

293 LILLIE, EVERETT I.

36,106,054 S:SGT.

EUROPEAN A, 44tc
(MICH.)

TRANSFER COUPON	
No. A9 518652	TO: SUSPEND DATE <u>26 Sept 55</u>
	RETURN TO M & R BR.
	NOTE THAT FILE OF: <u>36106054</u>
	HAS BEEN TRANSFERRED TO: (Name) <u>36106054</u>
	DIVISION, BRANCH, SECTION, BUILDING AND ROOM NO. <u>Headstone, Me</u>
DATE <u>8.24-55</u>	SIGNATURE <u>Good</u>

TECHNICAL RECORDS SECTION
DRB, TAGC
819 N. Lee Street
Alexandria, Virginia

ED. ☆ U. S. GOVERNMENT PRINTING OFFICE: 1953 - J-279281

CAUTION THESE RECORDS WILL BE USED FOR OFFICIAL PURPOSES ONLY DO NOT REMOVE PAPERS NOR REVEAL CONTENTS TO PERSON CONCERNED RETURN THEM PROMPTLY

TRANSFER SLIP

No. A9 518652

DATE OF REQUEST

8-24-55

T-830

L-1-107

9-24-55

✓ RECORDS DESIRED	201 FILE	ENL REC	EFF REP	MED REC	LETTER	IND	MEMO	RADIO	OTHER (Specify)	LAST DATE
FILE OR SERIAL NUMBER AND SUBJECT	293 Lillie, Everett I									REQUESTED PAPERS NOT IN FILE
TO	NAME AND EXTENSION OF PERSON REQUESTING FILE				DIVISION, BRANCH, SECTION, BUILDING AND ROOM NUMBER					
RETURN TO	Good				MGT - Hds					
INSTRUCTIONS	TECHNICAL RECORDS SECTION DRB, TAGO 219 N. Lee Street Alexandria, Virginia				DATE RETURNED 26 Sept 55 SUSPEND DATE RETURN TO M & R BR. OR REQUEST EXTENSION					

TRANSFER COUPON

TO:

NOTE THAT FILE OF:

HAS BEEN TRANSFERRED TO: (Name)

DIVISION, BRANCH, SECTION, BUILDING AND ROOM NO.

DATE

SIGNATURE

219 N. Lee Street
Alexandria, Virginia

TECHNICAL RECORDS SECTION
DRB, TAGO

No. A9 518652

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



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

TECHNICAL RECORDS SECTION

DRB, TAGO

219 N. Lee Street
Alexandria, Virginia

RECEIPT OF REMAINS

DISTRIBUTION CENTER

MEMPHIS GENERAL DEPOT, MEMPHIS, TENNESSEE

W P BAYNES UNDERTAKER

ROUTINE

2 JULY 1948

REMAINS CONSIGNED TO:

METROPOLIS, ILLINOIS

293

REMAINS OF THE LATE STAFF SERGEANT EVERETT I LILLIE SN 36106054 BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT ON TRAIN NUMBER TWO ILLINOIS CENTRAL RAILROAD LEAVING MEMPHIS TWO THIRTY EIGHT PM **TWELFTH JULY** AND DUE TO ARRIVE PADUCAH STATION TRAIN NUMBER ONE HUNDRED TWO AT FIVE FIFTY EIGHT PM RAILROAD TIME **TWELFTH JULY.** REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT STATION UPON ARRIVAL. REQUEST YOU SUBMIT ITEMIZED STATEMENT IN QUADRUPLICATE PROPERLY CERTIFIED TO THIS DEPOT FOR PAYMENT OF TRANSPORTATION CHARGES ONLY IF ANY FOR REMAINS AND ESCORT FROM PADUCAH RAILROAD STATION TO METROPOLIS ILLINOIS. YOU ARE DIRECTED TO NOTIFY NEXT OF KIN CONTENTS OF THIS MESSAGE.

for message to Clark
 CHARLES M ODENWALDER
 CAPTAIN, QMC

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

THIS 12 DAY OF July, 19 48
DAY MONTH

Walter C. Graham
 WITNESS (Escort)

