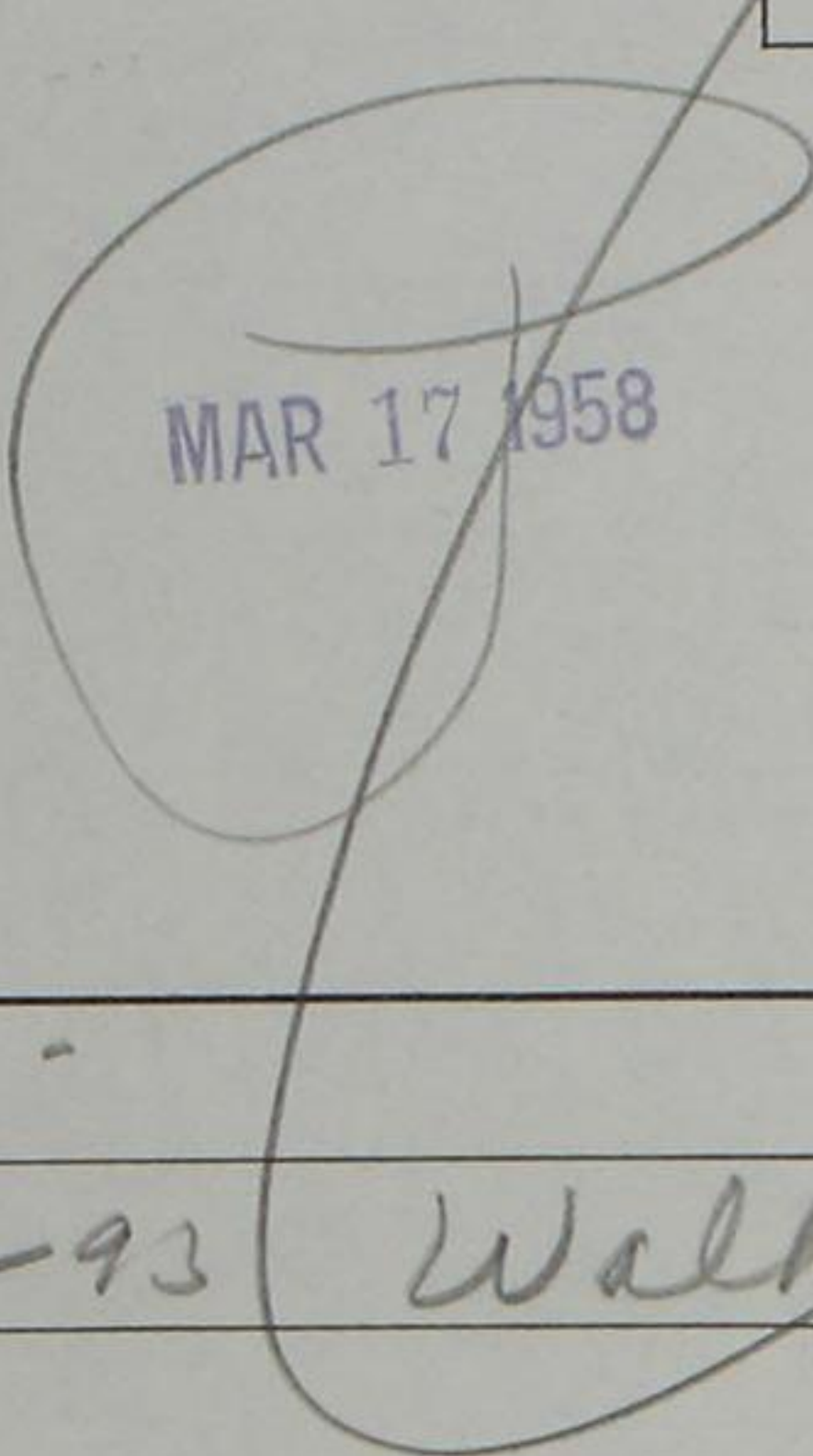


293 WALKER, NORMAN L. (16,170,047) T5th Gr.
TRANS. CORPS

ENGLAND
(ILL) '44hh



T2-650

GENERAL SERVICES ADMINISTRATION RECORDS MANAGEMENT SERVICE REQUEST FOR SERVICE		RETURN TO FEDERAL RECORDS CENTER <i>Military Records Bn. TSRS 219 N. Lee St., Alexandria, Va.</i>	
TYPE OF SERVICE REQUESTED (Check one) <input type="checkbox"/> INFORMATION <input type="checkbox"/> DOCUMENT <input type="checkbox"/> RESEARCH			
AGENCY <i>DDMA</i>		ADDRESS <i>T "B"</i>	
INDIVIDUAL <i>McLaughlin</i>	ROOM NUMBER <i>1421</i>	EXTENSION <i>54033</i>	RECORD GROUP NUMBER <i>301</i>
DATE <i>Feb 25 1958</i>	SEARCHER'S INITIALS <i>atj</i>	NO RECORD	
		MISSING FROM	
		TO	
		CHARGED TO <i>Brail - Mem.</i>	
		BUILDING AND ROOM NUMBER	
DATE			
DESCRIPTION <i>293 Walker, Norman L 16170047</i>			
<i>Lost</i>			
REQUEST RECEIVED BY		DATE	

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



DEPARTMENTAL RECORDS BRANCH, A.G.O.

*Departmental Records Branch, AGO
219 North Lee Street
Alexandria, Virginia*

ORIGINAL ORDER

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

FLAT BRONZE MARKER

Below you will find a copy of the inscription taken from the OFFICIAL RECORDS as it will appear on the flat bronze 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 bronze marker will be allowed at grave. Check NAME AND ADDRESS OF THE PERSON to whom marker is to be mailed. Sign and return promptly in the inclosed envelope which requires no postage.

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

INSCRIPTION: LATIN CROSS

NORMAN L WALKER / ILLINOIS / TEC5 818 AMPH TRK CO TC /
WORLD WAR II / AUG 1 1922 JUNE 13 1944

MAIL TO: MRS ETHEL L CALDWELL
2614 McCALL ST
DAYTON 7
OHIO

FOR:

Norman L. Walker 3014

JUN 1 1949

APPLICANT:

CEMETERY:

WOODLAND
DAYTON
OHIO

OQMG FORM 392
17 DEC. 47

APPROVAL AND ACCEPTANCE

SIGNATURE

FILE 16 SEP 1949 C. Waits

LIFE 18 SEP 1940

RECEIVED AND ACKNOWLEDGED

U.S. DEPT. OF JUSTICE

CHICAGO

CHICAGO

CHICAGO

3010

JUN 1 1940

CHICAGO
EQUA WORTH 21
CHICAGO
CHICAGO

CHICAGO
CHICAGO
CHICAGO
CHICAGO



CHICAGO
CHICAGO
CHICAGO
CHICAGO

CHICAGO

CHICAGO

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

UNITED STATES POSTAGE
PAID
A/C DEPARTMENT OF THE ARMY
CINCINNATI, OHIO
Minneapolis 6 Minnesota

PARCEL POST

CONTENTS: BRONZE MARKER

W 49-056 QM 159

CONTRACT NO.

3014

ORDER NO.

NAME NORMAN L. WALKER

Mrs Ethel L Caldwell
2614 McCall St
Dayton 7
Ohio

FILE 16 SEP 1949
C. Waits

DDMG FORM 386
22 JUL 47

GPO 16-52881-2

ORIGINAL ORDER

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

FLAT BRONZE MARKER

Below you will find a copy of the inscription taken from the OFFICIAL RECORDS as it will appear on the flat bronze 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 bronze marker will be allowed at grave. Check NAME AND ADDRESS OF THE PERSON to whom marker is to be mailed. Sign and return promptly in the inclosed envelope which requires no postage.

UNTIL YOU RETURN THIS SLIP THE FLAT BRONZE MARKER CANNOT BE ORDERED. DO NOT DELAY - SIGN & RETURN TODAY.
INSCRIPTION: LATIN CROSS

NORMAN L WALKER / ILLINOIS / TEC5 818 AMPH TRK CO TC /
WORLD WAR II / AUG 1 1922 JUNE 15 1944

MAIL TO:

MRS ETHEL L CALDWELL
2614 McCALL ST
DAYTON 7
OHIO

FOR:

APPLICANT:

CEMETERY:

WOODLAND
DAYTON
OHIO

LAD

OQMG FORM 392
17 DEC. 47

APPROVAL AND ACCEPTANCE

SIGNATURE

FILE 16 SEP 1949
C. Waits

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

LETTER OF CREDIT

TO: [illegible]

FOR: [illegible]

3078

16 SEP 1948
89491

FILE

APPROVAL AND ACCEPTANCE

WORLD WAR II DECEASED

COPY

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES <small>(Read Explanation on Reverse Side before completing form)</small>		DATE
NAME OF DECEDENT (Last, First, Middle Initial) Walker, Norman L.		TO BE FILLED IN BY CLAIMANT A. <input type="checkbox"/> INTERMENT EXPENSES (Civilian or Private Cemetery) B. <input type="checkbox"/> TRANSPORTATION EXPENSES (National or Post Cemetery)
RANK OR GRADE TEC5	BRANCH OF SERVICE Army SERIAL NO. 16170047	
INSTRUCTIONS TO PERSONS SIGNING THIS FORM 1. This form is NOT to be signed by Funeral Director. 2. Fill in as required and sign four copies. 3. Check Box "A" or Box "B" above, not both. 4. Check Box "A" when interment is in a civilian or private cemetery. 5. Check Box "B" when remains are delivered to home or other place prior to burial in a national or post cemetery.		
FILL IN THIS STATEMENT IF BOX "A" IS CHECKED I certify that the sum of \$ 75.00 was paid by me from personal funds in connection with the interment of the remains of the above-named decedent in the cemetery indicated below: NAME: of cemetery: Woodland CITY OR COUNTY: Dayton STATE: Ohio.		FILL IN THIS STATEMENT IF BOX "B" IS CHECKED 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: (City, town, or place from which remains were shipped) TO: (Name and Location of National or Post Cemetery) SIGNATURE OF CLAIMANT ADDRESS (Street number or RFD, City and State) RELATIONSHIP TO DECEDENT
RETURN FOUR COPIES TO AMERICAN GRAVES REGISTRATION DIVISION COLUMBUS GENERAL DEPOT COLUMBUS 15, OHIO		REMARKS <div style="text-align: right;">PAID ON VOUCHER MAY 5 1949 W. KNOBELOCH, Lt. Col. F. D. 120621 ACCOUNTS OF SYMBOL NO. 211-943</div>

PART A

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.

