_\_\_, and State (or Territory or District) of \_\_\_\_\_

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

_____ (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
_____ (OFFICIAL TITLE)

If you are the next of kin and

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

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 I AM THE NEXT OF KIN AND THE INDIVIDUAL AUTHORIZED TO DIRECT THE DISPOSITION OF THE SAID REMAINS.

LAST NAME
Morris
RELATIONSHIP TO THE DECEASED
NUMBER AND STREET
933 C

\_\_\_\_\_  
(SIGNATURE)

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

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

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

\_\_\_\_\_ (DATE)

\_\_\_\_\_ (SIGNATURE OF NEXT OF KIN) \_\_\_\_\_ (STREET AND NUMBER)

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

**PART III**

If you are NOT the next of kin authorized to direct the disposition of remains, please fill in PART III of this form.

THIS IS TO NOTIFY YOU THAT I AM NOT THE NEXT OF KIN AUTHORIZED TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED NAMED ON PAGE 1 OF THIS FORM. THE FOLLOWING PERSON, TO THE BEST OF MY KNOWLEDGE, IS THE NEXT OF KIN TO WHOM THIS FORM SHOULD BE DIRECTED.

LAST NAME	FIRST NAME	MIDDLE INITIAL
Morris	Mary	
RELATIONSHIP TO THE DECEASED		
Mother		
NUMBER AND STREET	CITY OR TOWN	STATE OR COUNTRY
933 Garfield Ave.	Beloit	Wis.

\_\_\_\_\_ (DATE) 9/21/47

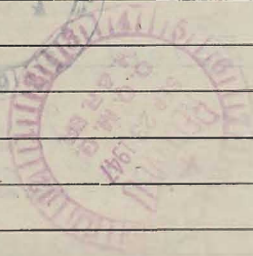
\_\_\_\_\_ (SIGNATURE) Ruth Morris Blucher \_\_\_\_\_ (STREET AND NUMBER) 217 S. Catherine St.

\_\_\_\_\_ (NAME PRINTED OR TYPED) Ruth Morris Blucher \_\_\_\_\_ (CITY AND STATE) Baltimore, Md.

**ADDITIONAL REMARKS AND INSTRUCTIONS**

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

Lined area for additional remarks and instructions.





Pvt Elwood Morris, 36 258 128  
 Plot C, Row 7, Grave 130,  
 United States Military Cemetery  
 Bloisville, France

9 September 1947

Mrs. Ruth L. Morris  
 217 South Catherine Street  
 Baltimore, Maryland

Dear Mrs. Morris:

The people of the United States, through the Congress have authorized the disinterment and final burial of the heroic dead of World War II. The Quartermaster General of the Army has been entrusted with this sacred responsibility to the honored dead. The records of the War Department indicate that you may be the nearest relative of the above-named deceased, who gave his life in the service of his country.

The enclosed pamphlets, "Disposition of World War II Armed Forces Dead," and "American Cemeteries," explain the disposition, options and services made available to you by your Government. If you are the next of kin according to the line of kinship as set forth in the enclosed pamphlet, "Disposition of World War II Armed Forces Dead," you are invited to express your wishes as to the disposition of the remains of the deceased by completing Part I of the enclosed form "Request for Disposition of Remains." Should you desire to relinquish your rights to the next in line of kinship, please complete Part II of the enclosed form. If you are not the next of kin, please complete Part III of the enclosed form.

If you should elect Option 2, it is advised that no funeral arrangements or other personal arrangements be made until you are further notified by this office.

Will you please complete the enclosed form, "Request for Disposition of Remains" and mail in the enclosed self-addressed envelope, which requires no postage, within 30 days after its receipt by you? Its prompt return will avoid unnecessary delays.

Sincerely,

THOMAS B. LARKIN  
 Major General  
 The Quartermaster General

8 Incls.

tjh

SEP 15 12 13 PM '47  
 OCMC MAR 11



SPQYG 293  
Morris, Elwood  
S.N. 36 258 128

15 August 1945

Mrs. Ruth L. Morris  
217 South Catherine Street  
Baltimore 23, Maryland

Dear Mrs. Morris:

Your letter has been forwarded to this office for direct reply, relative to the burial of the remains of your husband, the late Private Elwood Morris.

The official report of interment received in this office reveals that the remains of your husband were interred in the U. S. Military Cemetery, Bloisville, France, Plot C, Row 7, Grave 130. With reference to other larger cities the approximate location of Bloisville, France is twenty miles northwest of St. Lo, twenty-four miles southeast of Cherbourg and five miles north and slightly west of Carentan, all in France.

This office regrets, sincerely, the delay in answering your letter and wishes to extend its deepest sympathy in the loss of your husband.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

ARTHUR L. WARREN  
Colonel, QMC  
Assistant

CCP

AUG 19 11 03 AM '45  
O. O. M. G.  
MAIL & RECORDS BRANCH

AUG 19 10 18 AM '45  
MEMORIAL DIVISION

*mcj*

HEADQUARTERS, ARMY SERVICE FORCES

MEMO ROUTING SLIP

TO THE FOLLOWING IN ORDER INDICATED:

	NAME OR TITLE	ORGANIZATION	BUILDING AND ROOM	INITIALS
1	Director	Memorial Division	Room 1007, Tempo C, Washington 25, D.C.	DATE
2				
3				



For necessary action.