W.P. Baynes
 CONSIGNEE
by Ralph K. Ennis

NAT
 FILE
 RECORDS ANNOTATED
 DATE 12 Aug 48
 NAME Alca...
 R & R BR

RECEIPT OF REMAINS

DISTRIBUTION CENTER

RECEIVED GENERAL INVESTIGATION DIVISION, MEMPHIS, TENNESSEE

2 JULY 1948

ROUTINE

W F BAIRD, WASHINGTON

MEMPHIS, TENNESSEE

REMAINS CONIGNED TO

REMAINS OF THE LATE STATE SENATOR EUGENE J. KENNEDY, JR. BEING
SHIPPED TO YOU ACCORDING TO MY TELETYPE REPORT ON TRAIN NUMBER TWO
CENTRAL RAILROAD LEAVING MEMPHIS TWO THIRTY EIGHT PM, JULY TWENTY
AND TWO TO ARRIVE BALDWIN STATION TRAIN NUMBER ONE HUNDRED TWO AT
FIVE FIFTY EIGHT PM, JULY TWENTY. REQUEST YOU
MAKE ARRANGEMENTS TO ACCEPT REMAINS AT STATION UPON ARRIVAL. REQUEST
YOU RETURN TWENTY DOLLARS IN CASH TO THE PROPERLY CERTIFIED TO
THIS DEPT FOR PAYMENT OF TRANSPORTATION CHARGES ONLY IS ANY FOR REMAINS
AND ESCORT FROM BALDWIN RAILROAD STATION TO MEMPHIS, TENNESSEE. YOU
ARE DIRECTED TO NOTIFY NEXT OF KIN OF THIS MESSAGE.

CHARLES W. CHANDLER
CAPTAIN, GPO

REPATRIATION
RECORDS BRANCH

AUG 4 12 34 PM '48

MEMORIAL DIVISION

1001 1003

JLJ

DISINTERMENT DIRECTIVE

SHIP # *0118*
NY POE*2494*SECTION A —
NAME AND BURIAL LOCATION OF DECEASEDDIRECTIVE NUMBER
3586 02505DATE
15 12 47
DAY MONTH YEAR

NAME

LILLIE EVERETT I

SERIAL NUMBER

36106054

RANK

S SG

ARM

1

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

ST MERE EGLISE NO 2 - CARENTAN

DISPOSITION OF REMAINS

1 6100 06

CODE DIST. PT.

PLOT ROW GRAVE COUNTRY

D 10 187 FRANCE

CAUSE OF DEATH

1

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

**W. P. BAYNES UNDERTAKER
METROPOLIS, ILLINOIS**

NAME AND ADDRESS OF NEXT OF KIN

**MR. REESE LILLIE (FATHER)
BROOKPORT, ILLINOIS**

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

Lillie, Everett I.

SERIAL NUMBER

36106054

RANK

S/Sgt

DATE OF DEATH

6 June 1944

DATE DISTINTERRED

16 April 1948

IDENTIFICATION TAG ON

☒ REMAINS

ORGANIZATION

USAGF

RELIGION

Prot.

IDENTIFICATION VERIFIED BY

W. G. Straube☒ MARKER**Embalmer**

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

OD uniform.

CONDITION OF REMAINS

**Advanced decomposition. Fractured left
scapula, left fibula.**

OTHER MEANS OF IDENTIFICATION

None.

MINOR DISCREPANCIES

None.REMAINS PREPARED AND PLACED IN **CASE XXXX Transfer Case**DATE **16 April 1948**

BY

W. G. Straube

CASKET SEALED BY

H. F. Pergande

EMBALMER (Signature)

H. F. Pergande

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY all markings, tags and
plates verified byDATE **5 May 48** BY **Ben Benjamin**(except casketing) **JOHN FALYOK JR., 1st Lt., PA**I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision
and that the report above is correct.**JOHN A. FAGAN, 1st Lt., Cav.**