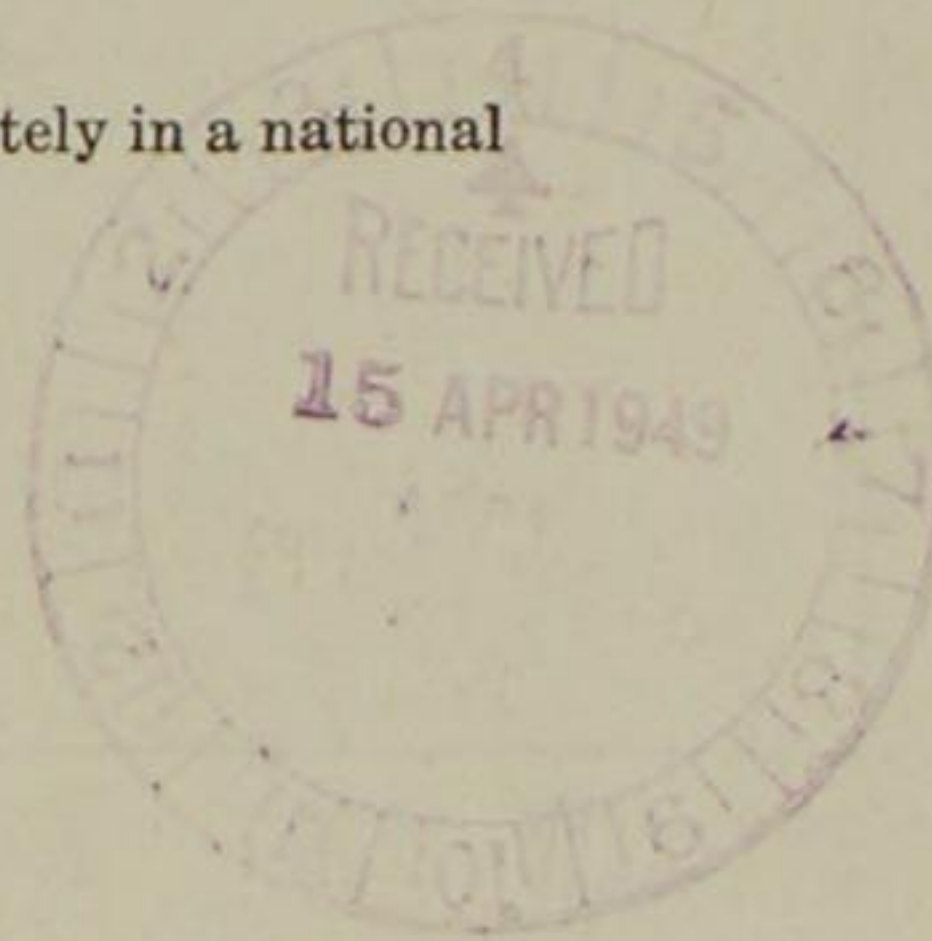
PART B

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.



23183

RECEIPT OF REMAINS

DISTRIBUTION CENTER

COLUMBUS GENERAL DEPOT COLUMBUS OHIO

ROUTINE 11 APRIL 1949

REMAINS CONSIGNED TO: H P LORITTS FUNERAL DIRECTOR

636 FIFTH STREET

DAYTON OHIO

FROM QMDCG

BARDEN

293 Walker, Norman L. 16170047

REMAINS OF THE LATE TEC5 NORMAN L WALKER ASN 16170047 BEING SHIPPED TO YOU
 ACCOMPANIED BY MILITARY ESCORT ON TRAIN NUMBER 421 NEW YORK CENTRAL RAILROAD
 LEAVING COLUMBUS OHIO 11:30 AM FOURTEEN APRIL AND DUE TO ARRIVE DAYTON OHIO
 1:10 PM RAILROAD TIME FOURTEEN APRIL. REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT
 REMAINS AT STATION UPON ARRIVAL AND THAT YOU IMMEDIATELY PASS THIS INFORMATION
 ON TO NEXT OF KIN

FILE

18 MAY 1949

REGISTRATION
BRANCH
MEM. DIV.

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

THIS 14 DAY OF APRIL 1949

Johnie Hunter

WITNESS (Escort)

HP Loritts

CONSIGNEE

REPATRIATION
RECORDS BRANCH

APR 29 11 38 AM '49

MEMORIAL DIVISION

FILE
18 MAY 1949

SUSPEND SHIPMENT *trans from Dec 08 to 07*

AUTH: TWX 8 Mar 49

USAT B Kirschbaum

SHIPMENT #NY- 027 R

Norman L Walker

Cherbourg

DISINTERMENT DIRECTIVE

1		SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 3586 04436		DATE 15 10 48		
						DAY MONTH YEAR		
NAME WALKER NORMAN L		SERIAL NUMBER 16170047		GRADE TEC5		ARM 1		RACE 2 1
CEMETERY ST MERE EGLISE 2 FRANCE		PLOT G 10		ROW 194		GRAVE 194		DISPOSITION OF REMAINS 6123 08 53000 DIST. CTR.
SECTION B — CONSIGNEE AND NEXT OF KIN								
NAME AND ADDRESS OF CONSIGNEE ROCK ISLAND NATIONAL CEMETERY— ROCK ISLAND, ILLINOIS H.P. Lorette Funeral Dir 636 W. Fifth St. Dayton Ohio				NAME AND ADDRESS OF NEXT OF KIN ETHEL L. CALDWELL (MOTHER) 2614 MCCALL STREET DAYTON, OHIO				
SECTION C — DISINTERMENT AND IDENTIFICATION								
NAME WALKER, Norman L.		SERIAL NUMBER 16170047		GRADE T/5		DATE OF DEATH		DATE DISTINTERRED 21 April 1948
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER		ORGANIZATION USAGF		RELIGION Prot		IDENTIFICATION VERIFIED BY C.R. TOMPKINS, Embalmer NAME AND TITLE		
SECTION D — PREPARATION OF REMAINS FOR SHIPMENT								
NATURE OF BURIAL Fatigues				CONDITION OF REMAINS Advanced decomposition. Fractured medial left humerus.				
OTHER MEANS OF IDENTIFICATION None								
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.) None								
REMAINS PREPARED AND PLACED IN CASKET transfer case								
DATE 26 April 1948		BY C.R. TOMPKINS		EMBALMER (Signature)				
CASKET-SEALED BY E.E. CASTELLARIN		CASKET BOXED AND MARKED All markings, tags and plates verified by: R.B. HOWARD, 1/Lt., Inf.						
DATE 23 Jun 48		BY J.E. CARLISLE		SIGNATURE OF AGRS INSPECTOR R.B. HOWARD, 1/Lt., Inf.				
REMARKS AND SPECIAL INSTRUCTIONS I certify that the entries on this form are true copies of the entries on Copy No. 4 of this Dis- interment Directive which contains the signatures of the persons whose names are typed hereon.								

QMC FORM
REV 11 FEB 48 1194

412

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM USMC ST. MERE #2		TO USMC ST. LAURENT	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER CPL CAMPBELL	
SIGNATURE OF SHIPPER W. T. DAILEY, CAPT., QMC	DATE 29Apr48	SIGNATURE OF RECEIVER D.A. MAC KENZIE, CAPT., INF.	DATE 29Apr48
2. SHIPPED			
FROM USMC ST. LAURENT		TO CHERBOURG PORT UNIT	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER D.A. MAC KENZIE, CAPT., INF.	DATE	SIGNATURE OF RECEIVER JOHN PALYOK, Jr., 1/Lt., FA	DATE
3. SHIPPED			
FROM CHERBOURG PORT UNIT		TO NYPOE	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER JOHN PALYOK, Jr., 1/Lt., FA	DATE	SIGNATURE OF RECEIVER <i>J. S. Jeffers</i>	DATE 22/2/49
4. SHIPPED			
FROM		TO NYPOE	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>W. W. Preisch</i>	DATE MAR 10 1949
5. SHIPPED			
FROM NYPOE		TO	
KIND OF CONVEYANCE TRAIN		NAME OF CONVOYER <i>David S. John</i>	
SIGNATURE OF SHIPPER W. W. PREISCH LIEUT. COLONEL, TC.	DATE MAR 15 1949	SIGNATURE OF RECEIVER <i>David S. John</i>	DATE MAR 17 1949
6. SHIPPED			
FROM BOCK 137VND MVLICMVT CEMELEMA		TO EIHET C. CYDMETT (WOLHER)	
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

AG 16170047

AGR DIV., CHICAGO QUARTERMASTER DEPOT
1819 W. PERSHING RD., CHICAGO 9, ILL.

WESTERN UNION
DAY LETTER

DELIVER AND REPORT ANY CHARGES

Mar 3 1 17 PM '49

CAG

MRS. ETHEL L. CALDWELL

2614 MC CALL STREET

DAYTON, OHIO

WE HAVE BEEN ADVISED THAT REMAINS OF THE LATE

TEC 5 NORMAN L. WALKER

ARE ENROUTE TO THE UNITED STATES

OUR RECORDS INDICATE YOU WISH REMAINS INTERRED IN

ROCK ISLAND NATIONAL CEMETERY, ROCK ISLAND, ILLINOIS.

PLEASE CONFIRM YOUR ORIGINAL INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS WITHIN 48 HOURS BY TELEGRAM COLLECT TO CHICAGO QUARTERMASTER DEPOT AGRD 1819 WEST PERSHING ROAD CHICAGO ILLINOIS, INCLUDING FULL NAME OF DECEASED AND YOUR CORRECT ADDRESS. YOUR REQUEST FOR CHANGE IN DELIVERY INSTRUCTIONS AFTER 48 HOURS HAVE ELAPSED CANNOT BE COMPLIED WITH AT GOVERNMENT EXPENSE. FINAL INTERMENT WILL BE MADE AS SOON AS PRACTICABLE AFTER RECEIVED HOWEVER MANY FACTORS BEYOND OUR CONTROL MAY DELAY DELIVERY OF REMAINS TO NATIONAL CEMETERY FOR SEVERAL WEEKS. NATIONAL CEMETERY SUPERINTENDENT WILL NOTIFY YOU BY TELEGRAM OF DATE AND HOUR FUNERAL SERVICES WILL BE HELD IN SUFFICIENT TIME TO PERMIT YOUR ATTENDANCE AT YOUR OWN EXPENSE. APPROPRIATE JOINT MILITARY AND RELIGIOUS SERVICES WILL BE PROVIDED AT GRAVESIDE BY VETERANS ORGANIZATIONS OR MILITARY OR NAVAL PERSONNEL. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. INTERMENT EXPENSE ALLOWANCE OF \$75.00 IS NOT AUTHORIZED IN ANY CASE WHERE BURIAL IS MADE IN A NATIONAL CEMETERY. IN REPLY REFER TO CONTROL NO. NC-22708.

THOS. O. CALL
MAJOR, QMC

DD 3586 04436

MAR 3 1949

ako

AG-1 (Rev.)

THOS. O. CALL
Major, QMC
Chief, A. G. B.

WUC17 33 COLLECT DAYTON OHIO MAR 17 1011A

COLUMBUS GENERAL DEPOT

ATTN AMN GRAVES REGSTR DIVN

THE NAME AND ADDRESS OF THE FUNERAL DIRECTOR WHO WILL ACCEPT

THE REMAINS OF MY SON TS NORMAN L WAKER IS AS FOLLOWS HAZEY

P LORITTS 636 WEST FIFTH STREET DAYTON OHIO

MRS ETHEL L CALDWELL

TS 636. 1042A

1

Dayton

Lie. Walter

Fulton.