2 Incls.



*H.C. Keenan*

FROM:	NAME	ORGANIZATION	BUILDING AND ROOM	DATE	TELEPHONE
	Composite Section 4	Family Relations Sub Section	3711 Pakola	8 Jun 45	79815

W. D., A. G. O. Form 0115  
1 October 1944

This Form supersedes W. D., A. G. O. Form 0115, 23 March 1944,  
which may be used until existing stocks are exhausted.  
16-31940-2 GPO

*293*  
*Marino, Elwood*

HEADQUARTERS, ARMY SERVICE FORCES

MEMO ROUTING SLIP

TO THE FOLLOWING IN ORDER INDICATED:

	NAME OR TITLE	ORGANIZATION	BUILDING AND ROOM	INITIALS	DATE
1			MEMORIAL DIVISION		JUN 17 11 31 AM '44
2					
3					



FROM:	NAME	ORGANIZATION	BUILDING AND ROOM	DATE	TELEPHONE

W. D. A. G. O. Form 0115  
1 October 1944

This Form supersedes W. D. A. G. O. Form 0115, 23 March 1944,  
which may be used until existing stocks are exhausted.  
16-3,000-2 GPO



C  
O  
P  
Y217 S. Catherine Street  
Baltimore 23, Maryland  
May 10, 1945Re: AGPC-G 201 Morris, Elwood  
36258128War Department  
The Adjutant General's Office  
Washington, 25, D. C.

Attention: J. A. Ullo, Major General

Dear Sir:

Approximately ten months ago I received word from you that my husband, Pvt. Elwood Morris, 36258128, 508 Parachute Infantry had been killed in action in France, but that at that time you could give me no details because of military regulations. I wrote several times to his commanding officer and chaplain, but they too gave the same reply. I also asked in all my letters if perhaps you could give me the name or names of some of the members of his company, so that I might write to them in an effort to at least find something out.

It seems to me that now that so much time has passed any information you could give me would be of little value to anyone not even the enemy who has unconditionally surrendered. I feel that I am entitled to know something. At least I think I should know where he is buried. And I do think I should be given the names of some of his comrades so that I might contact them, if it is not too much trouble I should appreciate anything you may be able to tell me.

This much I know that my husband went into action in Normandy on June 6, D-Day, and was killed in action on June 23rd.

Any information that you might give me would be greatly appreciated.

Sincerely,

/s/ RUTH L MORRIS

rlm

C  
O  
P  
Y217 S. Catherine Street  
Baltimore 23, Maryland  
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36258128War Department  
The Adjutant General's Office  
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Sincerely,

/s/ RUTH L MORRIS

rlm



VMT/sp

AGFC 201 Morris, Elwood  
(10 May 45) 36258128

8 June 1945

Mrs. Ruth L. Morris  
217 South Catherine Street  
Baltimore 23, Maryland

Dear Mrs. Morris:

This is in reply to your recent letter relative to your husband, the late Private Elwood Morris, who was killed in action in France on 6 June 1944.

I readily understand your desire for information regarding the circumstances surrounding your husband's death and regret that no information has been received other than that already furnished you.

You are advised that my letter to you dated 21 September 1944 erroneously stated that your husband was killed in action on 23 June 1944 and is sincerely regretted, and as stated in my letter of 5 September 1944, Private Morris was killed in action on 6 June 1944 instead of 23 June 1944. I might add that in handling the large volume of communications to and from this office, every effort is made to prepare mail as accurately as possible.

Inasmuch as the facilities for securing the names of your husband's comrades are not available in this office due to the frequent changes and movement of military units, I am unable to comply with your request.

Since The Quartermaster General, Washington 25, D. C., has jurisdiction over matters pertaining to burial location, a copy of your letter has been forwarded to that official.

Please accept my continued sympathy in the great loss you have sustained.

Sincerely yours,

ROBERT H DUNLOP  
Brigadier General  
Acting The Adjutant General of the Army

GRAVE REGISTRATION  
Form No. 1  
(Revised 1 Sept. 1943)

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

OCT 15 1944  
455  
7734  
20 June 1944  
Date  
10-11-44

Morris Elwood (NAI) Unknown 36258128  
Last Name First Initial Rank Serial No.  
Unknown 508 Gata Inf Reg 2nd. A/B Div.  
Unit Organization  
France 6 June 1944 KIA  
Place of Death Date of Death Cause of Death  
19 June 1944 Blossville France  
Time and Date of Burial Name of Cemetery Name or Coordinates of Location  
130 7 C Peg  
Grave Number Row Number Plot Number Type of Marker

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

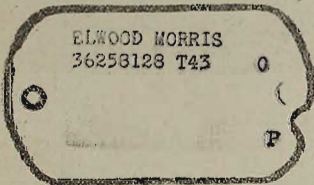
If No Identification Tags  
How were remains identified?

What means of identification were buried with the body?

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

Who is buried on: Wallace, Robert H. 11084364 Unknown Unknown 131  
Deceased's Right: Name Serial No. Rank Organization Grave No.  
Passmore, Joseph H. 18248034 Unknown Unknown 129  
Deceased's Left: Name Serial No. Rank Organization Grave No.