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 A, Cherbourg
KIND OF CONVEYANCE	Truck	NAME OF CONVOYER	Tec 5 James E. Gregory
SIGNATURE OF SHIPPER	ALLYN P. KING, 1st Lt, Cav.	SIGNATURE OF RECEIVER	E. N. Giampo, 1st Lt, FA
DATE	19 Apr 48	DATE	19 Apr 48

2. SHIPPED

FROM	Casketing Point A, Cherbourg	TO	Port Unit, Cherbourg
KIND OF CONVEYANCE	Truck	NAME OF CONVOYER	
SIGNATURE OF SHIPPER	E. N. Giampo, 1st Lt, FA	SIGNATURE OF RECEIVER	JOHN E. HENDRY JR, Maj, CAC
DATE		DATE	

3. SHIPPED

FROM	PORT UNIT CHERBOURG	TO	NYPOE
KIND OF CONVEYANCE	USAT GREENVILLE VICTORY	NAME OF CONVOYER	RAYMOND MC MANUS, CAPT TC.
SIGNATURE OF SHIPPER	JOHN E. HENDRY JR. MAJ. CAC	SIGNATURE OF RECEIVER	Raymond E McManus
DATE	19/6/48	DATE	26/6/48

4. SHIPPED

FROM	USAT GREENVILLE VICTORY	TO	NYPE
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	RAYMOND E. McMANUS Captain, TC Transport Command	SIGNATURE OF RECEIVER	JAMES L. McKINNON COLONEL, T. O. PORT TRANSPORTATION OFFICER
DATE	25/6/48	DATE	JUN 26 1948

5. SHIPPED

FROM	NYPE	TO	NYPE
KIND OF CONVEYANCE	TRAIN	NAME OF CONVOYER	Albert L. Pargen PFC
SIGNATURE OF SHIPPER	JAMES L. McKINNON COLONEL, T. O. PORT TRANSPORTATION OFFICER	SIGNATURE OF RECEIVER	James L. McKinnon
DATE	JUN 29 1948	DATE	July 1 1948

6. SHIPPED

FROM	D 10 183 EVANCE	TO	1
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	EGISE NO 5	SIGNATURE OF RECEIVER	1 2100
DATE		DATE	02

7. SHIPPED

FROM	GIGGIE EARELL 1	TO	05202 12 15 48
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	

INSPECTION CHECKLISTS
(FOR **AT OVERSEAS PORT, U.S. PORT, AND DISTRIBUTION CENTER**)

4-149

NAME LILLIE, EVERETT I		RANK S/SGT	SERIAL NO. 36 106 054
SOURCE ST MERE EGLISE NO 2 - CARENTAN, FRANCE		CONSIGNEE W. P. BAYNES UNDERTAKER METROPOLIS, ILLINOIS	
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)	<i>Check</i>	REMARKS: Repair Shipping Case & Paint T. left off Tag on box & stencil on box One bad clamp 7-6-48 G.B.	
<input type="checkbox"/> FINISH (Interior)			
<input type="checkbox"/> HANDLES			
<input type="checkbox"/> HANDLE BOLTS			
<input checked="" type="checkbox"/> STENCILING - NAMEPLATE			
<input type="checkbox"/> HEALTH PERMIT MARKER			
<input type="checkbox"/> HEALTH PERMIT NUMBER			
CASKET - General Appearance (Check Only Discrepancies)		CONDITION OF CASKET (Check One) <input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> UNSATISFACTORY	
<input type="checkbox"/> FINISH (Exterior)	<i>Check</i>	REMARKS: Spray ledge of Top of Casket all around T. left off Tag on Casket 7-6-48 G.B.	
<input type="checkbox"/> HANDLES AND FASTENINGS			
<input checked="" type="checkbox"/> STENCILING - NAMEPLATE			
<input type="checkbox"/> CAM LOCKS (Sealing)			
<input type="checkbox"/> ODOR AND MOISTURE			
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 9 MIN 8 3/4 OK DATE 7-7-48 0950	
TIME	DATE	SIGNATURE OF MORTICIAN	SIGNATURE OF INSPECTOR
REMARKS OK Outgoing			

