

293 VICKNAIR, ALEX L.J. 38382597 PVT. ORD. DEPT. FRANCE (LA.) 44ev

RECEIPT OF REMAINS

DISTRIBUTION CENTER

MEMPHIS GENERAL DEPOT, MEMPHIS TENNESSEE

THARP-SONTHEIMER-THARP INCORPORATED

ROUTINE

OCT 22 48

4117 SOUTH CLAIBORNE AVENUE

REMAINS CONSIGNED TO:

NEW ORLEANS LOUISIANA

REMAINS OF THE LATE PRIVATE ALEX L J VICKNAIR SN 38382597 BEING SHIPPED
 TO YOU ACCOMPANIED BY MILITARY ESCORT ON TRAIN NUMBER FIVE ILLINOIS CENTRAL
 RAILROAD LEAVING MEMPHIS TWO TWENTY TWO AM TWENTY SEVENTH OCTOBER
 AND DUE TO ARRIVE NEW ORLEANS STATION AT NINE THIRTY AM RAILROAD TIME TWENTY
 SEVENTH OCTOBER. REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT
 STATION UPON ARRIVAL AND NOTIFY NEXT OF KIN CONTENTS OF THIS MESSAGE.
 REQUEST YOU SUBMIT ITEMIZED STATEMENT IN QUADRUPLICATE PROPERLY CERTIFIED
 TO THIS DEPOT FOR PAYMENT OF TRANSPORTATION CHARGES FOR REMAINS AND ESCORT
 FROM NEW ORLEANS RAILROAD STATION TO WESTWEGO LOUISIANA.

Charles M. Odenwalder
 CHARLES M ODENWALDER
 CAPTAIN, QMC

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

THIS 27th DAY OF October, 19 48
DAY MONTH

Clarence Fowler pfc.
 WITNESS (Escort)

Sharp - Southeimer - Tharp Inc
West Side Funeral Homes Inc
Harry A. Lerner
 CONSIGNEE

NAT
 FILE
 RECORDS ANNOTATED
 DATE 16 Nov 48
 NAME in post
 R & R BR.

QMC FORM 1193
15 NOV 46

16-52073-1 U. S. GOVERNMENT PRINTING OFFICE

JEW

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

3586 04380

15 04 48
DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

VICKNAIR ALEX L J

38382597

PVT

1

CEMETERY

DISPOSITION OF REMAINS

ST MERE EGLISE NO 2 - CARENTAN

1

8800 06
CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

CAUSE OF DEATH

E 8 156 FRANCE

2

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

THARP-SONTHEIMER-THARP INCORPORATED
4117 SOUTH CLAIBORNE AVENUE
NEW ORLEANS, LOUISIANA
(F/B WESTWEGO, LOUISIANA)DAVIS VICKNAIR (FATHER)
438 AVENUE A
MARRERO, LOUISIANA

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

Vicknair, Alex L. J.

38382597

UTD

19 April 1948

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

☐ REMAINS

USAGF

Cath.

R. W. Ahearn

☒ MARKER

Embalmer

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OD uniform.

Advanced decomposition.

OTHER MEANS OF IDENTIFICATION

None.

MINOR DISCREPANCIES 1

None.

REMAINS PREPARED AND PLACED IN CASKET

DATE 20 April 1948

BY

R. W. Ahearn

CASKET SEALED BY

EMBALMER (Signature)

W. T. Bush

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY All tags, markings and plates verified by:

DATE 12 Jul 48

BY

H. F. Pergande

JOHN PALYOK JR, 1st Lt, FA

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

SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM USMC St. Mere Eglise #2		TO Casketing Point B, St. Laurent	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Tec 5 James E. Gregory	
SIGNATURE OF SHIPPER ALYN P. KING, 1st Lt, Cav.	DATE 22 Apr 48	SIGNATURE OF RECEIVER <i>[Signature]</i> D. A. MacKENZIE, Capt, Inf.	DATE 22 Apr 48
2. SHIPPED			
FROM Casketing Point B, St. Laurent		TO Casketing Point A, Cherbourg	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Pfc Royce L. Gibbs	
SIGNATURE OF SHIPPER D. A. MacKENZIE, Capt, Inf.	DATE 7 Jul 48	SIGNATURE OF RECEIVER <i>[Signature]</i> E. N. CIAMPO, 1st Lt, FA	DATE 7 Jul 48
3. SHIPPED			
FROM Casketing Point A, Cherbourg		TO Port Unit, Cherbourg	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER T/Sgt J. C. Fuller	
SIGNATURE OF SHIPPER E. N. CIAMPO, 1st Lt, FA	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i> JOHN E. HENDRY JR, Maj, CAC	DATE
4. SHIPPED			
FROM Port Unit - Cherbourg		TO NYPOE	
KIND OF CONVEYANCE <i>Carroll</i> USAT Lawrence Victory		NAME OF CONVOYER KENNETH W. WHERCOTT, Capt TC	
SIGNATURE OF SHIPPER JOHN E. HENDRY JR, MAJ CAC	DATE 25/9/48	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 25 SEPT 1948
5. SHIPPED			
FROM		TO NYPOE	
KIND OF CONVEYANCE NEW ORLEANS, LOUISIANA		NAME OF CONVOYER <i>[Signature]</i>	
SIGNATURE OF SHIPPER THOMAS L. MCKINNON	DATE OCT 6 1948	SIGNATURE OF RECEIVER <i>[Signature]</i> COLONEL T. C. EVINER	DATE 1948
6. SHIPPED			
FROM E 9 T207		TO DCT 06	
KIND OF CONVEYANCE <i>Train</i>		NAME OF CONVOYER Thomas L. McKinnon	
SIGNATURE OF SHIPPER JAMES L. MCKINNON COLONEL, T. C.	DATE OCT 15 1948	SIGNATURE OF RECEIVER <i>[Signature]</i> MAY 21 1948	DATE OCT 15 1948
7. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

INSPECTION CHECKLIST
(FOR USE AT OVERSEAS PORT, U.S. PORT, AND DISTRIBUTION CENTER)

NAME VICKNAIR, ALEX L. J.		RANK PVT.	SERIAL NO. 38382597
SOURCE ST. MERE EGLISE NO.2 CARENTAN, FRANCE		CONSIGNEE THARP-SONTHEIMER-THARP INC. 4117 SOUTH CLAIBORNE AVENUE LA.) NEW ORLEANS, LOUISIANA (F/B:WESTWEGO.)	
SHIPPING CASE - General Appearance (Check Only Discrepancies)		CONDITION OF SHIPPING CASE (Check One) <input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> UNSATISFACTORY	
<input checked="" type="checkbox"/> FINISH (Exterior) <input type="checkbox"/> FINISH (Interior) <input type="checkbox"/> HANDLES <input type="checkbox"/> HANDLE BOLTS <input checked="" type="checkbox"/> STENCILING - NAMEPLATE <i>Re-stencil</i> <input type="checkbox"/> HEALTH PERMIT MARKER <input type="checkbox"/> HEALTH PERMIT NUMBER		REMARKS: <i>Repair mauling Paint entire case</i>	
CASKET - General Appearance (Check Only Discrepancies)		CONDITION OF CASKET (Check One) <input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> UNSATISFACTORY	
<input checked="" type="checkbox"/> FINISH (Exterior) <input type="checkbox"/> HANDLES AND FASTENINGS <input type="checkbox"/> STENCILING - NAMEPLATE <input type="checkbox"/> CAM LOCKS (Sealing) <input type="checkbox"/> ODOR AND MOISTURE <i>Bb.</i>		REMARKS: <i>Touch up casket Scars on end piece</i>	
ROUTED THROUGH			
<input type="checkbox"/> MORTUARY OPERATING ROOM		<input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> No	
		Shipping Case Exchanged <input type="checkbox"/> Yes <input type="checkbox"/> No	
		REMARKS <i>MIN 8:45 8:45 BB</i> <i>OK for shipping 10-21-48</i>	
TIME	DATE	SIGNATURE OF MORTICIAN	SIGNATURE OF INSPECTOR
REMARKS <i>on out going 10/26/48</i> <i>VABW</i>			