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



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

Emergency Addressee Unknown  
Name

Address

Religion Protestant

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

NONE

Signature of Officer or other person reporting burial

*Dale C. Sherwood*

DALE C. SHERWOOD  
1st. Lt., QMC

Verified by G.R.S. Officer

File 20 NOV 1944 94

*Dec 37*



### IF DECEASED UNIDENTIFIED

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

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

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

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

Left Hand

4
3
2
1
Thumb

Right Hand

4
3
2
1
Thumb

#### TOOTH CHART

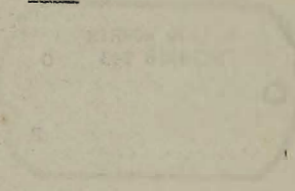
		Deceased's Left							
		8	7	6	5	4	3	2	1
Upper	8								
Upper	7								
Upper	6								
Upper	5								
Upper	4								
Upper	3								
Upper	2								
Upper	1								
Lower	1								
Lower	2								
Lower	3								
Lower	4								
Lower	5								
Lower	6								
Lower	7								
Lower	8								

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

Characteristics: \_\_\_\_\_

Other Data: \_\_\_\_\_

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



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

1227

\*CORRECTED REPORT ORIGINAL  
 FORWARDED 4 August 1944

REPORT OF DEATH

DATE 4 September 1944  
alg/4630

FULL NAME <b>Morris, Elwood</b>		ARMY SERIAL NUMBER <b>36,258,128</b>	GRADE <b>Pvt</b>
HOME ADDRESS		ARM OR SERVICE	DATE OF BIRTH
PLACE OF DEATH	CAUSE OF DEATH		DATE OF DEATH <b>#6 Jun 44</b>
STATION OF DECEASED		DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)			
INVESTIGATION MADE?		IN LINE OF DUTY	OWN MISCONDUCT
YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE	IN FLYING PAY STATUS
YES	NO	YES	NO
OTHER PAY STATUS (SPECIFY BELOW)			
YES	NO		

ADDITIONAL DATA AND/OR STATEMENT

COPIES FURNISHED:		
S. G. O.	F. B. I.	F. O. U. S. A.
S. O. C. M. G.	O. F. D.	ARMY EFFECTS BUREAU
G. A. O.	VET. ADMIN.	CASUALTY BRANCH FILE
		A. G. 201 FILE

BATTLE

NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

*J. A. Marshall*  
**J. A. Marshall**

ADJUTANT GENERAL

*File  
 1 Oct 44  
 v. B*



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

**REPORT OF DEATH**

DATE 4 August 1944

FULL NAME <u>Morris, Elwood</u>		ARMY SERIAL NUMBER <u>36 258 128</u>		GRADE <u>Pvt.</u>	
HOME ADDRESS <u>Beloit, Wis.</u>		ARM OR SERVICE <u>Parachute Infantry</u>		DATE OF BIRTH <u>4 March 1918</u>	
PLACE OF DEATH <u>European area</u>		CAUSE OF DEATH <u>Killed in action</u>		DATE OF DEATH <u>23 Jun 44</u>	
STATION OF DECEASED <u>European area</u>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <u>19 Aug 42</u>		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS <u>1 10 5</u>	
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <u>Mrs. Ruth L. Morris, wife, 217 S. Catherine St., Baltimore, Md.</u>					
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <u>Mary Morris, mother, 215 Prospect Ave., Beloit, Wis. Josephine Morris, sister, same as above *</u>					
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT	
YES	NO	YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS	
YES	NO	YES	NO	YES	NO
				X	
				OTHER PAY STATUS (SPECIFY BELOW)	
				X	

ADDITIONAL DATA AND/OR STATEMENT

\*(Bene con't)  
Mrs. Ruth L. Morris, wife, 217 S. Catherine St., Baltimore, Md. (not designated)

ON PARACHUTE PAY.

The individual named in this report of death is held by the War Department to have been in a missing in action status from 6 June 44 until such absence was terminated on 25 July 1944 when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a commander in the European Area.

83 AUG 1944 FILE  
wmg

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

7/19  
led

293 Morris, Elwood

Out

36258 125



Hand property of Private Morris is retained here at a  
date. It will be forwarded to you.

Yours very truly,

161631 ✓

JRM:MD:vv ✓  
April 14, 1945 ✓

Mrs. Ruth L. Morris ✓  
217 S. Catherine Street ✓  
Baltimore 23, Maryland ✓

Dear Mrs. Morris: ✓

I have your letter of March 20, regarding the ✓  
personal effects of your husband, Private Elwood Morris. ✓

It is regretted that the items about which you ✓  
inquire were not received here. All of your husband's ✓  
property received at this Bureau has been sent you. ✓

So that you may better understand the diffi- ✓  
culties encountered in the recovery of personal effects, ✓  
I am inclosing an information circular on the subject. ✓

I wish to assure you that in the event addi- ✓  
tional property of Private Morris is received here at a ✓  
later date, it will be forwarded to you promptly. ✓