DP36 GOVT DL PAID WUX MEMPHIS TENN 8 JULY 1948

W P BAYNES UNDERTAKER
METROPOLIS ILLINOIS

REMAINS OF THE LATE STAFF SERGEANT EVERETT I LILLIE SN36106054
BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT ON TRAIN NUMBER
TWO ILLINOIS CENTRAL RAILROAD LEAVING MEMPHIS TWO THIRTY EIGHT PM
TWELFTH JULY AND DUE TO ARRIVE PADUCAH STATION TRAIN NUMBER ONE
HUNDRED TWO AT FIVE FIFTY EIGHT PM RAILROAD TIME TWELFTH JULY. REQUEST
YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT STATION UPON ARRIVAL.
REQUEST YOU SUBMIT ITEMIZED STATEMENT IN QUADRUPLICATE PROPERLY CERTI-
FIED TO THIS DEPOT FOR PAYMENT OF TRANSPORTATION CHARGES ONLY IF ANY
FOR REMAINS AND ESCORT FROM PADUCAH STATION TO METROPOLIS ILLINOIS.
YOU ARE DIRECTED TO NOTIFY NEXT OF KIN CONTENTS OF THIS MESSAGE.

C M ODENWALDER
CAPTAIN QMC

NY 011-R
Conf

WU M '28 11 COLLECT METROPOLIS ILL 22 1002A

ODENWALDER CAPT QMC ATTENTION AMERICAN GRAVES REGISTRATION DIVN
MEMPHIS GENERAL DEPOT

REFERENCE RETURN REMAINS S/SGT EVERETT I LILLIE NO CHANGES

DESIRED

REESE LILLIE

1217P



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) MEMPHIS GENERAL DEPOT, MEMPHIS, TENN.			SECURITY CLASSIFICATION UNCLASSIFIED		
ACTION TO: <ul style="list-style-type: none"> • MR REESE LILLIE • BROOKPORT • ILLINOIS 			PRECEDENCE FOR ACTION INFORMATION ROUTINE		
INFORMATION TO:			<input checked="" type="checkbox"/> ORIGINAL MESSAGE REFERS TO ANOTHER MESSAGE IDENTIFICATION CLASSIFICATION		
<p>THIS HEADQUARTERS HAS BEEN ADVISED THAT THE REMAINS OF LATE S SGT EVERETT I LILLIE ARE ENROUTE TO THE UNITED STATES. RECORDS OF THIS OFFICE INDICATE YOU WISH REMAINS DELIVERED TO W P BAYNES UNDERTAKER METROPOLIS ILLINOIS . PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT PADUCAH KY RAILROAD STATION UPON ARRIVAL. WE REGRET IT IS NOT POSSIBLE AT THIS TIME TO GIVE YOU A DEFINITE DELIVERY DATE HOWEVER THREE DAYS PRIOR TO SHIPMENT FROM THIS DEPOT YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF RAIL ROUTING AND SCHEDULED TIME REMAINS WILL ARRIVE AT RAILROAD STATION. HE WILL BE REQUESTED TO PASS THIS INFORMATION TO YOU SO THAT YOU MAY MAKE FUNERAL ARRANGEMENTS.</p> <p>REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. WITHIN 48 HOURS OF DATE OF THIS MESSAGE PLEASE CONFIRM BY TELEGRAM COLLECT TO MEMPHIS GENERAL DEPOT ATTENTION AMERICAN GRAVES REGISTRATION DIVISION MEMPHIS TENNESSEE ABOVE DELIVERY INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS. PLEASE BE ADVISED THAT IT WILL NOT BE POSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER THE EXPIRATION OF THE 48 HOUR PERIOD. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. IF YOU SHOULD DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATION TO MAKE ARRANGEMENTS. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM.</p> <p style="text-align: right;">CHARLES M ODENWALDER CAPTAIN, QMC</p>					
SECURITY CLASSIFICATION UNCLASSIFIED			AUTHORIZATION /c/		
ORIGINATING AGENCY QMDMK 175 ODENWALDER			SIGNATURE DAN L. MILLER, Lt.Col., QMC Chief, AGR Division		
SYMBOL QMDMK 175			DATE-TIME GROUP JUN 21 48 FNT		
OFFICIAL TITLE DAN L. MILLER, Lt.Col., QMC Chief, AGR Division			PAGE 1 OF 1		