DP11 GOVT NL PAID WUX MEMPHIS TENN OCT 22

THARP-SONTHEIMER-THARP INC

4117 SOUTH CLAIBORNE AVE

NEWORLEANS LA

REMAINS OF THE LATE PRIVATE ALEX L J VICKNAIR SN 38382597 BEING
SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT ON TRAIN NUMBER FIVE
ILLINOIS CENTRAL RAILROAD LEAVING MEMPHIS TWO TWENTY TWO AM TWENTY
SEVENTH OCTOBER AND DUE TO ARRIVE NEWORLEANS STATION AT NINE THIRTY
AM RAILROAD TIME TWENTY SEVENTH OCTOBER REQUEST YOU MAKE ARRANGEMENTS
TO ACCEPT REMAINS AT STATION UPON ARRIVAL AND NOTIFY NEXT OF KIN
CONTENTS OF THIS MESSAGE REQUEST YOU SUBMIT ITEMIZED STATEMENT IN
QUADRUPLICATE PROPERLY CERTIFIED TO THIS DEPOT FOR PAYMENT OF
TRANSPORTATION CHARGES FOR REMAINS AND ESCORT FROM NEWORLEANS RAILROAD
STATION TO WESTWEGO LOUISIANA

CHARLES M ODENWALDER

CAPTAIN QMC.

WU K116 XV 23 GOVT COLLECT EXTRA NEW ORLEANS

LA OCT 2 NFI

JS GEN DEPOT

ARMY AGH DIV

TELEGRAM ADVISING RETURN OF REMAINS OF PVT

ALEX L J VICKNAIR RECEIVED ORDERS REMAIN AS

PREVIOUSLY GIVEN

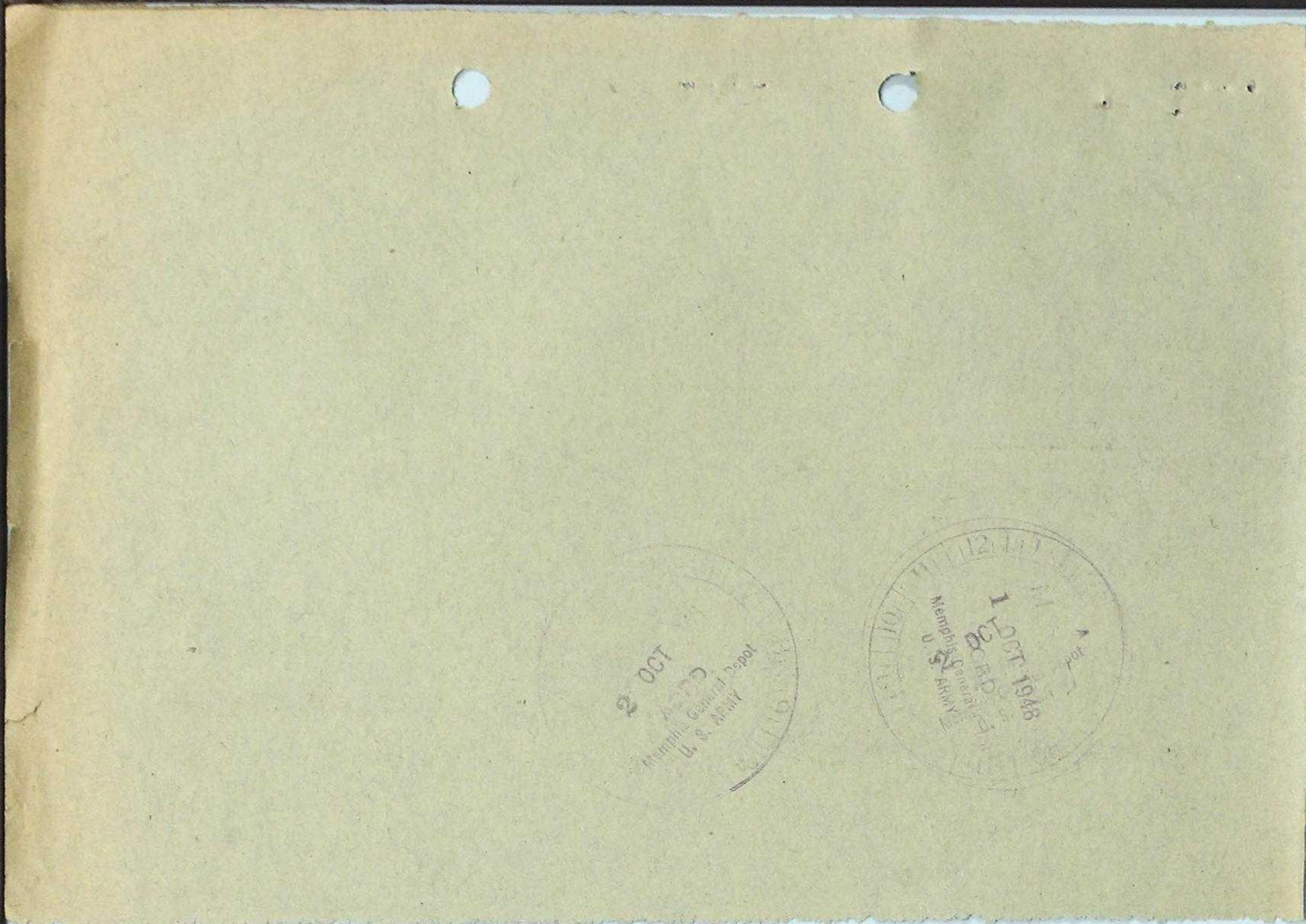
DAVIS VICKNAIR

425 AVENUE A HARRERO LA

4:8 A

1010A

NY-617K
Copy



DL

MEMPHIS GENERAL DEPOT, MEMPHIS, TENNESSEE

UNCLASSIFIED

DAVIS VICKNAIR

ROUTINE

438 AVENUE A

x

MARRERO, LOUISIANA

THIS HEADQUARTERS HAS BEEN ADVISED THAT THE REMAINS OF LATE **FVT ALEX L. J. VICKNAIR** ARE ENROUTE TO THE UNITED STATES. RECORDS OF THIS OFFICE INDICATE YOU WISH REMAINS DELIVERED TO **THARP-SONTHEIMER-THARP, INC. NEW ORLEANS, LOUISIANA WITH FINAL BURIAL AT WESTWEGO, LA.**

. PLEASE CONFIRM ABOVE DELIVERY INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS BY COLLECT TELEGRAM TO MEMPHIS GENERAL DEPOT ATTENTION

AMERICAN GRAVES REGISTRATION DIVISION MEMPHIS TENNESSEE WITHIN 48 HOURS FROM THE

DATE OF THIS MESSAGE. IT WILL NOT BE POSSIBLE TO MAKE ANY MAJOR CHANGES IN DELIVERY INSTRUCTIONS AT GOVERNMENT EXPENSE AFTER THE EXPIRATION OF THE 48 HOUR PERIOD. PLEASE INCLUDE FULL NAME OF DECEDENT IN REPLY TELEGRAM. YOUR REPLY MUST BE SIGNED BY YOU. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. WHILE DELIVERY OF REMAINS WILL BE MADE AS SOON AS PRACTICABLE AFTER RECEIPT FACTORS BEYOND OUR CONTROL MAY DELAY DELIVERY SEVERAL WEEKS. HOWEVER AS SOON AS THE REMAINS ARE RECEIVED HERE AND IT IS POSSIBLE TO SCHEDULE THEM FOR DELIVERY YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF RAIL ROUTING AND SCHEDULED TIME REMAINS WILL ARRIVE AT RAILROAD STATION. ALSO HE WILL BE REQUESTED TO FURNISH YOU THIS INFORMATION SO THAT YOU MAY COMPLETE FUNERAL ARRANGEMENTS. THIS TELEGRAM WILL BE SENT AT LEAST THREE DAYS PRIOR TO ACTUAL SHIPMENT FROM THIS DISTRIBUTION CENTER. PLEASE INSTRUCT FUNERAL DIRECTOR TO **NEW ORLEANS, LA.**

ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATION TO MAKE ARRANGEMENTS.