5181

File

QMDIG-NC-293
Walker, Norman L.
Tec. 5

CMO/ajh
12 March 1949

Mrs. Ethel L. Caldwell
2614 McCall Street
Dayton, Ohio

Dear Mrs. Caldwell:

In accordance with your telegram dated 4 March 1949, authority has been granted by The Quartermaster General to deliver the remains of your son, the late Tec. 5 Norman L. Walker to Dayton, Ohio, for interment in a private cemetery. However the remains of your son will be delivered to Dayton, Ohio by the Columbus Quartermaster Depot, Columbus, Ohio. All future correspondence will come to you from that Center.

Sincerely yours,

C. M. ODENWALDER
Captain, Q.M.G.
Chief, Admin. Br.
AGR Division

QMDIG NC 293
Walker, Norman L.
Tec. 5

CMO/eas
12 March 1949

SUBJECT: Cancellation of Burial

TO : Superintendent
Rock Island National Cemetery
Rock Island, Illinois

This is to advise you that previous instructions, regarding final burial of the late Tec. 5 Norman L. Walker in your National Cemetery are to be cancelled, as next-of-kin has now requested final burial be made in a private cemetery.

FOR THE COMMANDING OFFICER:

C. M. ODENWALDER
CAPTAIN, QMC
ADMINISTRATIVE OFFICER

WU A193 93/91 GOVT COLLECT
DAYTON OHIO MAR 4 1949 1235P
MAJOR THOMAS O CALL QMC
CHGO QM DEPOT AGRD

*NC to private -
Must obtain name
of funeral director
9/13*

CONTROL NO NC-22708 IN ANSWER TO YOUR TELEGRAM OF MARCH
3RD THIS IS TO INFORM YOU THAT I WISH TO CHANGE MY ORIGINAL
INSTRUCTIONS ABOUT MY SONS TECHNICIAN 5TH GRADE
NORMAN L WALKERS REMAINS BEING ENTERED IN ROCK ISLAND
NATIONAL CEMETERY AND PREFER THE REMAINS TO BE SENT TO
DAYTON OHIO FOR PRIVATE BURIAL I ALSO WISH FOR THE ESCORT TO
REMAIN FOR THE FUNERAL SERVICES THE FULL NAME OF MY SON AND
MY ADDRESS IS AS FOLLOWS T/5 NORMAN LEE WALKER 16170047
ADDRESS 2614 MCCALL ST DAYTON 7 OHIO
MRS ETHEL L CALDWELL.

124P.

NC-22708 3 5 T/5 16170047 2614 7.

Do not service from NY

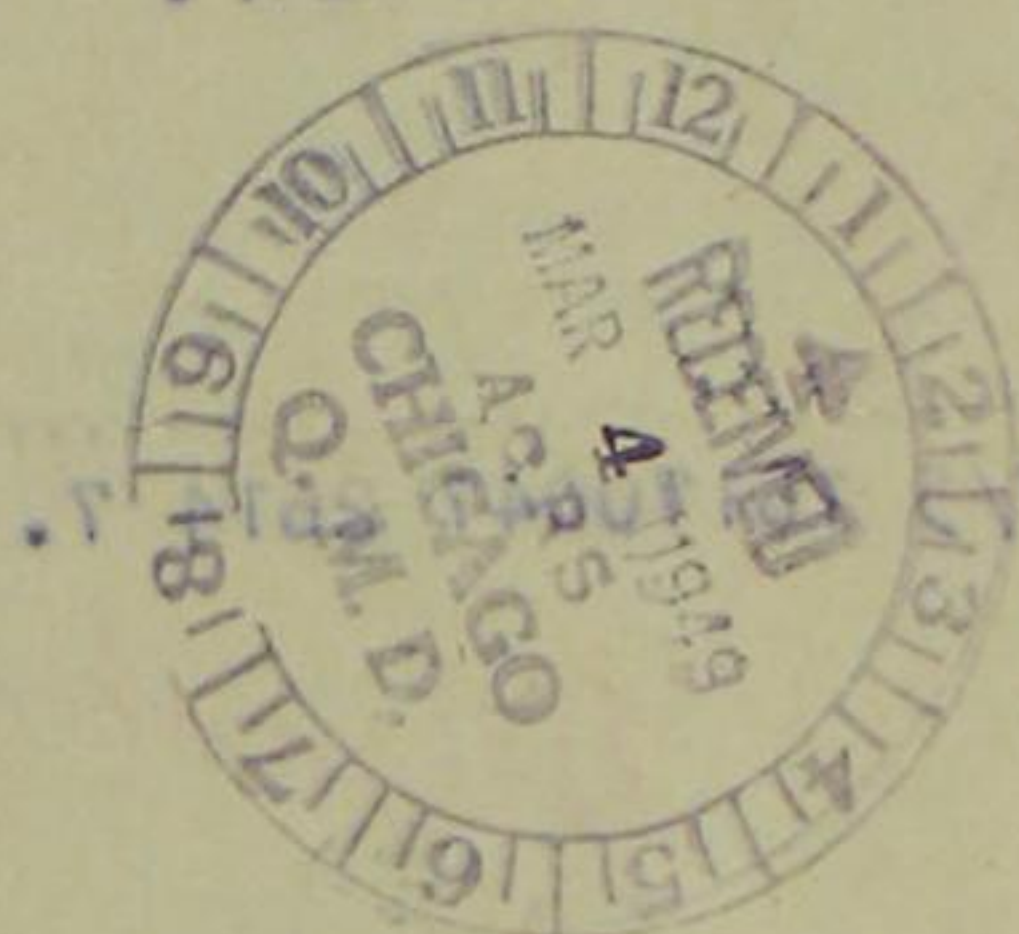
MAR 4 1 15 PM '49
RT
SIC
R

70 875 55

IN ATAS 25/51 GOVT COLLECT
 DAYTON OHIO MAR 4 1949 1235P
 MAJOR THOMAS O CALL GNC
 CHGO OM DEPOT AGRD

CONTROL NO NC-52708 IN ANSWER TO YOUR TELEGRAM OF MARCH
 3RD THIS IS TO INFORM YOU THAT I WISH TO CHANGE MY ORIGINAL
 INSTRUCTIONS ABOUT MY SON'S TECHNICIAN 5TH GRADE
 NORMAN L WALKER'S REMAINS BEING ENTERED IN ROCK ISLAND
 NATIONAL CEMETERY AND PREFER THE REMAINS TO BE SENT TO
 DAYTON OHIO FOR PRIVATE BURIAL I ALSO WISH FOR THE ESCORT TO
 REMAIN FOR THE FUNERAL SERVICES THE FULL NAME OF MY SON AND
 MY ADDRESS IS AS FOLLOWS T/S NORMAN LEE WALKER 16170047
 ADDRESS 2614 MCCALL ST DAYTON 7 OHIO
 MRS ETHEL L CALDWELL.

1249.



NC-52708 3 2 17

MESSAGEFORM		MESSAGE CENTER No.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT	
CALLS V	STA. SER. No. NR	PRECEDENCE DAY LETTER	TRANSMISSION INSTRUCTIONS	ORIGINATOR	DATE-TIME GROUP
ACTION	INFORMATION		EXEMPT	OPERATING SIGNALS	GROUP COUNT GR
SPACE ABOVE FOR SIGNAL CENTER ONLY					
FROM: (Originator)			SECURITY CLASSIFICATION		
ACTION TO:			PRECEDENCE FOR		
<ul style="list-style-type: none"> MR. JAMES W. WALKER 5144 INDIANA AVENUE CHICAGO, ILLINOIS 			ACTION		
INFORMATION TO:			INFORMATION		
			<input type="checkbox"/> ORIGINAL MESSAGE		
			REFERS TO ANOTHER MESSAGE		
			IDENTIFICATION		
			CLASSIFICATION		
<p>THIS HEADQUARTERS ADVISED REMAINS OF LATE TEC 5 NORMAN L WALKER ARE ENROUTE TO UNITED STATES. OUR RECORDS INDICATE LEGAL NEXT-OF-KIN MRS. ETHEL L. CALDWELL, 2614 MC CALL STREET, DAYTON, OHIO, DESIRES REMAINS INTERRED IN ROCK ISLAND NATIONAL CEMETERY, ROCK ISLAND, ILL. IMPOSSIBLE TO GIVE YOU A DEFINITE DELIVERY DATE, HOWEVER, SUPERINTENDENT OF ROCK ISLAND NATIONAL CEMETERY, WILL NOTIFY YOU BY TELEGRAM WHEN BURIAL SERVICES HAVE BEEN SCHEDULED IN SUFFICIENT TIME TO PERMIT YOUR ATTENDANCE AT YOUR OWN EXPENSE.</p> <p style="text-align: right;">THOS. O. CALL MAJOR, QMC</p>					
SECURITY CLASSIFICATION			AUTHORIZATION		
ORIGINATING AGENCY			SIGNATURE		
SYMBOL			THOS. O. CALL		
DATE-TIME GROUP			Major, QMC		
MAR 3 1949			Chief, A. G. R.		
			OFFICIAL TITLE		
			PAGE OF		

AKC

293

Chase

COLUMBUS GENERAL ~~DISTRIBUTION~~ DEPOT
UNITED STATES ARMY
COLUMBUS 15, OHIO

28 March 1949

Mrs. Ethel L. Caldwell
2614 McCall Street
Dayton, Ohio

Dear Mrs. Caldwell:

Reference is made to our telephone conversation on March 25, 1949 concerning the return and final burial of your son, the late Technician Fifth Grade Norman L. Walker.

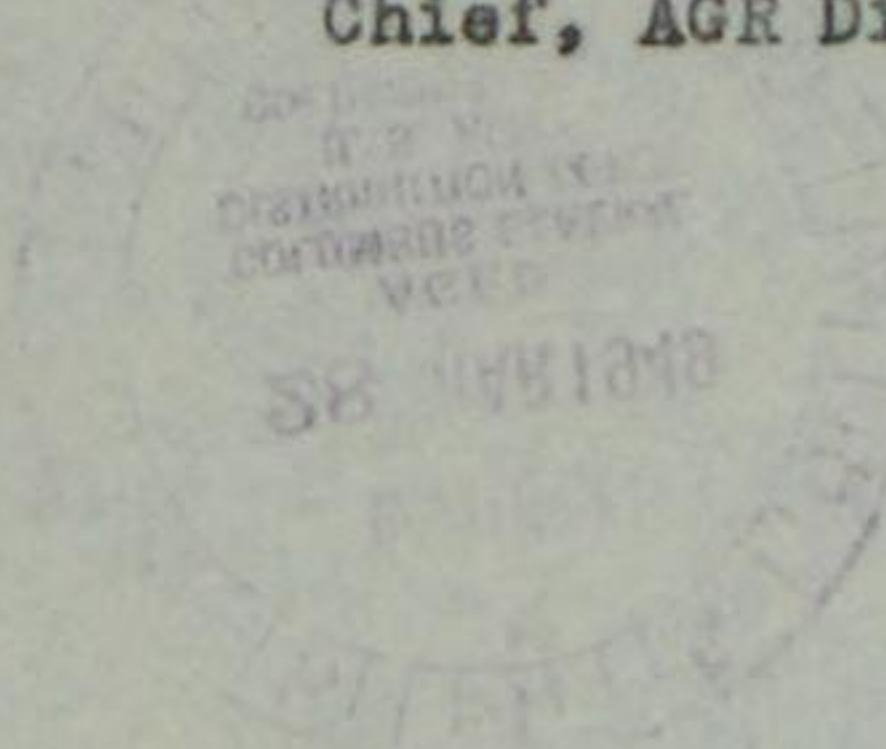
As I advised you Friday, the remains of your son have just arrived at this distribution center and it will be impossible to schedule them for delivery to your funeral director prior to the middle of April.