Standard Form No. 1034a—Rev.
Form approved by
Comptroller General, U. S.
May 26, 1938
(Amended August 15, 1941)

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

D. O. Vou. No. **3770**
Bu. Vou. No. **2456**

**GENERAL ACCOUNTING
OFFICE PREAUDIT**

Certified for payment in the sum
of \$ _____

Comptroller General of the
United States

By _____

U. S. **Department of the Army, Memphis General Depot**
(Department, bureau, or establishment)

Voucher prepared at **Memphis 2, Tenn. 4 Aug 48**
(Give place and date)

THE UNITED STATES, Dr.,

To **Baynes Funeral Home**
(Payee)

Address **414 Metropolis Street, Metropolis, Illinois.**

Payee's Account No. _____

PAID BY

(For use of Paying Office)

No. and Date of Order	Date of Delivery or Service	Articles or Services (Enter description, item number of contract or general supply schedule, and other information deemed necessary) Terms _____ % Discount Cash _____ days	Quantity	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Brought forward from continuation sheet(s)					
		As per Invoice Attached					7.20
		Hearse Service for the late ²⁹³ Everett I. Lillie, S SGT 36 106 054					

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total **7.20**

(Payee must NOT use this space)
Differences _____
Account verified; correct for _____
(Signature or initials) _____

Contract No. _____ Date _____ Req. No. _____ Invoice Rec'd _____
7.20

MEMORANDUM
H.A. PEANSCHMIDT
Fiscal Officer

ACCOUNTING CLASSIFICATION (for completion by Administrative Office)

Appropriation, limitation, or project symbol	Appropriation title	Limit'n or Proj't Amount	Appropriation Amount
21X1805	907-43 P430-03 S 99-999		
21X1805	907-42 P422-02 S 99-999		3.60
			3.60

Allotment symbol	Amount	Obligations liquidated	COST ACCOUNT		OBJECTIVE CLASSIFICATION	
			Symbol	Amount	Symbol	Amount

Paid by { Check No. **831612** dated **aug 11**, 19 **48**, for \$ **7.20**
Cash, \$ _____, on _____, 19 _____, Payee _____
on Treasurer of the United States in favor of payee name above.
(Sign original only)

*When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
†If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the blank space below "Approved for \$ _____" and over his official title.

Per _____ Title **9115/48**

ACCTS. OF
G. L. BOYLE 2703
Col., F.D.
Memphis, Tenn.
210-237
STA. 586
AUG 1948

CERTIFICATE

(AR 30-1830)

CLAIM VALID
REPATRIATION

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

REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES (PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)			
NAME OF DECEDENT	GRADE	SERIAL NUMBER	COMPONENT
LILLIE, EVERETT I	S/SGT	36 106 054	USA
I certify that the sum of \$ <u>75.00</u> was paid by me from personal funds in connection with the interment of the remains of the above named decedent in the below named cemetery.			
INSERT NAME OF CEMETERY	CITY OR COUNTY	STATE	
Pell	Brookport	Illinois	
INSTRUCTIONS TO PERSON SIGNING THIS FORM			
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			
3. Type or print name underneath your signature in space marked "Signature of Claimant".			
SIGNATURE OF CLAIMANT		ADDRESS OF CLAIMANT (City, Street or RFD, and State)	
Reese, G. Lillie		Brookport, Illinois	
RELATIONSHIP TO DECEDENT		DATE	
Father		7-12-48	

PART B - NATIONAL OR POST CEMETERY

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			
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			
3. Type or print name underneath your signature in space marked "Signature of Claimant".			
SIGNATURE OF CLAIMANT		ADDRESS OF CLAIMANT (City, Street or RFD, and State)	
RELATIONSHIP TO DECEDENT		DATE	
AUG 2 1948		AUG 2 1948	

QMC FORM 1236
23 OCT 47

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

2276

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:

S/Sgt. Everett I. Lillie, 36 106 054
 Plot D, Row 10, Grave 187,
 United States Military Cemetery
 St. Mere Eglise #2, France

24 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, Reece Lillie

(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

Pell Cemetery Brookport Illinois.