CHARLES M. ODENWALDER
CAPTAIN, QMC

/c/

UNCLASSIFIED

QMDMK

771

ODENWALDER

SEP 30 48 SENT

DAN L. MILLER, Lt.Col., QMC
Chief, AGR Division

1 1

DISTRIBUTION CENTER 06
MEMPHIS GENERAL DEPOT
MEMPHIS, TENNESSEE

ms
11 MARCH 1949
(Date)

THIS IS TO CERTIFY THAT NO CLAIM HAS BEEN SUBMITTED TO
THIS OFFICE BY THARP-SONTHEIMER-THARP INC., NEW ORLEANS, LOUISIANA
(Funeral Director) (Town) (State)
FOR TRANSPORTATION EXPENSE OF THE LATE ALEX L. J. VICKNAIR
(Name) *OK*
293 PVT 38382597 FROM NEW ORLEANS,
(Rank) (Serial No.) (Town)
LOUISIANA TO WESTWEGO, LOUISIANA
(State) (Town) (State)

Thomas V. Dixon
THOMAS V. DIXON
Lt. Col., QMC
Chief, American Graves
Registration Division

FILE

13572

ACQTS. OF

G. L. BOYLE

Col., F.D.

Memphis, Tenn.

210-237

STA. 586

NOV 1948

CLAIM VA
REPATRIATION

CERTIFICATE

(AR 30-1830)

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

A			
REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES			
(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)			
NAME OF DECEDENT	GRADE	SERIAL NUMBER	COMPONENT
VICKNAIR, ALEX L. J.	PVT.	58382597	USA
I certify that the sum of \$ <u>100.50</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.			
INSERT NAME OF CEMETERY	CITY OR COUNTY	STATE	
McDonoughville Cemetery	Gretna	Louisiana	
INSTRUCTIONS TO PERSON SIGNING THIS FORM		SIGNATURE OF CLAIMANT	
1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR.		<i>Louis Vicknair</i>	
2. Return four copies to: (Original & 3 copies) Memphis General Depot AGR Division Memphis 2, Tennessee		ADDRESS OF CLAIMANT (City, Street or RFD, and State) 438 Ave. A., Marrero, Louisiana	
3. Type or print name underneath your signature in space marked "Signature of Claimant".		RELATIONSHIP TO DECEDENT Father	DATE 10-29-48

PART B - NATIONAL OR POST CEMETERY

B			
REQUEST FOR REIMBURSEMENT OF TRANSPORTATION EXPENSES			
(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	
INSTRUCTIONS TO PERSON SIGNING THIS FORM		SIGNATURE OF CLAIMANT	
1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR.			
2. Return four copies to: (Original & 3 copies) Memphis General Depot, AGR Division Memphis 2, Tennessee		ADDRESS OF CLAIMANT (City, Street or RFD, and State)	
3. Type or print name underneath your signature in space marked "Signature of Claimant".		RELATIONSHIP TO DECEDENT	DATE

QMC FORM 1236
23 OCT 47REPLACES WD AGO FORM R-5507, QMC FORM R-5048
AND QMC FORM R-5066, WHICH ARE OBSOLETE.

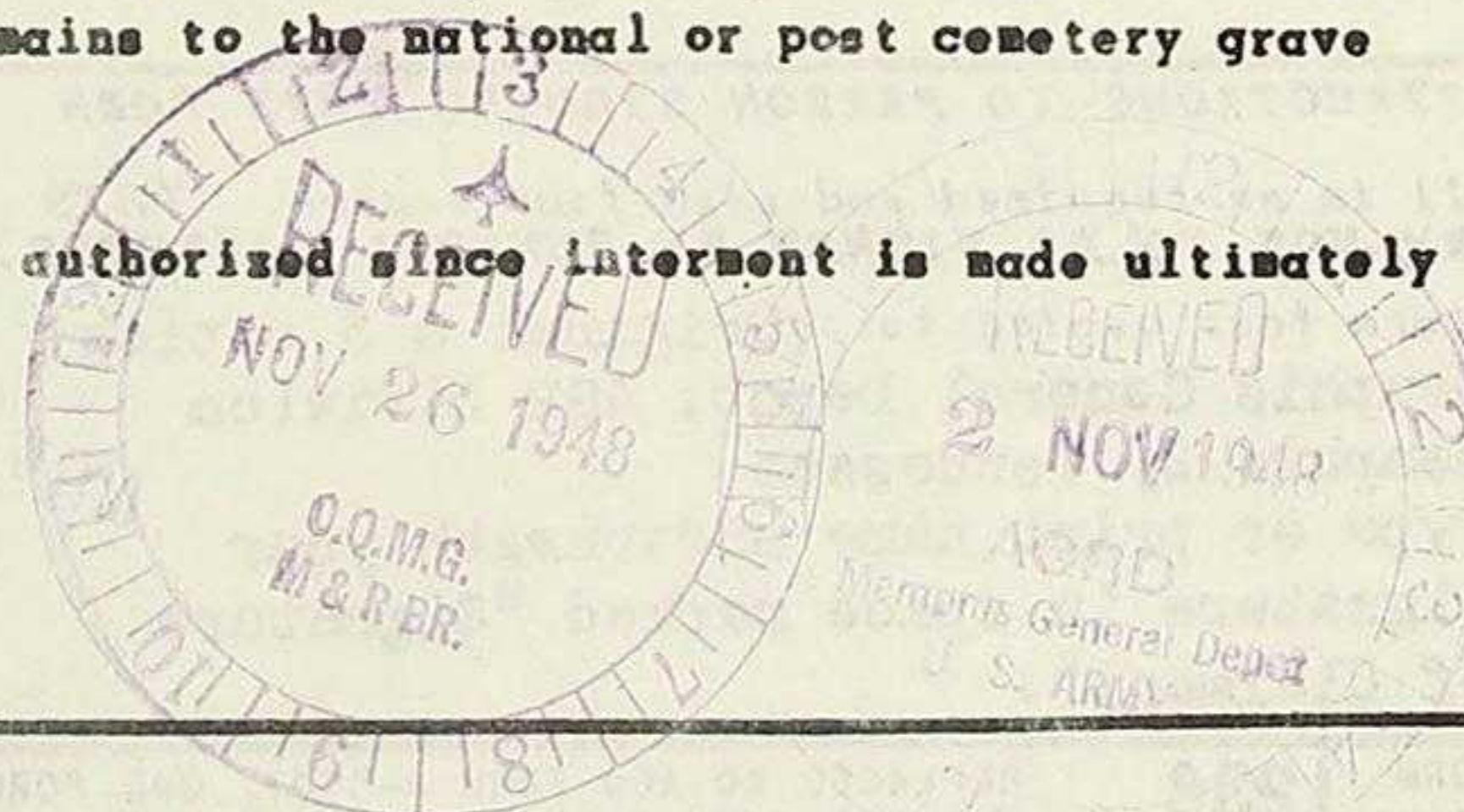
4396

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.

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.



REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Pvt Alex L. Vicknair, 38 382 597
Plot B, Row 8, Grave 156,
United States Military Cemetery
Ste. More Eglise #2, France

22 September 1947

DO NOT WRITE ABOVE THIS LINE

A		C	
B		D	

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, DAVIS VICKNAIR
(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
WESTWEGO CEMETERY, WESTWEGO, LA.
(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
(FOREIGN COUNTRY)
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.)

ALEX L. J. VICKNAIR

100 pwc. APR 22 1948

The correct name is Alex L. J. Vicknair. Per AGO

P. Wise

COPIED
10 Apr 48
m/baker

14 NOV 1946

345 MILITARY

16-50411-1

JAN 6

PAGE 1

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	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			
THARP-SONTHEIMER-THARP, INC.			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
4117 S. CLAIBORNE AVE	NEW ORLEANS	ORLEANS	LA.
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	TELEPHONE No.	
NEW ORLEANS, LA	NEW ORLEANS, LA	JACKSON 2055	

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
VICKNAIR	LAUREL	S.	Mother
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
438 AVE. A. R.F.D. Box 62	MARRERO WESTENEGO	JEFFERSON	LA.

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.

Davis Vicknair
(SIGNATURE OF NEXT OF KIN)
DAVIS VICKNAIR
(NAME PRINTED OR TYPED)

438 AVENUE A
~~R.F.D. Box 62~~
MARRERO
~~WESTENEGO~~, LA.
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 16th day of October, 1947, at city (or town) of Gretna, county of Jefferson, and State (or Territory) of Louisiana.

Mmanuel P. Otto
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Notary Public
(OFFICIAL TITLE)

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

If you are the next of kin and you desire

I, THE _____
NAMED IN PART I OF THIS FORM, DO HER
THE NEXT EXISTING PERSON IN THE OR

LAST NAME
RELATIONSHIP TO THE DECEASED
NUMBER AND STREET

WHOM I UNDERSTAND SHALL HAVE THE

(SIGNATURE OF NEXT OF KIN)

(NAME PRINTED OR TYPED)

If you are NOT the next of kin authorized

THIS IS TO NOTIFY YOU THAT I AM NOT THE
NAMED ON PAGE 1 OF THIS FORM. THE F
SHOULD BE DIRECTED.

LAST NAME
RELATIONSHIP TO THE DECEASED
NUMBER AND STREET

(SIGNATURE)

(NAME PRINTED OR TYPED)

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.

(SIGNATURE OF NEXT OF KIN)

(DATE)

(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

(SIGNATURE)

(DATE)

(STREET AND NUMBER)

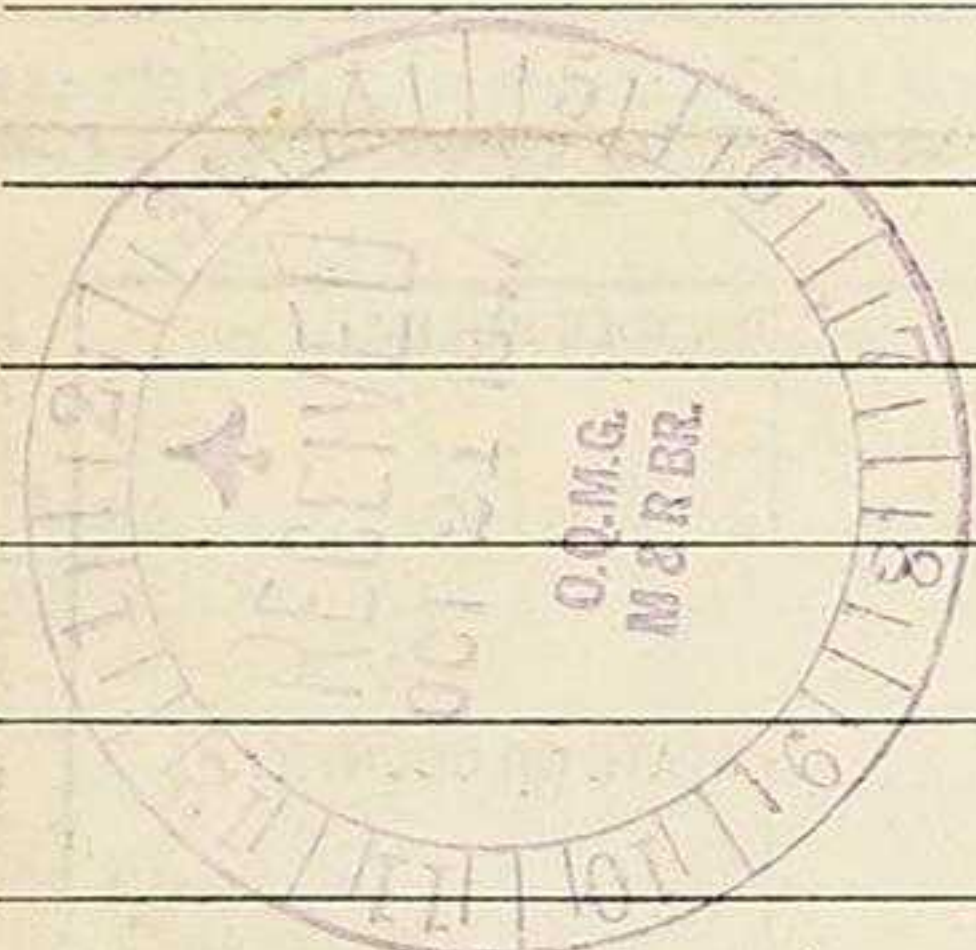
(NAME PRINTED OR TYPED)

(CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTION

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

RECAPITULATION
RECORDS BRANCH
OCT 22 6 08 PM '17
GENERAL DIVISION



AIRMAIL

DEPARTMENT OF THE ARMY
////////////////////QMGMN 293
Vicknair, Alex L. J.
SN 38 382 597

15 JAN 1948

Cpc

SUBJECT: Burial Records

TO: Commanding General
American Graves Registration Command
European Area
APO 58, c/o Postmaster
New York, New York

1. Request the burial report and grave marker for the following decedent, interred in the United States Military Cemetery Ste Mere Eglise #2, France, be changed to read as underscored:

NAME	RANK GRADE	SERIAL NO.	PLOT	ROW	GRAVE
<u>Vicknair, Alex L. J.</u>	Pvt.	38 382 597	A	7	130

2. The records of this office have been reverified with the records of the Adjutant General, Department of The Army, and have been found to be correct as indicated above.

FOR THE QUARTERMASTER GENERAL:

MARK J. GILL
Major, QMG
Memorial Division

ikb

AIRMAIL

JAN 15 11 33 AM '48
MEMORIAL DIVISION
HEADQUARTERS
AGRICULTURAL
BRANCH*mjg*
MJG
WCH

293
 Pvt Alex L. Vicknair, 38 382 597
 Plot E, Row 8, Grave 156,
 United States Military Cemetery
 Ste. Mere Eglise #2, France

22 September 1947

Mr. Doris Vicknair
 Box 68, Rural Free Delivery #1
 Westwego, Louisiana

Dear Mr. Vicknair:

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.

ehl

SEP 30 10 21 AM '47
 OCMG M&R BR

REPATRIATION R-CODE BRANCH

293

8/11/46

247

NAME VICKNAIR ALEX L

AGE 38382597

USMC ST MERE EGLISE#2FR E

8

156

LITTE. TO

Correct Records of Regt.

Special Checker

Changes made in information on

(Casualty Report)

are from sources listed below.

1. BY CALLING NUMERICAL FILES

2.

3.