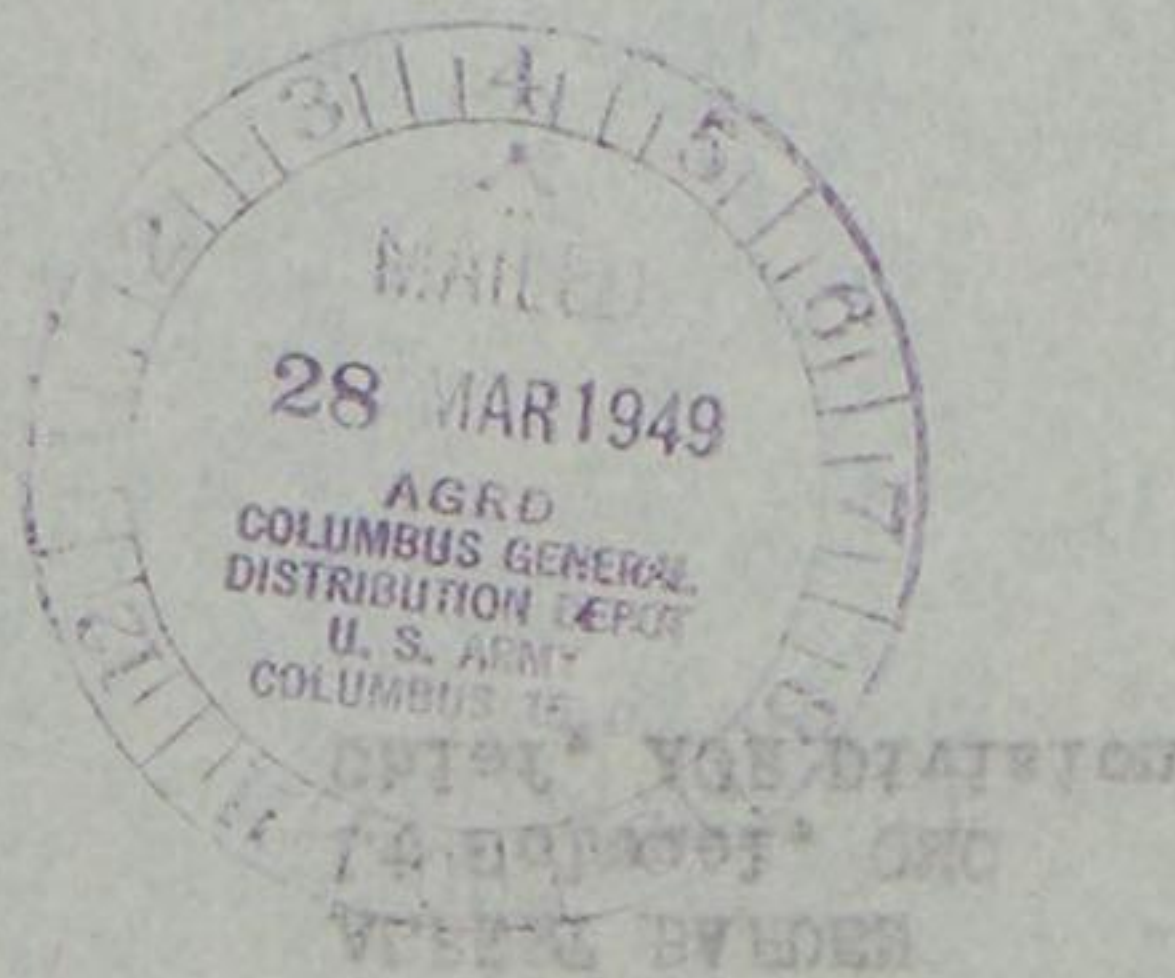
I am scheduling delivery for Thursday, April 14, 1949. H. P. Loritts Funeral Director, 636 Fifth Street, Dayton, Ohio will be advised exact time of arrival three days prior to actual shipping date.

On behalf of a grateful nation please accept my sincere sympathy in your great loss.

Sincerely,

ALBERT BARDEN
Lt Colonel, QMC
Chief, AGR Division





28 MAR 1949

TO: AGRD, COLUMBUS, OHIO
FROM: AGRD, COLUMBUS, OHIO

SUBJECT: AGRD, COLUMBUS, OHIO
RE: AGRD, COLUMBUS, OHIO

AGRD, COLUMBUS, OHIO
AGRD, COLUMBUS, OHIO

AGRD, COLUMBUS, OHIO
AGRD, COLUMBUS, OHIO

AGRD, COLUMBUS, OHIO

AGRD, COLUMBUS, OHIO
AGRD, COLUMBUS, OHIO
AGRD, COLUMBUS, OHIO

28 MAR 1949

COLUMBUS, OHIO
UNITED STATES ARMY
COLUMBUS GENERAL DISTRIBUTION DEPT

28 MAR 1949

MESSAGEFORM		MESSAGE CENTER No.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT	
CALLS V	STA. SER. No. NR	PRECEDENCE	TRANSMISSION INSTRUCTIONS	ORIGINATOR	DATE-TIME GROUP
ACTION		INFORMATION	EXEMPT	OPERATING SIGNALS	GROUP COUNT GR
SPACE ABOVE FOR SIGNAL CENTER ONLY					
FROM: (Originator) COLUMBUS GENERAL DEPOT COLUMBUS OHIO			SECURITY CLASSIFICATION		
ACTION TO:			PRECEDENCE FOR		
• ETHEL L CALDWELL			ACTION INFORMATION		
• 2614 MC CALL STREET					
• DAYTON OHIO			<input type="checkbox"/> ORIGINAL MESSAGE		
INFORMATION TO:			REFERS TO ANOTHER MESSAGE		
			IDENTIFICATION CLASSIFICATION		
FROM QMDCG 20235 BARDEN					
REQUEST YOU FURNISH THE COLUMBUS GENERAL DEPOT COLUMBUS OHIO ATTN AMERICAN GRAVES REGISTRATION DIVISION NAME AND ADDRESS OF FUNERAL HOME TO ACCEPT REMAINS OF YOUR SON T/5 NORMAN L WALKER AT RAILROAD STATION IN DAYTON					
BARDEN COLUMBUS GENERAL DEPOT COLUMBUS OHIO					
293 show see					
SECURITY CLASSIFICATION			AUTHORIZATION		
ORIGINATING AGENCY			SIGNATURE		
SYMBOL	DATE-TIME GROUP	OFFICIAL TITLE		PAGE	OF
		FRANCIS PAPPANO CAPT QMC ASST AGR DIV			

WD AGO FORM 11-168
15 JUN 1945This form supersedes WD AGO Form 11-168, 23 Aug 44,
and WD AGO Form 801, 12 Mar 43, which are obsolete.

16-45801-1

U. S. GOVERNMENT PRINTING OFFICE

INSPECTION CHECKLIST
(FOR USE AT DISTRIBUTION CENTER)

NEGRO

NAME Walker, Norman L.		RANK TEC5	SERIAL NUMBER 16170047
SOURCE NY 027-R		CONSIGNEE H. P. Loritts 636 W. Fifth St., Dayton, Ohio	
SHIPPING CASE - GENERAL APPEARANCE (CHECK ONLY DISCREPANCIES)		CONDITION OF SHIPPING CASE (CHECK ONE) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	
FINISH (EXTERIOR)	REMARKS Moulding Repaired 3/3 Painted CH		
FINISH (INTERIOR)			
HANDLES			
HANDLE BOLTS			
STENCILING - NAMEPLATE			
HEALTH PERMIT MARKER			
HEALTH PERMIT NUMBER			
CASKET - GENERAL APPEARANCE (CHECK ONLY DISCREPANCIES)		CONDITION OF CASKET (CHECK ONE) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	
FINISH (EXTERIOR)	REMARKS Touched up		
HANDLES AND FASTENINGS			
STENCILING - NAMEPLATE			
CAM LOCKS (SEALING)			
ODOR OR MOISTURE			
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 type="checkbox"/> YES <input type="checkbox"/> NO	
NECESSARY DISINFECTION (EXPLAIN)		CASKET EXCHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO	
		SHIPPING CASE REPAIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	
		SHIPPING CASE EXCHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO	
		REMARKS	
TIME	DATE	SIGNATURE OF MORTICIAN	SIGNATURE OF INSPECTOR
			10130 3/3/49 C.H. [Signature]
REMARKS			

MEAD, PRESIDENT

A. S. FRANK, SECRETARY

John C. Cline,

~~XXXXXXXXXX~~ SUPERINTENDENT

ORGANIZED FEB'Y 18, 1841
INCORPORATED FEB'Y 28, 1842
DEDICATED JUNE 21, 1843
FIRST INTERMENT JULY 11, 1843
ORIGINAL AREA 40 ACRES.
PRESENT AREA 200 ACRES.

WOODLAND CEMETERY ASSOCIATION

DAYTON, OHIO, May 17, 1949

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

Gentlemen: RE: QMGMH 293
Walker, Norman L.
SN 161 70 047

Our rules permit the installation of bronze markers
and the above government bronze marker will be accepted.

Very truly yours,

John C. Cline
John C. Cline, Supt.,

JCC:AC

20 MAY 1949 LIST
Spangston
NAT



THE BOARD OF DIRECTORS OF THE WOODFORD CEMETERY ASSOCIATION
DOES HEREBY CERTIFY THAT THE ABOVE NAMED PERSON IS A MEMBER OF THE ASSOCIATION

MEMBER: MR. JOHN W. WOODFORD

RESIDENT: 1111 N. W. 11th St.
CITY OF WASHINGTON, D. C.

DIVISION OF CIVIL RIGHTS

MEMBER: JOHN W. WOODFORD
RESIDENT: 1111 N. W. 11th St.
CITY OF WASHINGTON, D. C.
MEMBER: JOHN W. WOODFORD
RESIDENT: 1111 N. W. 11th St.
CITY OF WASHINGTON, D. C.