(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 _____
- (FOREIGN COUNTRY) (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.)

S/Sgt. Everett I. Lillie Serial No. 36 106 054All Correct.DD processed 16 Dec 47coded 11/18/47 Mitchell

OQMG FORM 345 MILITARY

14 NOV 1946

16-50411-1

PAGE 1

NOV 13

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 W.P. Baynes Undertaker	FIRST NAME 06	MIDDLE INITIAL
NUMBER AND STREET Metropolis Illinois.	CITY OR TOWN Metropolis	COUNTY OR PROVINCE Massac
EXPRESS OFFICE (Nearest railroad passenger station) Paducah Kentucky	TELEGRAPH ADDRESS Metropolis	STATE OR TERRITORY OF U. S. A., OR COUNTRY U.S.A.
		TELEPHONE No.

OR

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

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

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

LAST NAME Nora Lillie Wife	FIRST NAME Nora Lillie	MIDDLE INITIAL	RELATIONSHIP TO DECEASED Step- Mother
NUMBER AND STREET No Number Street	CITY OR TOWN Brookport	COUNTY OR PROVINCE Massac	STATE OR TERRITORY OF U. S. A., OR COUNTRY U.S.A.


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

I Desire that the remains be sent to W.P. Baynes Undertake Metropolis Illinois

I desire a Protestant Funeral at Baptist Church at Brookport Illinois.

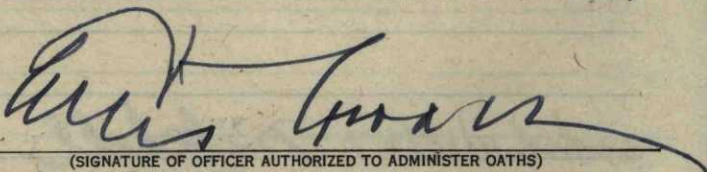
AS EXPLAINED IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," I AM THE NEXT OF KIN AND THE INDIVIDUAL AUTHORIZED TO DIRECT THE DISPOSITION OF THE SAID REMAINS.

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

 (SIGNATURE OF NEXT OF KIN)	No Number Street (STREET AND NUMBER)
Reece Lillie (NAME PRINTED OR TYPED)	Brookport Illinois. (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 27th. day of October, 1947, at city (or town) of Brookport, county of Massac, and State (or Territory or District) of Illinois.

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


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

PART II - RELINQUISHMENT OF DISPOSITION AUTHORITY

If you are the next of kin and you desire to relinquish your disposition authority, please fill in PART II of this form.

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

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

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

(SIGNATURE OF NEXT OF KIN)

(NAME PRINTED OR TYPED)

(DATE)

(STREET AND NUMBER)

(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)

(NAME PRINTED OR TYPED)

(DATE)

(STREET AND NUMBER)

(CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTIONS

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

Metropolis Illinois is Located 8 miles west of Brookport Paducah Ky. is only 4 miles from Brookport Illinois and is about 40,000. population so I suppose it would be best to have him brought to paducah and the Undertaker can come to Paducah and take Charge. We have and american Legion Post here at Brookport Illinois.



S/Sgt. Everett I. Lillie, 36 106 054
Plot D, Row 10, Grave 187,
United States Military Cemetery
St. Mere Eglise #2, France

24 September 1947

Mr. Reese Lillie

Brookport, Illinois

Dear Mr. Lillie:

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.

oey

OCT 3 10 37 AM
O.D.M. C.
MAIL & RECORDS BR

293 Lillie, Everett I
L

~~293~~
~~Lillie, Everett I.~~

5 August 1946

Mr. Reese Lillie
Brookport, Illinois

Dear Mr. Lillie:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Staff Sergeant Everett I. Lillie, A.S.N. 36 106 054.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Ste. Mere Eglise #2, plot D, row 10, grave 137.