CORRECTIONS ARE

FROM

TO

VICKNAIR ALEX L J

VICKNAIR ALEX L

Officer's Name

Riel

peterson

NAT

Name

File

Date

margaret hanks

8/11/46

GRAVE REGISTRATION
FORM NO. 1
(Revised 1 Sept. 1943)

RESTRICTED

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

 Reburial **7711**
 Date **June 27, 1944**

Last Name **Vickmaier** First **Alex** Initial **L J.** Rank **Pvt** Serial No. **38532597**
 Unit **202d MM Co** Organization _____
 Place of Death **France** Date of Death **June 6, 1944** Cause of Death **KIA**
 Time and Date of Burial **June 25, 1944** Name of Cemetery **St Mere Eglise #2** Name or Coordinates of Location **St Mere Eglise**
 Grave Number **156** Row Number **8** Plot Number **E** Type of Marker **Temp**

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

 If No Identification Tags
 How were remains identified?

 **Information taken from original
 report of burial dated 10 Jun 44.

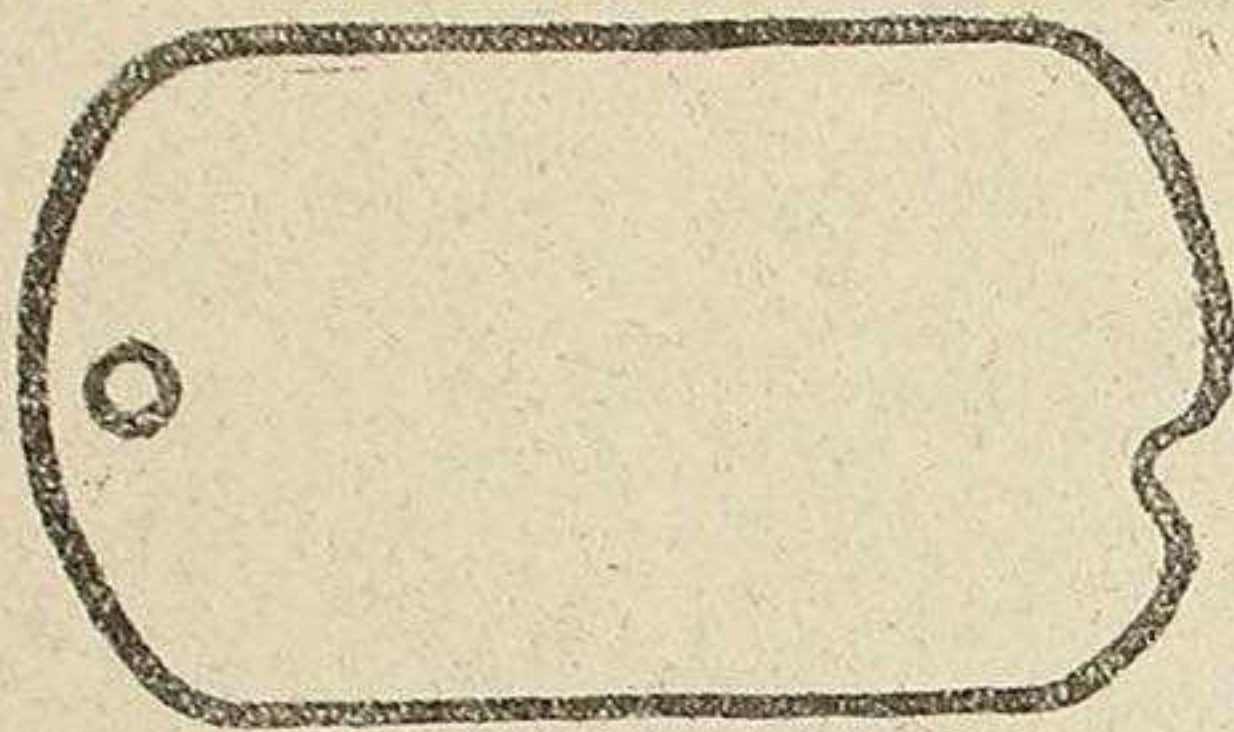
What means of identification were buried with the body?

Previously buried in **607 Macon Cemetery**
 Plot **4** Row **7** Grave **130**

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

Who is buried on: **Madach** **32234956** **157**
 Deceased's Right: Name Serial No. Rank Organization Grave No.
 Deceased's Left: **Siegel** **12218441** **155**
 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 _____ Name

Address _____

 Religion **C**

 List ~~any~~ Personal Effects Found on Body and disposition of same:

"REBURIAL FROM UTAH RED CEMETARY"

 Also known as **607 Macon Temp (4479645-19-45)**

file
 ARS

Signature of Officer or other person reporting burial

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

2

1

Thumb

Right Hand

TOOTH CHART

Deceased's Left															
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.

GRAVES REGISTRATION
Form No. 1
(Revised 1 Sept. 1943)RESTRICTED
REPORT OF BURIAL

TM 10-630 AND AR 30-1815

10 June 1944
DateVicknair, Alex L. J. P.R. Pvt 38382597
Last Name First Initial Rank Serial No.No Info. 2 O-8 M M Co No Info.
Unit OrganizationCarentan Peninsula, France 9 June 1944 K.I.A. 148
Place of Death Date of Death Cause of Death0100 10 June 1944 607 Macon Temp. 447964
Time and Date of Burial Name of Cemetery Name or Coordinates of Location130 7 A Temporary
Grave Number Row Number Plot Number Type of MarkerDisposition 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?

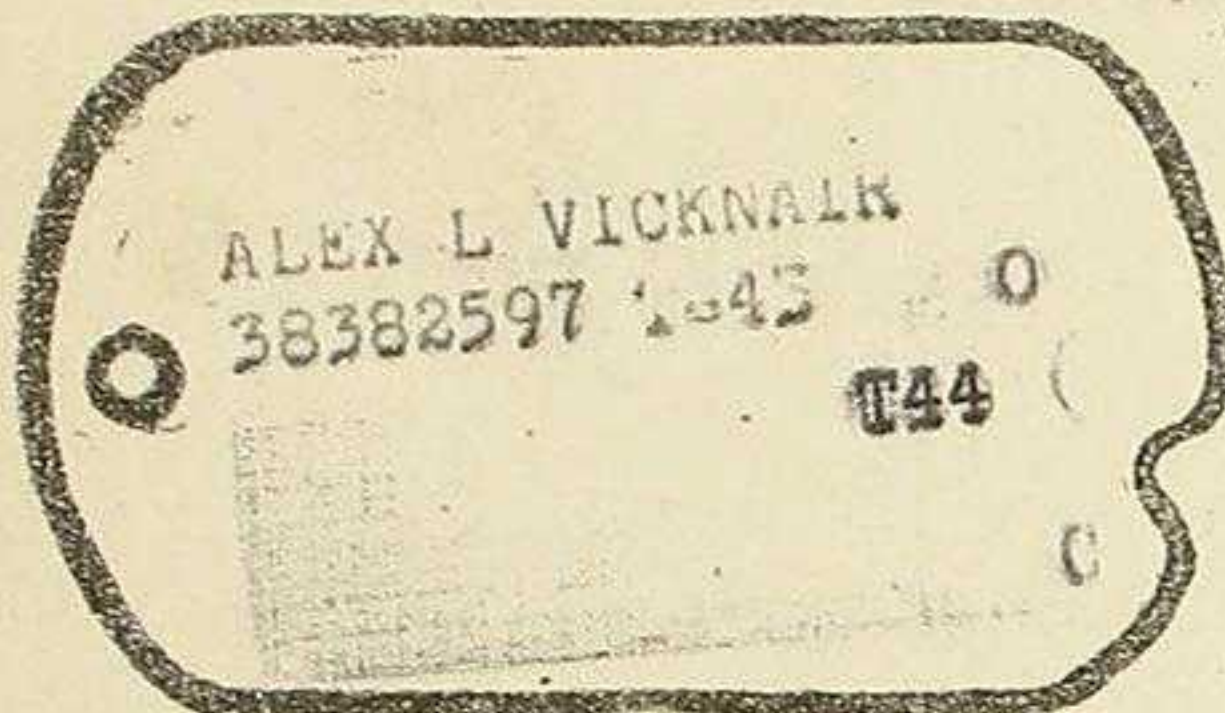
4293 Vicknair, Alex L.