Yours very truly, ✓

HARRY NIEMIEC ✓  
2nd Lt. Q.M.C. ✓  
Chief, Correspondence Branch

1 Incl--Circular ✓  
  
*hl*

Mrs. Ruth L. Morris

217 S. CATHERINE STREET  
BALTIMORE 23, MARYLAND

RE: 161,631  
Merch 20, 1945

Army Service Forces  
Kansas City Q. M. Depot  
Army Effects Bureau  
601 Hardesty Avenue  
Kansas City 1, Missouri

Attention: F. A. Eckhardt  
Capt. Q.M.C. Assistant

Gentlemen:

Recently I received two packages containing the personal effects of my husband, Private Elwood Morris, 36258128, who was killed in action in France. These packages contained very little and I feel sure that he must have had other things in addition to this. Surely he had papers and I can't help but feel he must have had cards and money in his wallets, which were returned empty. Another thing which I did not receive was his identification bracelet. As I mentioned before I can't believe that the things I received back were all of his personal things - Can you give me any information concerning this matter, if so, I would greatly appreciate it.

For one thing I feel certain that he must have carried more than an empty wallet. Two of his wallets were returned empty. I am listing below just what was forwarded to me;

*file  
w  
R*



- 2 -

March 20, 1945

1 Ring  
1 fountain pen  
2 wallets - containing nothing  
2 pictures in cases  
2 snapshots  
1 money belt  
1 duffle bag  
1 campaign ribbon

surely he had more than this, he must have carried something in his wallets, he must have had letters and papers of some sort. What can you tell me of these things - and above all what can you tell me of his identification bracelet.

Thanking you in advance for any information you can give me.

Sincerely yours,

*Ruth L. Morris*  
(Mrs.) Ruth L. Morris

rlm

March 20, 1945

- 2 -

1 Ring  
 1 Contain gun  
 2 wallets - containing money  
 2 documents in case  
 2 newspapers  
 1 money belt  
 1 Gullie box  
 1 cigarette pack

already he had more than this, he must have carried something in his wallets, he must have had letters and papers of some sort. What can you tell me of these things - and above all what can you tell me of the identification procedure?

Thanking you in advance for any information you can give me.

Sincerely yours,

(Mrs.) Ruth L. Morris

rlm

100-2-2-545





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

JRM:CH:ely  
February 20, 1946

IN REPLY REFER TO: 161,631

Mrs. Ruth L. Morris  
217 South Catherine Street  
Baltimore, Maryland

Dear Mrs. Morris:

The Army Effects Bureau has received some additional property of your husband, Private Elwood Morris.

These effects, contained in one package, 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 soldier's legal residence.

Extending every sympathy, I am

Sincerely yours,

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

ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Ruth L. Morris  
217 South Catherine Street  
Baltimore, Maryland

Effects of: Pvt. Elwood Morris  
Name  
ASN 36258128  
Case No. 161,631-D  
Wt.

DATE 16 February 1945

JRM:CH:eh

*V. Lease*  
FOR: Effects Quartermaster

REMARKS:

- |   |  |
|---|--|
| <input type="checkbox"/> Inclose Bureau Check     | <input type="checkbox"/> Remove G.I.               |
| <input type="checkbox"/> Acct. No. _____          | <input type="checkbox"/> Note discrepancy in _____ |
| <input type="checkbox"/> Amount _____             | <input type="checkbox"/> Films removed             |
| <input type="checkbox"/> Inclose "Valuables" item | <input type="checkbox"/> Diary removed             |
| <input type="checkbox"/> Ship "Valuables" item(s) | <input type="checkbox"/> Laundry removed           |

ROUTING:

- Accounting Branch
- Warehouse Division
- Files Branch, Adm. Div.

REMARKS:

1 Pkg

Fracked \_\_\_\_\_  
 Est. Exp. Chgs. \_\_\_\_\_  
 Est. Frt. Chgs. \_\_\_\_\_  
 No. of packages \_\_\_\_\_

FEB 19 1945

FEB 26 1945

Shipping Clerk *mt*

FEB 17 1945







ADDITIONAL REMARKS

SHORTAGES

U S GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

I certify that the above listed items were not in the containers inventoried by me:

INVENTORY CLERK

SUPERVISOR

G.I. RECEIVED



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

IN REPLY REFER TO: 161631 H

JRM:CH:cms  
January 31, 1945

Mrs. Ruth L. Morris  
217 South Catherine Street  
Baltimore, Maryland

Dear Mrs. Morris:

The Army Effects Bureau has received from overseas some personal effects of your husband, Private Elwood Morris.

These effects are being forwarded to you in one package.

If, by any chance, the property has not reached you at the expiration of thirty days from this date, please notify me and tracer will be instituted.

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

I regret the circumstances prompting this letter, and wish to express my sympathy in the loss of your husband.

Yours very truly,

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



Summary Court-Martial  
ARMY SERVICE FORCES  
KANSAS CITY QUARTERMASTER DEPO. Case No. 167,631 mjk  
601 Hardesty Avenue  
Kansas City 1, Missouri Date 25 January 1945

SUBJECT: Report of transactions in disposing of the effects of

Elwood Morris, 36258128 late a  
(Name of deceased) (Army Serial Number)  
Private, Parachute Infantry who died  
(Grade) (Organization, Army or Service)  
on the 6 day of June, 1944, at European Area.