This cemetery is located twenty miles southeast of Cherbourg, France, and is under the constant care and supervision of United States military personnel.

The War Department has now been authorized to comply, at Government expense, with the feasible wishes of the next of kin regarding final interment, here or abroad, of the remains of your loved one. At a later date, this office will, without any action on your part, provide the next of kin with full information and solicit his detailed desires.

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

EX

INFORMATION GUIDE FOR CR/L TO HOK

CEMETERY ST. MERE EGLISE #2 PLOT D ROW 10 GRAVE 187
NAME LILLIE, EVERETT I RANK S/SGT ASN 36106054
Next of Kin (Relationship) FATHER
Name LILLIE, REESE
Street —
City & State BROOKPORT, ILL.
Original Burial ☒ Reburial ☐
DATE 8/1/46 Name of Person Executing Form Quinn D. Canale
(First) (Last)
Photo Yes ☐ No ☐ with 2 Aug 46

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

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

24278

Reburial June 25, 1944

393
Lillie Last Name Everett First I Initial
Unit 8 Inf Reg Organization Dow
Place of Death France Date of Death 25 Jun 44 Cause of Death
1800 June 25, 1944 Time and Date of Burial St Mere Melise
187 Grave Number 10 Row Number D Plot Number Temp Type of Marker

**Disposition of Identification Tags: Buried with body Yes ☒ No ☐ Attached to Marker Yes ☒ No ☐
If No Identification Tags x Per. Hn. dtd, 29 Dec 45 (314.670 European, Conn. to Reports of Br.) TB
How were remains identified?

REBURIAL

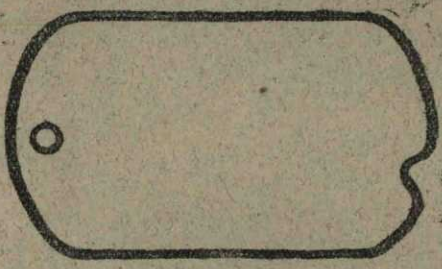
What means of identification were buried with the body?
Previously buried in 607 Macon Temp Cemetery
Plot a Row 1 Grave 12

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

Who is buried on:

Deceased's Right:	Auten	36574147			188
	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	Donald	31097544			186
	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 P

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

Information marked (**) taken from original
Reburial from report of burial dated 8 June 1944.

Utah Red
Cemetery

Also known as 607 Macon Temp (447964)

Signature of Officer or other person reporting burial

Enc #50

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

(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	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

24278
8 June 1944
Date

Lillie, Everett I.
Last Name First Initial
8 Inf Reg
CARENTAN PENINSULA Unit
Red Beach, France
Place of Death
1600 8 June 1944
Time and Date of Burial
12 1
Grave Number Row Number
607 Macon Temp
Name of Cemetery
8 June 1944
Date of Death
K.I.A.
Cause of Death
447964
Name or Coordinates of Location
507
Type of Marker
Temporary

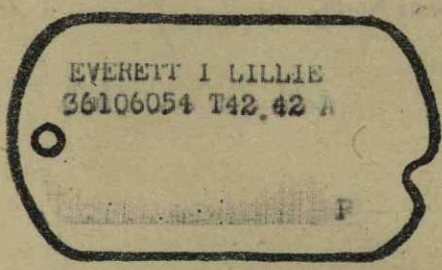
Disposition of Identification Tags: Buried with body Yes ☒ No ☐ Attached to Marker Yes ☒ No ☐
If No Identification Tags
How were remains identified?