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

Who is buried on:

Deceased's Right: W.S. PETERSON 36604611 NO INFO 131
Name Serial No. Rank Organization Grave No.Deceased's Left: S. SIEGEL 12218441 NO INFO 129
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 Laurel Vicknair
NameKillona, Louisiana
Address

Religion

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

1 Medalion	1 Picture Case
1 Chain	1 Wallet
1 Comb	1 Cross
1 Address Book	200 Francs
1 Pocket Knife	3 Pounds (Eng. Money)
3 Keys and Charm	1.01 American Money
Pictures	1 Cigarette Case

Signature of Officer or other person reporting burial

NEAL F. RAKER

1st Lt. OMC
Verified by G.R.S. Officer
Graves Registration Officer

Encl 95

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 Left								Deceased's Right							
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.

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 4 July 1944
Crawford/mfa 4628

FULL NAME Vicknair, Alex L. <i>P.w.</i>		ARMY SERIAL NUMBER 38 382 597	GRADE Pvt
HOME ADDRESS Schriever, La.		ARM OR SERVICE Ordnance Dept	DATE OF BIRTH 18 Dec 1920
PLACE OF DEATH France	CAUSE OF DEATH Killed in action		DATE OF DEATH 9 Jun 1944
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 25 Mar 1943	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS 1 2 15
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Laurel Vicknair (Mother) Box 68, R.F.D. #1, Westwego, La.			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Laurel Vicknair (Mother) Box 68, R.F.D. #1, Westwego, La. Doris Vicknair (Father) Box 68, R.F.D. #1, Westwego, La.			
INVESTIGATION MADE?		IN LINE OF DUTY	
YES	NO	YES	NO
X	X	X	X
OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS	
YES	NO	YES	NO
X	X	X	X
AUTHORIZED ABSENCE		IN FLYING PAY STATUS	
YES	NO	YES	NO
X	X	X	X
OTHER PAY STATUS (SPECIFY BELOW)			
YES NO			
X			

ADDITIONAL DATA AND/OR STATEMENT

Vicknair, Alex L.J. is the correct name. Per QM Liaison 25 Nov 47. P.Wise

Battle

COPIES FURNISHED:		
S. G. O.	F. B. I.	F. O., U. S. A., WASH., D. C.
G. A. O.	VET. ADMIN.	ARMY EFFECTS BUREAU
Q. M. G.	OFF. FIS. DIR.	

BY ORDER OF THE SECRETARY OF WAR:

H. E. ROBINETTE

ADJUTANT GENERAL

74 JUL 1944 FILE

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

REPORT OF DEATH

July 1944
Grawford/mia #628

FULL NAME Vickmaier, Alex L. A.		ARMY SERVICE NUMBER 38 385 257		GRADE Pvt	
PLACE OF BIRTH Schriener, Ia.		DATE OF BIRTH 18 Dec 1920		DATE OF DEATH 9 Jan 1944	
STATION OF DEATH France		CAUSE OF DEATH Killed in action		DATE OF DEATH 9 Jan 1944	
STATION OF DEATH European Area		DATE OF DEATH 25 Mar 1943		LENGTH OF SERVICE 1 5 15	
HOME ADDRESS (NAME, RELATIONSHIP & ADDRESS) Doris Vickmaier (Mother) Box 68, R.F.D. #1, Westwego, Ia. Laurel Vickmaier (Mother) Box 68, R.F.D. #1, Westwego, Ia. Doris Vickmaier (Father) Box 68, R.F.D. #1, Westwego, Ia.					
INVESTIGATION MADE	IN LINE OF DUTY	OWN MISCONDUCT	WAS DEBARRED FROM DUTY	ANY OTHER DUTY	OTHER PAY STATUS
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

ADDITIONAL DATA AND/OR STATEMENT

Vickmaier Alex L. A. is the correct name for GM Wagon 25 NW 47 Line

Battle

COPIES FURNISHED	
1. G. O.	2. O. U. S. A. WASH. D. C.
3. A. O.	4. VET. ADMIN.
5. G. O.	6. ARMY EFFECTS BUREAU
7. G. O.	8. G. O. P. S. DIR.

H. E. ROBINETTE

10-11-44

293 Nicknair Alex. L. J. Pvt. 38, 382, 597

MP

n



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

139956 M

JRM:NM:elb
December 7, 1944

IN REPLY REFER TO: _____

Mr. Laurel Vicknair
R. F. D. #1, Box 68 ✓
Westwego, Louisiana ✓

Dear Mr. Vicknair:

The Army Effects Bureau has received some additional property of your son, Private Alex L. J. Vicknair. ✓

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 Q.M.C.
Assistant

ARMY SERVICE FORCES
ARMY EFFECTS BUREAUORDER FOR SHIPMENT

Ship To:

Effects of
Name Pvt. Alex L. J. Vicknair
ASN 38382597
Case No. 139956 D
Wt.Mr. Laurel Vicknair
RFD #1, Box 68
Westwego, Louisiana

Ship Via _____ G B/L NO. _____

Date December 2, 1944
JRM:NM:dmwM. Peterson
For Effects Quartermaster

PACKAGES SHIPPED

1 pkg

TOTAL _____ Wt. _____
Date Shipped DEC 6 1944Franked
Est. Exp. Chgs. _____
Est. Frt. Chgs. _____

REMARKS:

DEC 7 1944

DEC 5 1944

Eff. QM Form 14 (Rev. 8-19-44)

mv
Shipping Clerk

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

JRM:NM:dmw

Case No. 139956MDate 2 December 1944

SUBJECT: Report of transactions in disposing of the effects of

Alex L. J. Vicknair
(Name of deceased)

38382597
(Army Serial Number)

late a

Private
(Grade)

Ordnance Department
(Organization, Army or Service)

who died

on the 9 day of June, 1944, at European Area

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

1. Complying with A.W. 112, a Summary Court-Martial, convened at Kansas City, Mo., pursuant to S.O. 228, Hq., KQCM 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. 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 30 October 1944, pursuant to Special Orders 228, Headquarters, KQCM Depot, dated 25 September 1943, the application or affidavit of Laurel Vicknair 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, Laurel Vicknair of (Name of person found entitled)

RFD #1, Box 68
(Number, Street or Avenue)

Westwego
(City, Town or Village)

State of

Louisiana

is the

Father
(Relationship or Capacity)

of the

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

(Signature of Summary Court Officer)

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

(Name, Rank, Organization)
SUMMARY COURT MARTIAL

JRM:NM:lb
November 20, 1944

Nelle Matson

Pvt. Alex L. J. Vicknair, 38382597

Case # 139956 Warehouse Space 2122

TO : Bureau Warehouse Division

THROUGH: Bureau Administrative Division *RG*

One Chain and Medallion is listed on inventory as
being bloodstained.

Will it be possible to have this item cleaned by
the Warehouse prior to shipment?

*The chain and medallion has been
cleaned* *RG*

*File
med*

Sheet 1 of 1 Sheet
Box No.