WOODFORD CEMETERY ASSOCIATION

JOHN W. WOODFORD

CORRESPONDENCE ACTION SLIP			
NAME <i>Walker, Norman L</i>		SERIAL NUMBER <i>16170047</i>	INITIALS <i>S</i>
		DATE <i>26 Apr</i>	
NAME OF DECEDENT	ADDRESS	IDENTIFYING DATA	LETTER TO: <i>Applicant</i> <i>Permit and</i> <i>exact location of</i> <i>cemetery</i> <i>(Map shows only</i> <i>Chicago, Ill. 210</i> <div style="text-align: right;">APR 27 1949</div>
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	

 OQMG FORM
 22 DEC 47 **393**

47 25086

QMGMH 293

Walker, Norman L.
SN 161 70 047

29 April 1949

Mrs. Ethel L. Caldwell
2614 McCall Street
Dayton 7, Ohio

Dear Mrs. Caldwell:

Reference is made to your application for a Government bronze marker for the grave of the late Norman L. Walker, who is interred in Woodland Cemetery.

Before further action can be taken on the case, it will be necessary that you forward to this office a statement signed by the Superintendent of the cemetery, to the effect that a Government bronze marker will be permitted at the grave of the veteran as a permanent memorial.

Further, it is requested you furnish the complete mailing address of Woodland Cemetery.

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

Sincerely yours,

1 Incl
env

NORMAN S. WIGGS
Lt Col, QMC
Memorial Division

thm

229 253154

CAPTAIN ROGERS
REPATRIATION RECORDS

DISINTERMENT

X

72262

COMGENTYPE BROOKLYN NY
CO CGQMD CHICAGO ILL

CO CGD COLUMBUS OHIO

NR 6/8 RE DD 3586 04436 WALKER, NORMAN L., 16170047
NY-027-R REQUESTED CHANGE APPROVED PD REMAINS TO BE
SHIPPED TO DC 07 COLUMBUS PD REQUEST DD AND ALLIED
PAPERS BE FORWARDED DC 07
END QMGR ROGERS

mas

R
91
MJG

TWX STATION
MEMORIAL DIVISION
MAR 9 3 22 PM '49

REPATRIATION
RECORDS BRANCH
MAR 9 1 01 PM '49
MEMORIAL DIVISION

18/9

9 MAR 49

1600 Z

QMGR 293 Walker, Norman L., 16170047 W. E. CAMPBELL, LT COL QMC MEM DIV

FILE COPY
RETURN TO TWX SECTIONTWX STATION
MEMORIAL DIVISION

WA284 & NY 2-794 V CG 1747 NR 6/8 1925 Z EAS MAR 8 2 50 PM '49

FROM CO CQMD CHGO ILL

ACTION TO OQMG WASH DC

P P P P

ATTN COL TALBOT

INFO TO CG NYPE BROOKLYN NY

ATTN TROOP MOVEMENT AND TRNG DIV

RE DD 3586 04436 WALKER, NORMAN L. 7XXX NORMAN L., TEC 5, 16170047,

WHOSE REMAINS ARE ARRIVING ABOARD USAT KIRSCHBAUM, NY-027-R. ORIGINAL

INSTRUCTIONS PROVIDED FOR DELIVERY TO AND INTERMENT IN ROCK ISLAND

NATIONAL CEMETERY, ROCK ISLAND, ILLINOIS. NOK HAS NOW REQUESTED

REMAINS BE DELIVERED TO DAYTON, OHIO FOR BURIAL IN A PRIVATE CEMETERY.

THIS DC DOES NOT SERVICE NEW DESTINATION. DUE TO EXTENUATING CIRCUM-

STANCES, REQUEST REMAINS BE DIVERTED TO DC 7. REQUEST ADVISEMENT.

END MAJ CALL 1942Z

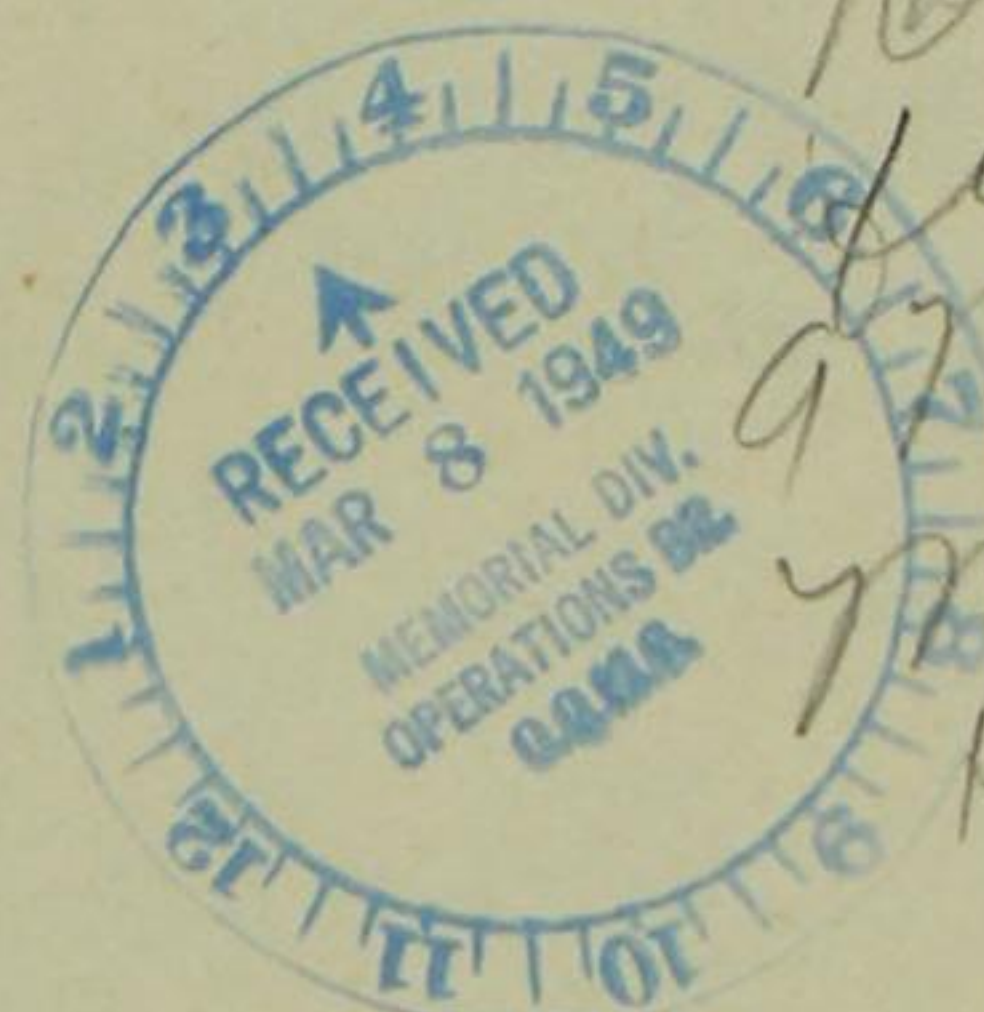
ACK AND WA STAY PLS

WA-284 RECD ONE AND HOLDING

NY PLS ACK

NY2-794 RECD ONE

OK NY DISC PLS



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

SPECIAL INSTRUCTION SHEET

Supplement to Disinterment

Date 1 July, 1948

Directive No. ²⁵⁷⁶ 04436

OVERSEAS BURIAL LOCATION:

NAME Walker, Norman L. T/5 16 170 047

CEMETERY USMC St. Mere Eglise #2, France

PLOT 6 ROW 10 GRAVE 194

1. The following listed persons in addition to the designated legal Next of Kin desire to be notified the date and time that funeral services will be held for the above named decedent in Rock Island National Cemetery in sufficient time to permit their attendance:

James W. Walker (father) 5144 Indiana Ave., Chicago, Ill.

2. Request your office take necessary action to see that the cemetery superintendent complies with the above instructions.

EE/vc

T. E. MULLIGAN
Captain, QMC

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

T/5 Norman L. Walker, 16 170 047
Plot G, Row 10, Grave 194,
United States Military Cemetery
Ste. More Eglise #2, France

23 September 1947

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. Ethel L. Caldwell

(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 _____, 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

OQMG FORM 345 MILITARY
14 NOV 1946

16-50411-1

PAGE 1

JUL 7 1948

IR 7/12/48

PART I (Continued)

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

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

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

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			
Metropolitan Funeral Parlor			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
450 S. Parkway	Chicago	Ill.	
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	TELEPHONE No.	
Illinois Central R.R.	1135 E. Eleventh St. and Roosevelt Rd. & Michigan	Wabash 4811	

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
Walker	James	W.	Father
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
5144 Indiana Ave. Chicago		Cook	Illinois

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. Ethel L. Caldwell
(SIGNATURE OF NEXT OF KIN)
2614 McCall St.,
(STREET AND NUMBER)
Dayton, Ohio.
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 3rd day of Oct, 1947, at city (or town) of Dayton, county of Montgomery, and State (or Territory or District) of _____

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

If you are the next of kin and you desire

I, THE Father
NAMED IN PART I OF THIS FORM, DO HEREBY
THE NEXT EXISTING PERSON IN THE

LAST NAME
Walker
RELATIONSHIP TO THE DECEASED
Father
NUMBER AND STREET
5144 Indiana Ave.

WHOM I UNDERSTAND SHALL HAVE

SIGNATURE OF
James W. Walker
(NAME PRINTED)

If you are NOT the next of kin authorized

THIS IS TO NOTIFY YOU THAT I AM NOT THE NEXT OF KIN 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 Father FATHER, 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 <u>Walker</u>	FIRST NAME <u>James</u>	MIDDLE INITIAL <u>W.</u>
RELATIONSHIP TO THE DECEASED <u>Father</u>		
NUMBER AND STREET <u>5144 So Indiana</u>	CITY OR TOWN <u>Chicago</u>	STATE OR COUNTRY <u>Ill.</u>

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

James W. Walker May 20 1948
(SIGNATURE OF NEXT OF KIN) (DATE)
5144 Indiana Ave
(STREET AND NUMBER)
JAMES. W. WALKER CHICAGO ILL
(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.

Since the time of my son's enlistment into the armed forces I have become a resident of Dayton, Ohio. This mail informing me of the action now taking place by the Government of sending our "War Dead" home, was late reaching me as it was sent to my former address in Chicago, Ill., and had to be forwarded to me. I request the funeral to be held in Chicago, Ill. from the Metropolitan Funeral Parlor located at 45th and South Parkway and interment in the national cemetery of Dayton, Ohio.

And interment Rock Island National Cemetery
Springfield Illinois - James R. Walker Father



RECORDS BRANCH
NOV 4 5 15 PM '47
MEMORIAL DEPT. OF WAR

Capt Voge telephoned mother
today - 25 July 48 - Both mother
and father want remains
delivered direct to Nat'l Cemetery
at Rock Island, Ill.
Both mother and father
are to be present. Telegram
will confirm -

William
25 July 48



293 Walker, Norman L

EUA062 RR UEPOG

FM UEPIP

20 COLLECT

DAYTON OHIO JUN 25 510P

CAPT VOGL

QUARTER MSXXXXMASTER GENERAL OFFICE WASHDC

DESIRE REMAINS OF MY SON CPL NORMAN L WALKER TO BE DELIVERED

DIRECTLY TO NATIONAL CEMETERY AT ROCKFORD ILLINOIS

MRS ETHEL L CALDWELL

unrec. Rec'd. 6/3 553P.
Deloch d RFA 6/23/48

to cpl Norman L. Walker

16170047

JUN 28 10 56 AM '48

O. D. M. G.
REL. & CAS
SECTION



James Cor #2
M. mere & wife
10-194
Received 28 June
all mother cpl

DEPARTMENT OF THE ARMY
////////////////////

QMGMF 293
Walker, Norman L. SN 16 170 047
Plot G, Row 10, Grave 194
USMC Ste. Mere Eglise, France

21 April 1948

Mrs. Ethel L. Caldwell
2614 McCall Street
Dayton, Ohio

Dear Mrs. Caldwell:

We have received the form, "Request for Disposition of Remains", in regard to the final interment of the remains of your son, the late Technician Fifth Grade Norman L. Walker.