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

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

a. No legal representative or widow of decedent being present at 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

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 25 January 1945, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Ruth L. Morris for the effects of the above-named deceased soldier, or person subject to military law, now in the possession of the United States, with other relevant evidence, was duly considered;

Whereupon, this Summary Court-Martial finds that, under the provisions of A.W. 112, Mrs. Ruth L. Morris of (Name of person found entitled)  
217 South Catherine Street Baltimore State of (Number, Street or Avenue) (City, Town or Village)  
Maryland, is the widow of the (Relationship or Capacity)

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

(Signature of Summary Court Officer)

W. F. HEIDMAN, Major, Q.M.C.  
(Name, rank, Organization)  
SUMMARY COURT MARTIAL

ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO: Mrs. Ruth L. Morris  
217 South Catherine Street  
Baltimore, Maryland

Effects of:  
Name Pvt. Elwood Morris  
ASN 36258128  
Case No. 161,631-D  
It.

*[Faint stamp]*

*V. Leese*

DATE 25 Jan 45  
JRM:CH:mjk

FOR: Effects Quartermaster

REMARKS:  
Inclose Bureau Check \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
Amount \_\_\_\_\_  
Inclose "Valuables" item \_\_\_\_\_  
Ship "Valuables" item(s) \_\_\_\_\_  
Remove G.I. \_\_\_\_\_  
Note discrepancy in \_\_\_\_\_  
Films removed \_\_\_\_\_  
Diary removed \_\_\_\_\_  
Laundry removed \_\_\_\_\_

ROUTING:  
Accounting Branch \_\_\_\_\_  
Warehouse Division \_\_\_\_\_  
Files Branch, Adm. Div. \_\_\_\_\_

JAN 27 1945

*1 pkg*

REMARKS:  
Franked **U S A R M Y**  
Est. Exp. Chgs. \_\_\_\_\_  
Est. Frt. Chgs. \_\_\_\_\_  
No. of Packages 1

*AJ*

FEB 2 1945

JAN 26 1945

Shipping Clerk



SHEET <u>6</u> OF <u>1</u> SHEETS		ARMY EFFECTS BUREAU INVENTORY		DECEASED	<input type="checkbox"/>
BOX NUMBER <u>22</u>		ORIGINAL NUMBER OF PACKAGES <u>1</u>		MISSING	<input type="checkbox"/>
TALLY NUMBER <u>5738</u>		INVENTORY DATE <u>15 Jan 45</u>		POW	<input type="checkbox"/>
EFFECTS OF <u>ELWOOD MORRIS</u>		CASE NUMBER <u>161631</u>		ABANDONED	<input type="checkbox"/>
A.S.N. <u>36258128</u>		ORGANIZATION		RANK	
PACKAGE DESCRIPTION					
CLOTHING		PERSONAL ITEMS		CONTAINERS	
BELT	BRACELET, IDENTIFICATION	BAGS, CLOTH			
BELT, MONEY (NO MONEY)	BRUSHES	BAGS, TRAVEL			
CLOTH, WASH	CAMERAS	BILLFOLD (NO MONEY)			
COATS	GLASSES	CASE,			
FOOTWEAR, PR.	KNIVES	FOOTLOCKER			
GLOVES, PR.	LIGHTERS	KIT, SEWING			
HANDKERCHIEFS	MISC. INSIGNIA	KIT, TOILET			
HEADWEAR	MISC. ITEMS	KIT, WRITING			
JACKETS	PEN, FOUNTAIN	PAPERS AND MISC.			
OVERCOATS	PENCIL, MECHANICAL	BOOKS			
SCARFS	PIPES	BOOKS, ADDRESS			
SHIRTS	RELIGIOUS ARTICLES	BOOKS, NOTE			
SOCKS, PR.	RIBBONS, DECORATION	BOOKS, PILOT LOG			
TIES	RINGS	DIARY (REMOVED FOR DURATION)			
TOWELS	TOBACCO	FILMS			
TROUSERS, PR.	TOILET ARTICLES	LETTERS			
TRUNKS, PR.	WATCH	PAPERS, PERSONAL			
UNDERWEAR	WINGS	PHOTOS			
		SHOE SHINE ARTICLES			
		SHORT SHORTER			
		SOUVENIRS			
		SOUVENIR MONEY			
		STATIONERY			
		TESTAMENTS			
		U.S. MONEY (AMOUNT)			
file sent					
REMARKS: <u>none</u>			ATTACHMENTS: <input type="checkbox"/> FORM #54 <input checked="" type="checkbox"/> FORM #100		
<u>no information</u> <u>checked</u> <u>no correspondence</u>			<u>1 G.I. label</u>		
* mailed: <u>JAN 23 1945</u>			Ad		
C.A.T. <u>none</u>			WEIGHT		
WAREHOUSE SPACE <u>1059</u>			GI REMOVED		
STORED BY <u>Jm</u>			SHORTAGE ON REVERSE		
INVENTORIED BY <u>Waters</u>			<input checked="" type="checkbox"/> IDENT. TAGS REMOVED		
PACKED BY <u>Yours</u>			DIARY REMOVED		
CHECKED BY <u>C</u>			DATE SHIPPED <u>JAN 27 1945</u>		
			LOCKED STORAGE		
			LAUNDRY REMOVED		
			FILM REMOVED		





(3 copies to Effects Q.M. ETOUSA; 1 copy in box with effects; 1 copy retained)

28 July 1944  
Date

HEADQUARTERS  
508th PARACHUTE INFANTRY  
APO 230 U. S. Army

(Organization and A.P.O. Number)

SUBJECT: Transmittal of Inventory of Personal Effects.