ARMY EFFECTS BUREAU
INVENTORY

Pal 26
x 22

Deceased ☒
Missing ☐
P.O.W. ☐
Abandoned ☐

SHOWN ON TALLY-IN AS Alfred T. Vicknair ORIGINAL NO. OF PKGS. 1

TALLY-IN NO. 5486 INVENTORY DATE 11/18/44 CASE NO. 139.956

EFFECTS OF Alex L. Vicknair RANK unknown

A.S.N. 38382597 ORG. unknown

PACKAGE DESCRIPTION:

ARTICLE DESCRIPTION

* 1 Chain & Medallion

1 Chain^W/Keys & Souv

Address Book ✓

17 folder w/ Photos

1 Wallf^w Receipt Card

1 Cross

XX | C. g. Case

1 comb. ✓

11 Knife ✓

File

REMARKS: Relationship Unknown

ATTACHMENTS:

Miss Odette Vicknair

* Bloodstained Inventory of effects
* money. 1st. Label

R.1 Box 68 Westwego La.

no. Correspondence

NO CORRESPONDENCE

C. A. J. Laurel Vicknair

SHORTAGE ON REVERSE

Killona, La

G. I. ON REVERSE

Shortage
on Reverse

STORAGE)
SPACE)

2122

SAFE STORAGE
VAULT STORAGE

WEIGHT
SHIPPED

Inventoried by

Ectstrum *l.*

Packed by

DEC 8 1941

Eff. QM Form 11 (Rev. 6/10/44)

NOV 14 1945

DEC 8 1947

Shortage
 200 Francs
 1.01 American money
 3 £ English money
 money given to
 R.G. Collier Capt. F.D.
 Sym. # 211901
 9 July 1944

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

E. E. E. E. E.
 Inventory Clerk

Inventory Clerk

Nolan
 Supervising Officer

ARMY SERVICE FORCES
ARMY EFFECTS BUREAUORDER FOR SHIPMENT

Ship to:

Effects Of

Name Pvt. Alex L. J. Vicknair

ASN 38382597

Case No. 139956 D

Wt.

Mr. Laurel Vicknair
RFD #1, Box 68
Westwego, LouisianaShip Via FRANKED C B/L No. _____Date JRM:NM:hlz
October 30, 1944hl Mc Miccan
For the Effects Quartermaster

PACKAGES SHIPPED

100 lbs

TOTAL 1 WT. _____

Franked _____
Est. Exp. Chgs. _____
Est. Frt. Chgs. _____
Date Shipped NOV 2 1944

REMARKS:

NOV 4 1944

Eff. QM Form 14 (Rev. 8-19-44)

m/s
(Shipping Clerk)



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

(S-11-31-44)
JRM:NM:cms
October 31, 1944

IN REPLY REFER TO: 139956 M

Mr. Laurel Vicknair
RFD #1, Box 68
Westwego, Louisiana

Dear Mr. Vicknair:

The Army Effects Bureau has received from overseas some personal effects of your son, Private Alex L. J. Vicknair.

I am inclosing a check for \$17.15 representing funds which belonged to him.

The remainder of the property is being forwarded in one carton 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 regret the circumstances prompting this letter, and wish to express my sympathy in the loss of your son.

Yours very truly,

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

Incls--
Check
Envelope

Receipt acknowledged:

Mr. Laurel Vicknair
(Signature of Claimant)

11-4-44
(Date)



KANSAS CITY CHAMBER OF COMMERCE
KANSAS CITY, MISSOURI
KANSAS CITY, MISSOURI

TO THE HONORABLE
COMMISSIONER OF REVENUE
KANSAS CITY, MISSOURI

DEAR SIR:
I have the honor to acknowledge
the receipt of your letter of the
10th inst. regarding the
subject of the above.

I am sorry that I am unable to
furnish you with the information
requested in your letter of the
10th inst. as the same is not
available at this time.

The information requested in your
letter of the 10th inst. is being
secured and will be furnished to
you as soon as it is available.

I am sure that you will
understand the necessity for
this delay and will appreciate
the fact that the information
requested is being secured as
quickly as possible.

I am, Sir, very respectfully,
Yours very truly,
[Signature]

Very truly yours,
[Signature]

Very truly yours,
[Signature]

Very truly yours,
[Signature]

Very truly yours,
[Signature]

JRM:NM:hlz
October 31, 1944ROUTING

1. Captain Eckhardt
2. Fiscal ✓
3. _____
4. _____

Attach following item(s) from
Office Safe:

Case No. 139956 M ✓

Attach Bureau Check:

Account No. 44588 ✓ Amount \$17.15 ✓

Account No. _____ Amount _____

Payable to:

Laurel Vicknair ✓
RFD #1, Box 68
Westwego, Louisiana ✓

_____ NM *dm*
 (Correspondent)
 Name: Pvt. Alex L.J. Vicknair
 Relationship: son

Check No. 30784Initials es

44588

139956

October 31

44

Laurel Vicknair

17.15

Seventeen and 15/100

Major Q.M.C.
 Asst.

Eff. QM Form 49 (2 Oct 44)

10-31

INVENTORY

Pol 34 Deceased X
Missing
Box 299 P.O.W.
Abandoned *Sw*

SHOWN ON TALLY-IN AS Alex. L. J. Vicknair ORIGINAL NO. OF PKGS. 1
TALLY-IN NO. 5250 INVENTORY DATE 10-20-44 CASE NO. 139956
EFFECTS OF ALEX L. J. VICKNAIR RANK Private
A.S.N. 38382597 ORG. 2nd Ord. M. M. Co.

PACKAGE DESCRIPTION: # 1 Cotton

ARTICLE DESCRIPTION

1 Cap

1 Toilet kit w/articles

1 Lot soap

1 Sew kit

2 Handkerchiefs

1 Tablet

1 Rosary-broken

1 Rifle medal

3 Service ribbons

REMARKS:

No information

ATTACHMENTS:

Form 54

Letter of transmittal

No correspondence

Shortage on reverse

NO CORRESPONDENCE

SHORTAGE ON REVERSE

G.I. ON REVERSE

C.A.T. Not available

STORAGE)

SPACE)

SAFE STORAGE

VAULT STORAGE

WEIGHT

SHIPPED NOV 2 1944

Inventoried by:

RE

Packed by:

OCT 27 1944

SHORTAGE:

1 Handkerchief

Coins, 3 shillings

SECOND ORDNANCE MEDIUM MAINTENANCE COMPANY
APO 230, US ARMY

12 June 1944

SUBJECT: Letter of Transmittal.

TO 1 Commanding General, ETOUSA, APO 871, US Army.
ATTN: Effects Quartermaster.

1. The personal effects of Pvt Alex L.J. Vicknair, 38382597, killed in action on 9 June 1944, are enclosed and transmitted in accordance with par 5c, Section II, Administrative Circular 80, Hq SOS, ETOUSA, dated 25 Oct 43.

2. No effects were mailed under the provisions of par 5b of above quoted circular.

1-Incl
WD AGO Form 54 (trip)

Fred A. Tadini
FRED A. TADINI,
1ST LT, ORD DEPT,
COMMANDING.

1
New
161

*Strike out words not applicable.