Unfortunately, there is not known or included in the official list of National Cemeteries, a national cemetery located at Dayton, Ohio.

I am gratified to inform you that there is available grave space in the Rock Island National Cemetery, Springfield, Illinois, and your son's remains may be interred in this national cemetery, if the next of kin so desires.

The Camp Butler National Cemetery has been closed to additional burials. No grave space remains available.

Whenever final burial is to be in a National Cemetery after the remains have been previously transported to another place for private funeral services, the Government will be responsible for transportation cost in an amount not to exceed the travel expense otherwise necessary to move the remains to the selected National Cemetery by the most direct route from the Distribution Center.

The Government will also be responsible for the cost of the grave site, opening the grave, actual interment, closing the grave and perpetual maintenance. A properly inscribed headstone will also be provided. A military escort will accompany the remains to the place designated for the religious services and will assist, as necessary and requested, in completing arrangements for desired military rites and burial honors. He will, if requested by the next of kin, remain for the services for a period not exceeding 72 hours from the time he arrives with the remains.

Provision for an attendant to accompany the remains from the place where services were held to the selected National Cemetery is an obligation for the next of kin, as are the cost of all arrangements incident to funeral services.



QMGMF 293 Walker, Norman L. SN 16 170 047 21 April 1948 (Cont'd.)

The Department of the Army will recognize the right of any relative to direct disposition of the remains only in strict conformity with the precedence established by the Secretary of the Army, which appears on pages 2 and 3 of the gray booklet "Disposition of World War II Dead".

Inasmuch as you have indicated the father as Emergency Addressee, his prior right to designate the final resting place of your son must be recognized.

If he is in complete agreement on the disposition of remains as now indicated, he may make your present signature legally acceptable by completing all lines of Part II, page 3, of the inclosed form.

If, however, he prefers to record his own wishes, over his signature, a blank Disposition Form is inclosed. This must be signed by him in the presence of a Notary Public, Judge or Clerk of a Court of Record, or Justice of the Peace.

In making the necessary correction, please do not erase any of the entries already made. Instead, draw a line through the incorrect entries; then enter the correct information immediately above, or in the correct place, as indicated.

Your prompt cooperation in having the Disposition Form completed and returned to us will avoid further unnecessary delay and will be greatly appreciated.

Sincerely yours,

rtd 3 Incls

1. Req for Disp Fm (original)
2. Req for Disp Fm (blank)
3. Envelope

RICHARD B. COOMBS
Major, QMC
Memorial Division

CC: ARN USMITH

MAIL & RECORDS BRANCH

APR 21 2 40 PM '48

CORRESPONDENCE ACTION SHEET

~~Mr.~~
~~Miss.~~
 Addressee: Mrs. Ethel L. Caldwell Mother
 State 2614 McCall Street Relationship
 City, State Dayton, Ohio '47
 Cemetery Date letter
 Temporary:
 Permanent: G 10 194 USMC Ste. Mere Eglise, France
 Plot Row Gr Cem. Name or No. City Country

PARAGRAPHS
(sequence)

-- ADDITIONAL -- DATA -- MODIFICATIONS --

165-I

Unfortunately, there is not known or included in the official list of National Cemeteries, a national cemetery located at Dayton, Ohio.

I am gratified to inform you that there is available grave space in Rock Island National Cemetery, Springfield, Illinois, and your son's remains may be interred in this national cemetery, if the next of kin so desires.

The Camp Butler National Cemetery, has been closed to additional burials. No grave space remains available.

108-B

138-A

First Paragraph Only

Inasmuch as the decedent's father is living, his prior right to designate the final resting place of the remains of his son, *must be recognized.*

If he is in complete agreement on the disposition of remains as now indicated, he may make your present signature legally acceptable by completing all lines of Part II, page 3, of the inclosed form.

If, however, he prefers to record his own wishes, over his signature, a blank Disposition Form is inclosed. This must be signed by him in the presence of a Notary Public, Judge or Clerk of a Court of Record, or Justice of the Peace.

85-B

85-AA

3 Incls
 1- Form (Signed)
 2- Form (Blank)
 3- Encl.

Glenn

Analyst Typist Reviewer

Modifications

OKed

Decedent:

WALKER

Norman

L

TIS

16

170 147

FAMILY CORRESPONDENCE BRANCH
FCA SECTION, ACCEPTANCE UNIT

TO BE USED ON IRFS

Walker, Norman L. TS-16 170 047 Mother
 Name Rank / SN 345 Signed by Option Selected
St. Mere Eglise G-10-194 Metropolitan Fun. Parlor
 Cemetery Plot Row Grave Consignee

Write NOK Mrs. Ethel L. Caldwell Address Dayton, Ohio
2614 McCall St. (Address)
Dayton, Ohio (City and State)
 Relationship Mother

A. Action to Family Letters Section

1. () Indicate RELATIONSHIP
2. (✓) Indicate OPTION desired
3. (✓) Indicate CEMETERY in which interment desired. *Return for classification of cemetery. no date cem. avail in Dayton.*
4. () Indicate Country (HOLLAND) of deceased or NOK *Camp Butler is OK. it is located in Illinois lower*
5. () Indicate CONSIGNEE - Name and/or Address *Please note this is 2nd IRF 5 min*
6. () Obtain SIGNATURE of NOK
7. () Obtain NOTARIZATION
8. () Advise NOK that NATIONAL CEMETERY SELECTED IS CLOSED and request that another choice be made

B. Action to Case Resolution Unit, FCA

9. () Secure DOCUMENTS (Remarriage), (Birth), (Death), (Other _____)
10. () Reply to REMARKS on IRF
11. () SPECIAL INSTRUCTIONS: _____

12. () Inform Party Listed Below of Action Taken by This Office

Name _____ Relationship _____
 Address _____
 City _____ State _____

Orig-With 345
 Dup-M&R for 293 File

Radovitch
 Acceptance Clerk's Name

2 April 45
 Date

FAMILY CORRESPONDENCE BRANCH
FCA SECTION, ACCEPTANCE UNIT

TO BE USED ON IRFS

893 Walker, Herman L. IV-11 170 017 700 2
 Name Rank / SN 345 Signed by Option Selected
 Cemetery Plot Row Grave Consignee
 4-11, So. Parkway
 Address Dayton, Ohio
 Relationship Mother

Write NOK Mr. Mrs. Miss Name Relationship
 Ethel L. Caldwell
 2611 1/2 Capt. St.
 Dayton, Ohio
 (Address)
 (City and State)

A. Action to Family Letters Section

1. () Indicate RELATIONSHIP
2. (✓) Indicate OPTION desired
3. (✓) Indicate CEMETERY in which interment desired *Return for*
4. () Indicate Country (HOLLAND) of deceased or NOK *classification cemetery, 202nd Air Mail in Dayton.*
5. () Indicate CONSIGNEE - Name and/or Address *Camp Butler is OK. it is located in Illinois however*
6. () Obtain SIGNATURE of NOK *Please note this is 2nd IRFS method*
7. () Obtain NOTARIZATION
8. () Advise NOK that NATIONAL CEMETERY SELECTED IS CLOSED and request that another choice be made

B. Action to Case Resolution Unit, FCA

9. () Secure DOCUMENTS (Remarriage), (Birth), (Death), (Other _____)
10. () Reply to REMARKS on IRF
11. () SPECIAL INSTRUCTIONS: _____

12. () Inform Party Listed Below of Action Taken by This Office

Name _____ Relationship _____
 Address _____
 City _____ State _____

Orig-With 345
 Dup-M&R for 293 File

FILE
 Name M.C. Dial
 Action NAT
 Acceptance Section
 Family Corres. Branch

Acceptance Clerk's Name

Date

file - not for
 Family Corres. Br.

QMGMF 293
Walker, Norman L.
S. N. 16 170 047 *mf*

5 January 1948

Mrs. Ethel L. Caldwell
2614 McCall Street
Dayton, Ohio

Dear Mrs. Caldwell:

We have received the "Request for Disposition of Remains Form", in regard to the final interment of the remains of your son, the late Technician Fifth Grade Norman L. Walker.

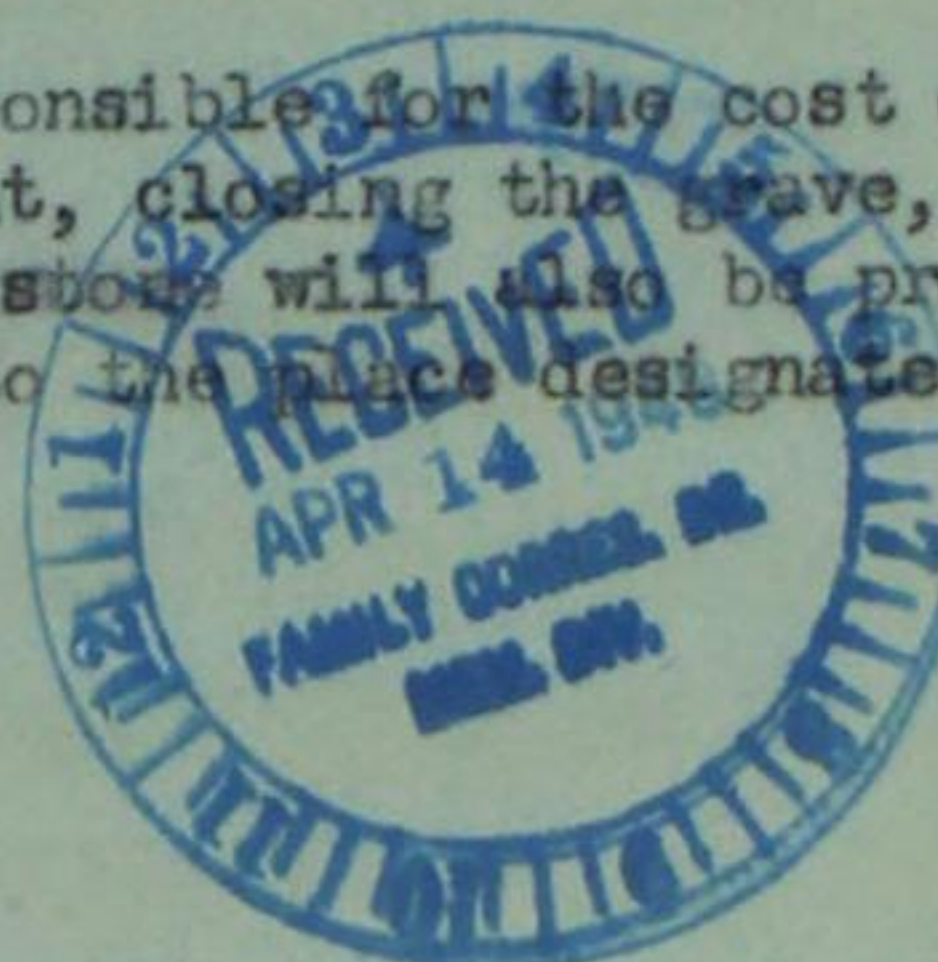
I regret that this form must be returned to you. However, in order that official action may be taken it is necessary for you to name another National Cemetery, as there is none in Dayton, Ohio.