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

Transmitted herewith in accordance with Adm. Cir. # 80, dated 25 Oct.  
1943, Hq. SCS, ETOUSA, is Inventory of Effects concerning subject named below.

<u>Morris</u>	<u>Elwood</u>	<u>Pvt</u>	<u>36258128</u>	
(Last Name)	(First Name)	(MI)	(Rank)	(A.S.N.)
				(Control No.) (For use of Effects QM. ETOUSA)

Organization Company "H" 508th Precht. Inf.  
(UNIT - - - - Not Branch of Service)

\*Status. (Deceased, ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~ on the 23 ~~XXXXXXXXXX~~  
day of June 19 44)

Designated beneficiary (With Address) Mrs Ruth Morris 217 S Catherine St.,  
Baltimore, Maryland. (Wife).

Cl. II Assets: Cash found in effects, less cost of money order inclosed herewith

U.S.M.O. # None Amt \$ \_\_\_\_\_ U.S.M.O. # \_\_\_\_\_ Amt \$ \_\_\_\_\_

U.S.M.O. # \_\_\_\_\_ Amt \$ \_\_\_\_\_ U.S.M.O. # \_\_\_\_\_ Amt \$ \_\_\_\_\_

U.S. Official Check # None Amt. \_\_\_\_\_ Bank \_\_\_\_\_  
(Name and Branch)

Bank Accounts None

Debtors None

Creditors None

Enclosed is None  
(Will, Power of Attorney, War Bond, Travelers Checks. Describe Fully)

REMARKS (if any)

\* Strike out words not applicable.  
# Negative report where applicable.

INVENTORY OF EFFECTS  
(Attach extra sheets if necessary)

- 1 Money Belt ✓
- 1 Wallet ✓
- 6 Air Mail Envelopes ✓
- 2 Picture Frames
- 4 Pictures
- 1 EAME Ribbon ✓

I certify that the foregoing inventory comprises all of subject's effects and that effects were shipped to Effects QM, MTCUSA, A.P.O. 507 G-14, U.S. Army by delivering to Effects, QM 82d 4/B Div on 15 Aug 1944. . .

*Joseph E. Martsough*  
Signature - (In ink)

JOSEPH E. MARTSOUGH }  
Name } (Block  
2ND LT. INF., PERSONNEL OFFICER } letters  
Rank and organization }



ELWOOD MORRIS

36258128 P43

Serial No. 36258128 Name Morris, Elwood NMI  
 Grade \_\_\_\_\_ Rank \_\_\_\_\_  
 Organization \_\_\_\_\_  
 Address \_\_\_\_\_  
 Nearest Relative \_\_\_\_\_  
 Address \_\_\_\_\_  
 Killed in Action yes Died of Disease \_\_\_\_\_  
 Date June 17, 1944 Hospital \_\_\_\_\_  
 Battle Area \_\_\_\_\_ Information \_\_\_\_\_  
 Place of Burial Mosville, Tenn.  
 Point of Coordination \_\_\_\_\_  
 Description of Body \_\_\_\_\_  
 Members Missing \_\_\_\_\_

Signed Abraham Slyby Pfc.

NAME

MORRIS, ELWOOD

PVT

BAY	PALLET	BOX	TALLY
19	47	439	6515

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
EE CTN		

Eff. QM Form 48



**INVENTORY OF EFFECTS**

(See AR 600-560)

Morris Elwood 36258128  
 (Last name) (First name) (Middle initial) (Army serial number)

late a Unknown Unknown  
 (Grade) (Organization or arm or service)

who died on the unknown day of June, 1944

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

NUMBER	ARTICLES	*PACKAGE NUMBER
	Pen, fountain ✓	
	Ring ✓	

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

**CLASS II**—Other effects

NUMBER	ARTICLES

**CLASS II—Continued**

NUMBER	ARTICLES
Money	Specie... \$.....
	Notes... \$.....

I CERTIFY that the foregoing inventory comprises all the effects of the deceased whose name appears on the first page hereof, and that the effects were delivered

to \_\_\_\_\_  
(Give name and degree of relationship; if legal representative or beneficiary named by the deceased, so state)

\*the effects of class I have been forwarded to The Adjutant General and those of class II have been sent

*DALE C. SHERWOOD*  
 DALE C. SHERWOOD  
 1st. Lt., O.C.