Serial No. 38382597 Name ALEX. H. J. VICKNAIR
Grade Rank PVT
Organization
Address
Nearest Relative LAUREN VICKNAIR
Address KILBONN, LA.
Killed in Action ✓ Died of Disease
Date 9 JUNE 1944 Hospital
Battle Area FRANCE Information
Place of Burial 607 MACON, TEMP. CEM. CORENTAN PEN. FRANCE
Point of Coordination 44 79 64
Description of Body

Members Missing

Signed

Alfred Guskay

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

REPORT OF DEATH

DATE

4 July 1944
Crawford/afa 4628

FULL NAME Vicknair, Alex L. J.		ARMY SERIAL NUMBER 38 382 597	GRADE Pvt			
HOME ADDRESS Schriever, La.		ARM OR SERVICE Ordnance Dept	DATE OF BIRTH 18 Dec 1920			
PLACE OF DEATH France	CAUSE OF DEATH Killed in action		DATE OF DEATH 9 Jun 1944			
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 25 Mar 1943	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS 1 2 15			
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <i>Doris</i> Laurel Vicknair (Mother) Box 68, R.F.D. #1, Westwego, La.						
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <i>Doris</i> Laurel Vicknair (Mother) Box 68, R.F.D. #1, Westwego, La. <i>Laurel</i> Doris Vicknair (Father) Box 68, R.F.D. #1, Westwego, La.						
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 X	YES NO X	YES NO X	YES NO X	YES NO	YES NO X	YES NO

ADDITIONAL DATA AND/OR STATEMENT

Battle

COPIES FURNISHED:

S. G. O.	F. B. I.	F. O., U. S. A., WASH., D. C.
G. A. O.	VET. ADMIN.	ARMY EFFECTS BUREAU
Q. M. G.	OFF. FIS. DIR.	

BY ORDER OF THE SECRETARY OF WAR:

H. A. ROBINETTE

ADJUTANT GENERAL

139956 stw

ATTACHMENTS		EFFECTS INVENTORY ARMY EFFECTS BUREAU		STATUS	
<input checked="" type="checkbox"/>	INBOUND INVENTORY			<input type="checkbox"/>	DECEASED
	G. R. OR SUB GR LABEL			<input type="checkbox"/>	MISSING
	WILL OR POWER OF ATTY.			<input type="checkbox"/>	P. O. W.
<input checked="" type="checkbox"/>	TALLY IN FORM 43			<input type="checkbox"/>	ABANDONED
<input checked="" type="checkbox"/>	Form # 28, 18m.			<input type="checkbox"/>	UNKNOWN
	BAGS, CLOTH OR TRAVEL	BELT	OVERCOATS	<i>No other effects rec'd</i>	
	BELT, MONEY (NO MONEY)	BOOKS, ADDRESS	PAPERS, PERSONAL		
	BILLFOLD (NO MONEY)	BOOKS, PILOT LOG	PENCIL, MECHANICAL		
	BOOKS	BRUSHES	PEN, FOUNTAIN		
	BRACELET, IDENT.	CASE	PHOTOS		
	CAMERAS	CLOTH. WASH	PIPES		
	CLOTHING	COATS	RINGS		
	MISC. ARTICLES	FOOTLOCKER	SCARFS		
	RELIGIOUS ARTICLES	FOOTWEAR, PR.	SHIRTS		
	RIBBONS, DECORATION	GLASSES	SOCKS, PR.		
	SHORT SNORTER	GLOVES, PR.	STATIONERY		
	SOUVENIR MONEY	HANDKERCHIEFS	TIES		
	SOUVENIRS	HEADWEAR	TOBACCO		
	TESTAMENTS	JACKETS	TOILET ARTICLES		
	TOWELS & WASHCLOTHS	KITS	TOWELS		
	U. S. MONEY (AMOUNT)	KNIVES	TROUSERS, PR.		
	WATCH	LETTERS	TRUNKS, PR.		
	WINGS	LIGHTERS	UNDERWEAR		
<i>None</i> CONTAINERS ADDRESSED TO		<i>Mother</i> INFORMATION <i>Laurel Vicknair</i> <i>Killona,</i> <i>La.</i>		CROSS REFERENCE <i>Cen Ste more By lise 2-E-8-156</i>	
NAME AND STATUS VARIATIONS		INFORMATION			
CHECK	REC'D BY	NUMBER	BUREAU CHECK	<input type="checkbox"/> TRANSMIT ORIGINAL <input type="checkbox"/> ORIG. REG. MAIL <input type="checkbox"/> TO G. A. O. <input type="checkbox"/> MUTILATED <input type="checkbox"/> TO ISSUING AGENCY	
MONEY ORDER		SYMBOL			
BOND		AMOUNT			
TRAV. CHECK		DATE			
FOREIGN CURRENCY		BANK OR PLACE OF ISSUE			
U. S. CURRENCY		PAYEE			
		REMITTER OR DRAWER			
<div style="display: flex; justify-content: space-between;"> <div>TALLY NO. <i>9045</i></div> <div>ORIG. NO. OF PKGS.</div> <div>EXAMINING DATE <i>8 Sept 49</i></div> <div>BOX NO.</div> <div>SHEET _____</div> </div>					
NAME <i>ALEX L. J. VICKNAIR</i>				A. S. N. <i>38382597</i>	
ORGANIZATION <i>[Redacted]</i>				RANK <i>Pvt.</i> CASE NO.	
WAREHOUSE SPACE		EXAMINED BY <i>Brunner</i>	DIARY REMOVED		
		PACKED BY	PHOTO FILM REMOVED		
PACKAGE DESCRIPTION		INSPECTED BY	MOTION PICTURE FILM REMOVED		
		STORED BY	SHIPPED		
WEIGHT		DATE		BY WHOM	

Vicknair, Alex L. J.		Pvt	38382597	
BAY	PALLET	BOX	TALLY	TYPE PKG.
			9045	G/Env.
			9-7-49	
			APD 58	
EFF QM FORM 43 1 JULY 1945				

VICKNAIR, Alex L. & J. Prt., 3838 2597

Ste Men Eglise 2 E-8-156

LD AGO Form 28

CEM: STE MERE EGLISE 2
E-8-156

RESTRICTED

SUBJECT: Inventory of Personal Effects of: _____

Date _____

VICKNAIR,
(Last Name)

Alex
(First Name)

L.J., Pvt.,
(M) (Rank)

38382597
(AS.I)

TO: EFFECTS QUARTERMASTER, Army Effects Bureau, Kansas City, Missouri.

The above individual of _____

(Unit)

(Organization)

was reported _____

(Deceased, missing, etc.)

about _____

194

Designated beneficiary if information readily accessible:

NAME: _____

ADDRESS _____

INVENTORY OF EFFECTS

WD., AGO Form No 28 ✓

/////////////////Last Item/////////////////

Forwarded to Personal Effects Depot

Money in the amount of _____ has been exchanged
(here identify currency)

for US Treasury check No. _____ amounting to \$ _____

Known bank account in European Theater: _____

(list name of bank account No)

I certify that the above items constitute all effects secured by me belonging to the above named individual and that they were forwarded to the Army Effects Bureau Kansas City, Missouri,

on _____

194

through _____

(forwarding agency)

Signed: _____

JOSEPH F. GEOGHEGAN

1st Lt OMC

Depot Quartermaster

(Name)

(Rank & AS.I)

(Organization)

(List any additional information on reverse side)

AG ETO Form No. 26 Rev.

RESTRICTED

GEN STE MERE EQLISE 2
E-6-156

R E S T R I C T E D

SUBJECT: Inventory of Personal Effects of:

Date

VICKNAIR, Alex L.J., Pvt., 38382597
(Last Name) (First Name) (M) (Rank) (ASN)

TO: EFFECTS QUARTERMASTER, Army Effects Bureau, Kansas City, Missouri.

The above individual of _____
(Unit) (Organization)

was reported _____ about _____ 194
(Deceased, Missing, etc.)

Designated beneficiary if information readily accessible:

NAME: _____ ADDRESS _____

INVENTORY OF EFFECTS

WD., AGO Form No 28
/////////////////Last Item////////////////

Forwarded to Personal Effects Depot

Money in the amount of _____ has been exchanged
(here identify currency)

for US Treasury check No. _____ amounting to \$ _____

Known bank account in European Theater: _____
(list name of bank account No)

I certify that the above items constitute all effects secured by me belonging to the above named individual and that they were forwarded to the Army Effects Bureau Kansas City, Missouri,

on _____ 194 through _____
(forwarding agency)

Signed: JOSEPH F GEOGHEGAN 1st Lt OMC Depot Quartermaster
(Name) (Rank & ASN) (Organization)
(List any additional information on reverse side)

AG ETO Form No. 26 Rev.

R E S T R I C T E D

RECEIVED
EFFECTS BUREAU
AUG 16 1949
KANSAS CITY, MO.