If it is your desire to have the remains of your son returned to a private cemetery you may so indicate by checking in the block on page one provided for that preference. The upper half of page 2 must be completed, including either the full name and address of your funeral director, or other person whom you desire to receive the remains.

For emergency use, the name and address of the person next in line of kinship should be entered in the middle of page 2.

Whenever final burial is to be in a National Cemetery after the remains have been previously transported to another place for private funeral services, the Government will be responsible for transportation cost in an amount not to exceed the travel expense otherwise necessary to move the remains to the selected National Cemetery by the most direct route from the Distribution Center.

Additionally, the Government will be responsible for the cost of the grave site, opening the grave, actual interment, closing the grave, and perpetual maintenance. A properly inscribed headstone will also be provided. A military escort will accompany the remains to the place designated for



QMCMF 293 Walker, Norman L. S.N. 16 170 047 5 January 1948 (Cont'd)

the religious services and will assist, as necessary and requested, in completing arrangements for desired military rites and burial honors. He will, if requested by the next of kin, remain for the services for a period not exceeding 72 hours from the time he arrives with the remains.

Provision for an attendant to accompany the remains from the place where services were held to the selected National Cemetery is an obligation for the next of kin, as are the cost of all arrangements incident to funeral services.

We appreciate receiving from you notification of your change of address from the Chicago address to 2614 McCall Street, Dayton, Ohio. Our records have been amended accordingly.

Your prompt cooperation in completing and returning the Disposition Form to us will avoid further unnecessary delay and will be greatly appreciated.

Sincerely yours,

2 Incls.
Form 345 (signed)
Envelope

RICHARD B. COOMBS
Major, QMC
Memorial Division

efr
cc: Arrowsmith

RBC

RECEIVED
RECORDS BRANCH
JAN 5 9 22 AM '48
MEMORIAL DIVISION

CORRESPONDENCE ACTION SHEET

Mr.
Miss.
Addressee: (Mrs.) Ethel L. Caldwell Mother
Relationship
State 2614 McCall Street
City, State Dayton, Ohio '47
Date letter
Cemetery
Temporary: _____
Permanent: _____
Plot Row Gr Cem. Name or No. City Country

PARAGRAPHS
(sequence)

-- ADDITIONAL -- DATA -- MODIFICATIONS --

165 I

son
Technician Fifth Grade Norman L. Walker

I regret that this form must be returned to you. However, in order that official action may be taken it is necessary for you to name another National Cemetery, as there is none in Dayton, Ohio.

If it is your desire to have the remains of your son returned to a private cemetery you may so indicate by checking in the block on page one provided for that preference. (Continue with 85 I)

In making corrections please do not erase. Simply draw a line through the cemetery already designated and insert the name of another cemetery above.

108 B

852 C

The Chicago address to
2614 McCall Street, Dayton, Ohio

85 AA

Analyst Typist Reviewer

Modifications

OKed

Decedent:

Last

First

Initial

Rank

ASN

47 11117

OQMG FORM 377
 10 DEC 46

T/5 Norman L. Walker, 16 170 047
Plot G, Row 10, Grave 194,
United States Military Cemetery
Ste. Mere Eglise #2, France

23 September 1947

Mrs. Ethel Caldwell
5628 Prairie Avenue
Chicago, Illinois

Dear Mrs. Caldwell:

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.
SEP 29 1947
O. D. H. G.
MAIL & RECORDS SECTION

14b

GRAVES REGISTRATION
FORM NO. 1
(Revised 1 Sept. 1943)**RESTRICTED**
REPORT OF BURIAL

TM 10-630 AND AR 30-1815

REBURIAL

28 June 1944

Date

Walker Norman L Tecs 16170047
 Last Name First Initial Rank Serial No.
 818 Amph Trk Co
 Unit Organization
 France 6 June 1944 KIA
 Place of Death Date of Death Cause of Death
 1900-28 June 1944 Ste. Mere-Eglise #2 Ste. Mere-Eglise
 Time and Date of Burial Name of Cemetery Name or Coordinates of Location
 194 10 G Temp
 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?

REBURIAL

What means of identification were buried with the body?

Previously buried in 607 Macron Cemetery

Plot B Row 2 Grave 31

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

Who is buried on:

Deceased's Right:

Gargano

32687457

Rank

Organization

195

Grave No.

Deceased's Left:

Goodman

34752771

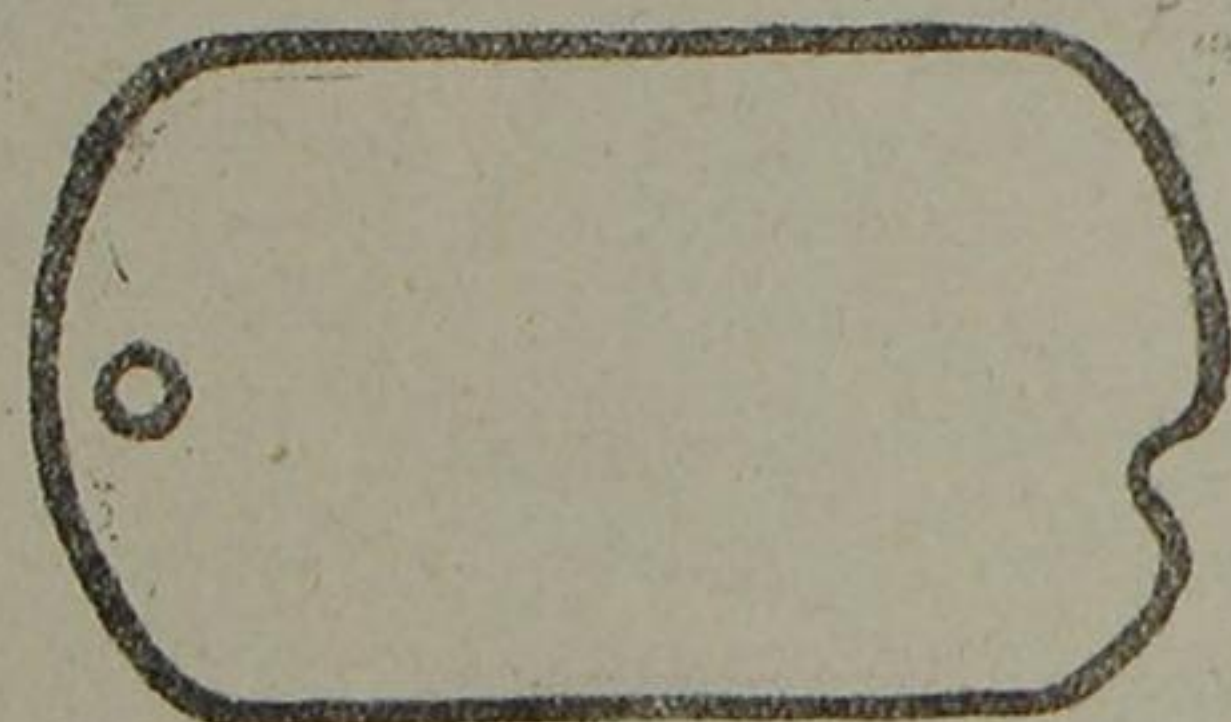
Rank

Organization

193

Grave No.

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



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

Emergency Addressee

Name

Address

Religion

P

~~List only Personal Effects found on body and disposition of same~~

REBURIAL FROM "UTAHRED" CEMETARY

Also known as 607 Macron Temp (447964)

Signature of Officer or other person reporting burial

Verified by G.R.S. Officer

HQ. 908. 22/9/43. 380M/8/15219

Inc #94

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

Indicate: missing natural teeth by X; crowns by O; 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.

GRAVES REGISTRATION
FORM NO. 1
(Revised 1 Sept. 1943)**REPORT OF BURIAL**

TM 10-630 AND AR 30-1815

13 June 1944

Date

Walker,

Norman

L.

Pvt.

16170047

Last Name

First

Initial

Rank

Serial No.

818th ATC

U.S. Army

Unit

Organization

Carentan Peninsula

13 June 1944

Blast Casualty

Place of Death

Date of Death

Cause of Death

1600 13 June 1944

607 Macon Temp.

447964

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

31

2

"B"

Temp.

Grave Number

Row Number

Plot Number

Type of Marker

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

If No Identification Tags

How were remains identified?

What means of identification were buried with the body?

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

Who is buried on:

Deceased's Right:

R. GOODMAN

3475 2771

NO INFO

U.S. ARMY

32

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

C.E. BAKER

35811544

NO INFO

U.S. ARMY

30

Name

Serial No.

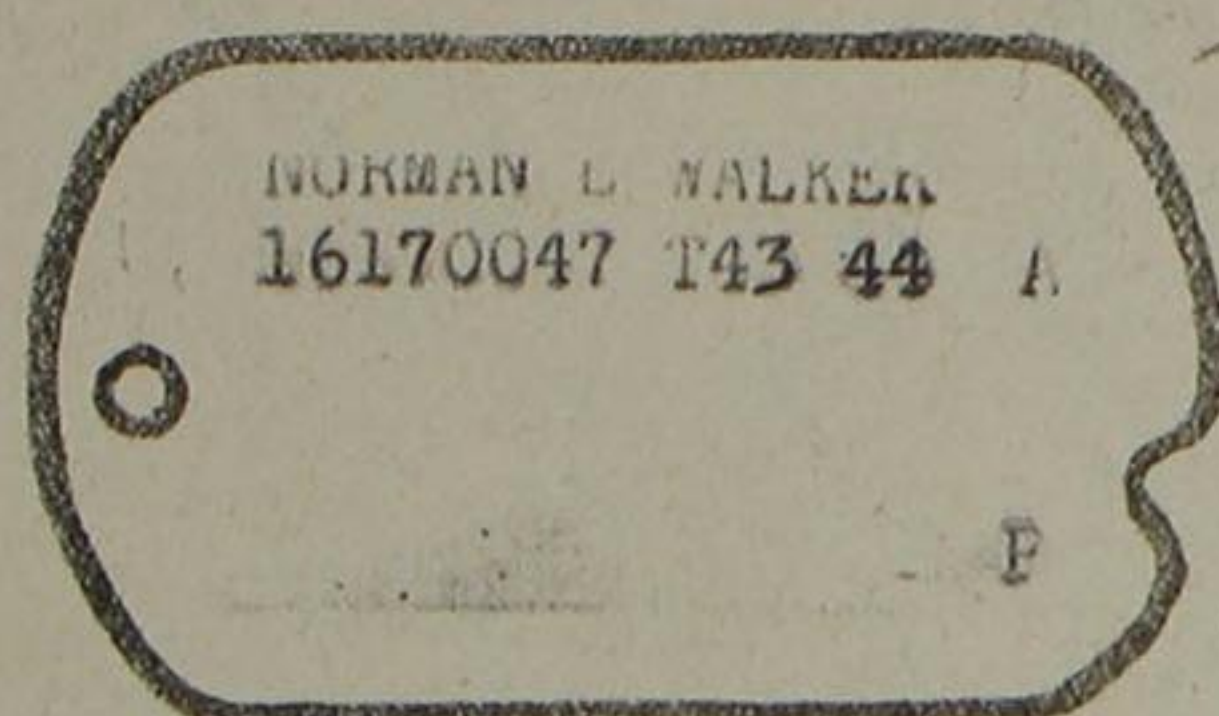
Rank

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

No Info.