Blosville Cemetery.  
(Station)  
1 July 1944, 19\_\_\_\_\_  
(Date)



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

-BATTLE CASUALTY REPORT

NAME <b>MORRIS ELWOOD</b>		SERIAL NUMBER <b>36258128</b>	GRADE <b>PVT</b>	ARM OR SERVICE <b>INF</b>	REPORTING THEATRE <b>ETO</b>
PLACE OF CASUALTY <b>FRANCE</b>	DATE OF CASUALTY DAY: <b>23</b> MONTH: <b>JUN</b> YEAR: <b>44</b>		FLYING OR JUMPING STAT <b>J</b>	TYPE OF CASUALTY <b>MIA</b>	SHIPMENT NUMBER <b>131</b>

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

THE INDIVIDUAL NAMED ABOVE DESIGNATED THE FOLLOWING PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON. THE RELATIONSHIP, IF ANY, IS SHOWN BELOW. IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT-OF-KIN OR RELATIVE DESIGNATED TO BE PAID SIX MONTHS' PAY GRATUITY IN CASE OF DEATH.

MR.-MRS.-MISS—FIRST NAME—MIDDLE INITIAL—LAST NAME <b>MRS RUTH L MORRIS</b>	RELATIONSHIP <b>WIFE</b>	DATE NOTIFIED <b>25 JUL 44</b>
NO. AND NAME OF STREET—CITY—STATE <b>217 SOUTH CATHERINE STREET BALTIMORE MARYLAND</b>		

REMARKS:

CORRECTED COPY

EVIDENCE OF DEATH REC'D IN WD 25 JUL 44 NCR



ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED  FORM 43 AG 201 REQ **23 July 44**

CASUALTY BRANCH FILE ATTACHED \_\_\_\_\_ OR CHARGED TO **Tel. Notif.** DATE **18 July 44**

PREVIOUSLY REPORTED NO \_\_\_\_\_ YES  (AS INDICATED BELOW):

FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED
	<b>128</b>	<b>MIA</b>	<b>6 July 44 ETO</b>	<b>Being processed</b>

FORWARDED TO:  SPEC. IDEN.  TELEGRAM  WOUNDED  LETTER  CORRES.  S. R. & D.  CERTIF.  M. & M.  NON-DEL.

REPORT NOT VERIFIED \_\_\_\_\_ NO FORM 43 \_\_\_\_\_ NO CAS. BR. FILE \_\_\_\_\_ CHECKED BY **Hergen 23 July 44** REVIEWED BY \_\_\_\_\_

THIS SPACE FOR USE OF MACHINE RECORDS BRANCH, A.G.O.

ACCT. AREA	CASUALTY STATUS	ORIGINAL CAS. DATE			MESSAGE NO.	LATEST CAS. DATE			REFERENCE AREA	CREW POS.	RESIDENCE		COMP	RACE											
		DAY	MO.	YR.		DAY	MO.	YR.			STATE	COUNTY													
34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59

DISTRIBUTION "A"  \_\_\_\_\_ COPIES

(ALL TYPES OF CASUALTIES PERTAINING TO MILITARY PERSONNEL, EXCEPT WOUNDED.)  
COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

DISTRIBUTION "B"  \_\_\_\_\_ COPIES

(ALL WOUNDED MILITARY PERSONNEL AND ALL TYPES OF CASUALTIES PERTAINING TO CIVILIANS WHO ARE W. D. EMPLOYEES, EMPLOYEES OF W. D. CONTRACTORS AND OTHERS SUBJECT TO MILITARY LAW.)  
COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

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

-BATTLE CASUALTY REPORT

NAME <b>MORRIS ELWOOD</b>		SERIAL NUMBER <b>36258128</b>	GRADE <b>PVT</b>	ARM OR SERVICE <b>INF</b>	REPORTING THEATRE <b>ETO</b>
PLACE OF CASUALTY <b>FRANCE</b>	DATE OF CASUALTY DAY MONTH YEAR <b>06 JUN 44</b>		FLYING OR JUMPING STAT <b>J</b>	TYPE OF CASUALTY <b>MIA</b>	SHIPMENT NUMBER <b>128</b>

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

THE INDIVIDUAL NAMED ABOVE DESIGNATED THE FOLLOWING PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON. THE RELATIONSHIP, IF ANY, IS SHOWN BELOW; IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT-OF-KIN OR RELATIVE DESIGNATED TO BE PAID SIX MONTHS' PAY GRATUITY IN CASE OF DEATH.

MR.-MRS.-MISS <b>MRS</b>	FIRST NAME <b>RUTH</b>	MIDDLE INITIAL <b>L</b>	LAST NAME <b>MORRIS</b>	RELATIONSHIP <b>WIFE</b>
NO. AND NAME OF STREET <b>217 SOUTH CATHERINE STREET</b>		CITY <b>BALTIMORE</b>	COUNTY <b>MARYLAND</b>	STATE

REMARKS:  CORRECTED COPY 20 Jul 44 gmt



ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED  FORM 43  AG 201 REQ \_\_\_\_\_

CASUALTY BRANCH FILE ATTACHED \_\_\_\_\_ OR CHARGED TO \_\_\_\_\_ DATE \_\_\_\_\_

PREVIOUSLY REPORTED NO  YES \_\_\_\_\_ (AS INDICATED BELOW):

FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED

REPORT NOT VERIFIED \_\_\_\_\_ NO FORM 43 \_\_\_\_\_ NO CAS. BR. FILE \_\_\_\_\_ CHECKED BY tele notif REVIEWED BY  

THIS SPACE FOR USE OF MACHINE RECORDS BRANCH, A.G.O.

ACCT. AREA	CASUALTY STATUS	ORIGINAL CAS. DATE			MESSAGE NO.	LATEST CAS. DATE			REFERENCE AREA	CITY	RESIDENCE			CAMP	RACE										
		DAY	MO.	YR.		DAY	MO.	YR.			STATE	COUNTY													
34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59

DISTRIBUTION 32

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| <input type="checkbox"/> AMERICAN RED CROSS                  | <input type="checkbox"/> CHIEF, WAR BOND OFFICE                   | <input type="checkbox"/> P.O.W. INFO. BUREAU, O.P.M.G.            |
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| <input type="checkbox"/> CHIEF OF ARM OR SERV. CONCERNED     | <input type="checkbox"/> ENLISTED BRANCH, A.G.O.                  | <input type="checkbox"/> U. S. EMPLOYEE'S COMPENS. COMM.          |
| <input type="checkbox"/> CHIEF OF STAFF                      | <input type="checkbox"/> FINANCE OFFICER, U. S. ARMY, WASH., D.C. | <input type="checkbox"/> WAR SHIPPING ADMINISTRATION              |
| <input type="checkbox"/> CHRONOLOGICAL UNIT, CAS. BR.        | <input type="checkbox"/> MACHINE RECORDS BRANCH, A.G.O.           | <input type="checkbox"/> WILLS UNIT, CASUALTY BRANCH              |
| <input type="checkbox"/> CHIEF, P.O.W. BR., M.I.S., W.D.G.S. | <input type="checkbox"/> OFFICE OF DEPENDENCY BENEFITS            |   |



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

161,631 VRS 122

\*CORRECTED REPORT ORIGINAL  
FORWARDED 4 August 1944

REPORT OF DEATH

DATE 4 September 1944  
alg/4630

FULL NAME <b>Morris, Elwood</b>		ARMY SERIAL NUMBER <b>36,258,128</b>	GRADE <b>Pvt</b>
HOME ADDRESS		ARM OR SERVICE	DATE OF BIRTH
PLACE OF DEATH	CAUSE OF DEATH		DATE OF DEATH <b>*6 Jun 44</b>
STATION OF DECEASED		DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)			
INVESTIGATION MADE?		IN LINE OF DUTY	OWN MISCONDUCT
YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE	IN FLYING PAY STATUS
YES	NO	YES	NO
OTHER PAY STATUS (SPECIFY BELOW)			
YES	NO		



ADDITIONAL DATA AND/OR STATEMENT

COPIES FURNISHED:			<input type="checkbox"/> BATTLE	BY ORDER OF THE SECRETARY OF WAR: <i>J. A. Marshall</i> J. A. Marshall ADJUTANT GENERAL
S. G. O.	F. B. I.	F. O., U. S. A.	<input type="checkbox"/> NON-BATTLE	
S. O. O. M. G.	O. F. D.	ARMY EFFECTS BUREAU CASUALTY BRANCH FILE		
G. A. O.	VET. ADMIN.	A. G. 501 FILE		

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

161631

**REPORT OF DEATH**

DATE 4 August 1944

FULL NAME <u>Morris, Elwood</u>		ARMY SERIAL NUMBER <u>36 258 128</u>	GRADE <u>Pvt.</u>										
HOME ADDRESS <u>Beloit, Wis.</u>		ARM OR SERVICE <u>Parachute Infantry</u>	DATE OF BIRTH <u>4 March 1918</u>										
PLACE OF DEATH <u>European area</u>	CAUSE OF DEATH <u>Killed in action</u>		DATE OF DEATH <u>23 Jun 44</u>										
STATION OF DECEASED <u>European area</u>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <u>19 Aug 42</u>	LENGTH OF SERVICE FOR PAY PURPOSES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>YEARS</th> <th>MONTHS</th> <th>DAYS</th> </tr> <tr> <td align="center">1</td> <td align="center">10</td> <td align="center">5</td> </tr> </table>	YEARS	MONTHS	DAYS	1	10	5				
YEARS	MONTHS	DAYS											
1	10	5											
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)  <u>Mrs. Ruth L. Morris, wife, 217 S. Catherine St., Baltimore, Md.</u>													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)  <u>Mary Morris, mother, 215 Prospect Ave., Beloit, Wis.</u> <u>Josephine Morris, sister, same as above *</u>													
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
										X		X	

ADDITIONAL DATA AND/OR STATEMENT

\*(Bene con't)  
 Mrs. Ruth L. Morris, wife, 217 S. Catherine St., Baltimore, Md. (not designated)

ON PARACHUTE PAY.

The individual named in this report of death is held by the War Department to have been in a missing in action status from 6 June 44 until such absence was terminated on 25 July 1944, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a commander in the European Area.

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2. O. Q. M. G.	O. F. D.	ARMY EFFECTS BUREAU
G. A. O.	VET. ADMIN.	CASUALTY BRANCH FILE
		A. G. 201 FILE

BATTLE

NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR

*J. W. Marshall*  
 J. W. Marshall

ADJUTANT GENERAL