Name

Address

Religion

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

1 Wallet
1 Lighter
Pictures
Cards

Signature of Officer or other person reporting burial

Neal F. Baker (as)

NEAL F. BAKER

Verified by GRAVES OFFICER

Graves Registration Officer

HQ. SOS. 22/9/43. 380M/8/15219

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

2

1

Thumb

Right Hand

2

1

Thumb

TOOTH CHART

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

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

Characteristics:

Other Data:

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

WD. AGO. FORM NO. 52-1, 29 MAY 1944 (1)

Walters, Norman L. T/5 16170047

for

Summary Court-Martial
ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPOT Case No. 145064
601 Hardesty Avenue
Kansas City 1, Missouri Date 5 March 1945

JRM:JFH:1b

SUBJECT: Report of transactions in disposing of the effects of

Norman L. Walker, 16170047 late a
(Name of deceased) (Army Serial Number)

Technician Fifth Grade, Transportation Corps who died
(Grade) (Organization, Army or Service)

on the 13 day of June, 1944, at England.

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

1. Complying with A.W. 112, a Summary Court Martial, convened at Kansas City, Mo, pursuant to S.O., 223, Hq., KCQM Depot, dated 25 September 1943, for the purpose of disposing of the effects of the above-named soldier, or person subject to military law, reports that:

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

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

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

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

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 15 November 1944, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Ethel Caldwell 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. Ethel Caldwell of
(Name of person found entitled)
5628 Prairie Avenue, Chicago State of
(Number, Street or Avenue) (City, Town or Village)
Illinois, is the mother of the
(Relationship or Capacity)

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

(Signature of Summary Court Officer)

JOHN R. MURPHY, Colonel, Q.M.C.
(Name, Rank, Organization)
SUMMARY COURT MARTIAL

ARMY SERVICE FORCES
ARMY EFFECTS BUREAUORDER FOR SHIPMENTShip to: **Mrs. Ethel Caldwell****5628 Prairie Avenue**

Effects of:

Name **T/5th Grade Norman L. Walker** **Chicago, Illinois**ASN **16170047**Case No. **145064 D**

Wt.

Ship Via **FRANKED**

G B/L No. _____

Date **JRM:HA:df**
16 November 1944**B. Hurst**
For the Effects Quartermaster

PACKAGES SHIPPED

1 pkg

TOTAL _____ WT. _____Franked _____
Est. Exp. Chgs. _____
Est. Frt. Chgs. _____
Date Shipped **NOV 18 1944**

REMARKS:

NOV 20 1944

Eff QM Form 14 (19 Aug 44)

mtk
(Shipping Clerk)



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

(S-12-16-44)

JRM:HA:df

November 16, 1944

IN REPLY REFER TO 145064 D

Mrs. Ethel Caldwell
5628 Prairie Avenue
Chicago, Illinois

Dear Mrs. Caldwell:

The Army Effects Bureau has received from overseas some personal effects of your son, Technician Fifth Grade Norman L. Walker.

These effects, consisting of a cigarette lighter, a letter, and a billfold with photos, are being forwarded and should reach you in the near future.

When delivery has been made, I shall appreciate your acknowledging receipt by signing one copy of this letter in the space provided, and returning it to this Bureau. For your convenience, there is inclosed an addressed envelope which needs no postage.

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

Yours very truly,

A. F. Timms

A. F. TIMMS
Administrative Assistant
Army Effects Bureau

1 Incl--Envelope

Receipt acknowledged:

Mrs. Ethel Caldwell
(Signature of Claimant)

11-27-44
(Date)

ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPT
ARMY SERVICE BUREAU
301 N. 10TH STREET
KANSAS CITY 2, MISSOURI

(C-12-1-1-1)
JUN:AM:42
November 10, 1944

TO: Mrs. Ethel Caldwell

5028 Prairie Avenue
Chicago, Illinois

Dear Mrs. Caldwell:

The Army Service Forces has received your letter of June 10, 1944, regarding the return of your son, William, to the United States.

These effects, consisting of a suitcase, a hat, and a shirt, are being forwarded to you by the Army Service Forces.

When delivery has been made, I shall advise you by letter. Please be sure to sign and return the receipt card in the space provided, and return it to the Bureau. For your convenience, there is enclosed an addressed envelope which needs no postage.

The return of this Bureau is transmitting personal effects does not of itself, result in the return of your son. Your property is forwarded for distribution according to the law of the State of the soldier's residence.

I sincerely regret the circumstances governing this letter, and wish to express my sympathy in the loss of your son.

Very truly yours,

A. E. TIER
Administrative Assistant
Army Service Forces

I Enclose—Envelope

Receipt acknowledged:

(Date)

(Signature of Soldier)

INVENTORY OF EFFECTS
(see AR 600-550)Walker, Norman L. 16170047
(Last name)(First name)(middle initial)(Army serial #)late a Pvt. 818th ATC U.S. Army
(Grade) (Organization or arm or service)

who died on the 13th day of June 19 44

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

Number	Articles	*Package Number
	1 Wallet ✓	
	1 Lighter ✓	
	Pictures ✓	
	Cards ✓	

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

CLASS II -- Other effects

Number	Articles

W.D., A.G.O. Form No. 54

July 1, 1933

NORMAN L WALKER
16170047 143 44

Serial No. 16170047 Name WALKER, NORMAN L
Grade _____ Rank _____
Organization _____
Address _____
Nearest Relative _____
Address _____
Killed in Action ☒ Died of Disease _____
Date 13 JUNE 1946 Hospital _____
Battle Area FRANCE Information _____
Place of Burial 602 MASON TEMP. BUR. CARENTAN PEN. FRA
Point of Coordination 447964
Description of Body _____
Members Missing _____

Signed

Alfred Gusky

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

BATTLE CASUALTY REPORT

NAME WALKER NORMAN L		SERIAL NUMBER 16170047	GRADE TEC5	ARM OR SERVICE TC	REPORTING THEATRE ETO
PLACE OF CASUALTY EN CHAN	DATE OF CASUALTY DAY 13 MONTH JUN YEAR 44	FLYING OR JUMPING STAT	TYPE OF CASUALTY KIA	SHIPMENT NUMBER 108	

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 MRS	FIRST NAME ETHEL	MIDDLE INITIAL	LAST NAME CALDWELL	RELATIONSHIP MOTHER
NO. AND NAME OF STREET 5628 XXXX PRAIRIE AVENUE		CITY CHICAGO	COUNTY	STATE ILLINOIS

REMARKS:

☐ CORRECTED COPY

28 JUNE 1944 EB



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 _____ REVIEWED BY *Brown*

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

THIS SPACE FOR USE OF MACHINE RECORDS GRANGER																										
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 *A45 A-37*

COPIES FURNISHED:

<input type="checkbox"/> AIR ADJUTANT GENERAL	<input type="checkbox"/> CHIEF, WAR BOND DIVISION	<input type="checkbox"/> OFFICERS BRANCH, A.G.O.
<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.
<input type="checkbox"/> ARMY EFFECTS BUREAU	<input type="checkbox"/> C.G., ARMY GROUND FORCES	<input type="checkbox"/> SEAMEN'S RECORDS & WELFARE UNIT U.S.C.G.
<input type="checkbox"/> ASST. CHIEF OF STAFF, G-1	<input type="checkbox"/> C.G., SERVICE COMMAND	<input type="checkbox"/> SOCIAL SECURITY BOARD
<input type="checkbox"/> BUREAU OF PUBLIC RELATIONS	<input type="checkbox"/> DIR. OF SPECIAL SERVICES DIV.	<input type="checkbox"/> SURGEON GENERAL
<input type="checkbox"/> CASUALTY PAY RECORDS BR., O.F.D.	<input type="checkbox"/> DIRECTOR, W.A.C.	<input type="checkbox"/> THE ADJUTANT GENERAL
<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.

145064

REPORT OF DEATH

DATE 12 July 1944
Crawford/jen/4624

FULL NAME <u>Walker, Norman L.</u>		ARMY SERIAL NUMBER <u>16 170 047</u>	GRADE <u>Tec 5</u>
HOME ADDRESS <u>Chicago, Ill.</u>		ARM OR SERVICE <u>Transportation Corps</u>	DATE OF BIRTH <u>1 Aug 1922</u>
PLACE OF DEATH <u>England</u>	CAUSE OF DEATH <u>Killed in action</u>		DATE OF DEATH <u>13 June 1944</u>
STATION OF DECEASED <u>European Area</u>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <u>4 Dec 1942</u>	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS <u>1 6 10</u>
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <u>Ethel Caldwell, mother, 5628 Prairie Ave., Chicago, Ill.</u>			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <u>Ethel Caldwell, mother, 5628 Prairie Ave., Chicago, Ill.</u> <u>Joe Collins, uncle, 5628 Prairie Ave., Chicago, Ill.</u>			
INVESTIGATION MADE?	IN LINE OF DUTY	OWN MISCONDUCT	WAS DECEASED ON DUTY STATUS
YES NO	YES NO	YES NO	YES NO
	<u>X</u>	<u>X</u>	<u>X</u>
AUTHORIZED ABSENCE		IN FLYING PAY STATUS	OTHER PAY STATUS (SPECIFY BELOW)
YES NO	YES NO	YES NO	YES NO
		<u>X</u>	

ADDITIONAL DATA AND/OR STATEMENT

COPIES FURNISHED:			
<input checked="" type="checkbox"/> S. G. O.	<input type="checkbox"/> F. B. I.	<input type="checkbox"/> F. O. U. S. A.	<input type="checkbox"/> ARMY EFFECTS BUREAU
<input type="checkbox"/> 2. O. G. M. G.	<input type="checkbox"/> O. F. D.	<input type="checkbox"/> CASUALTY BRANCH FILE	<input type="checkbox"/> A. G. 201 FILE
<input type="checkbox"/> G. A. O.	<input type="checkbox"/> VET. ADMIN.	<input type="checkbox"/> A. G. 201 FILE	

☒ BATTLE
☐ NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

H. E. Robinette

ADJUTANT GENERAL