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: **D.S. BRYANT** **31097544** **No INFO** **13**
Name Serial No. Rank Organization Grave No.
Deceased's Left: **M.L. AUTEN** **36574147** **"** **"** **11**
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 - Identification Bracelet

Neal F Raker
Signature of Officer or other person reporting burial
NEAL F. RAKER
1st Lt. OMC
Verified by G.R.S. Officer
Graves Registration Officer

File
11-29-44
on 8/3

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

(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:

4
3
2
1
Thumb

Left Hand

4
3
2
1
Thumb

Right Hand

TOOTH CHART

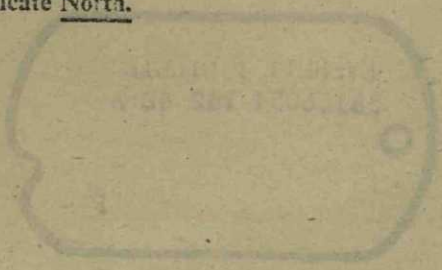
Deceased's Left															
Upper								Lower							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

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.



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

REPORT OF DEATH

*CORRECTED REPORT, ORIG FWDED: 25 Sep 44

DATE 27 November 1944

Carton/4630

FULL NAME Lillie, Everett I.		ARMY SERIAL NUMBER 36106054	GRADE S/Sgt.						
HOME ADDRESS Detroit, Michigan		ARM OR SERVICE Infantry	DATE OF BIRTH 3 Sep 15						
PLACE OF DEATH European Area	CAUSE OF DEATH Wounds received in action		DATE OF DEATH 8 Jun 44						
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 17 Mar 41	LENGTH OF SERVICE FOR PAY PURPOSES <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">YEARS</td> <td style="width: 33%;">MONTHS</td> <td style="width: 33%;">DAYS</td> </tr> <tr> <td colspan="3">Over 3 years</td> </tr> </table>	YEARS	MONTHS	DAYS	Over 3 years		
YEARS	MONTHS	DAYS							
Over 3 years									
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mr. Reese Lillie, father, Brookport, Illinois									
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Reese Lillie, father, same as above Effie Roberts, sister, 2900 Montgomery St., Detroit, Michigan									
INVESTIGATION MADE?		IN LINE OF DUTY							
YES	NO	YES	NO						
OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS							
YES	NO	YES	NO						
AUTHORIZED ABSENCE		IN FLYING PAY STATUS							
YES	NO	YES	NO						
		OTHER PAY STATUS (SPECIFY BELOW)							
		YES * X NO							

ADDITIONAL DATA AND/OR STATEMENT

Combat Infantryman

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

☒ BATTLE

☐ NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

ADJUTANT GENERAL

Final
File 11/3044
NY

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

REPORT OF DEATH

DATE 25 Sept 44
tlc/4630

FULL NAME Lillie, Everett I.		ARMY SERIAL NUMBER 36 106 054	GRADE S/Sgt
HOME ADDRESS Detroit, Michigan		ARM OR SERVICE Infantry	DATE OF BIRTH 3 Sept 15
PLACE OF DEATH European Area	CAUSE OF DEATH Wounds received in action		DATE OF DEATH 8 Jun 44
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 17 Mar 41	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS over 3 yrs
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mr. Reese Lillie, father, Brookport, Illinois			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Reese Lillie, father, same as above Effie Roberts, sister 2900 Montgomery St., Detroit, Michigan			
INVESTIGATION MADE?		IN LINK OF DUTY	OWN MISCONDUCT
YES NO	YES NO	YES NO	YES NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE	IN FLYING PAY STATUS
YES NO	YES NO	YES NO	YES NO
OTHER PAY STATUS (SPECIFY BELOW)		YES NO	
		X	

ADDITIONAL DATA AND/OR STATEMENT

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

☒ BATTLE

☐ NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR

J.A. Marshall

ADJUTANT GENERAL

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

123441

REPORT OF DEATH

DATE 25 Sept 44
tlc/4630

FULL NAME Lillie, Everett I.		ARMY SERIAL NUMBER 36 106 054	GRADE S/Sgt
HOME ADDRESS Detroit, Michigan		ARM OR SERVICE Infantry	DATE OF BIRTH 3 Sept 15
PLACE OF DEATH European Area	CAUSE OF DEATH Wounds received in action		DATE OF DEATH 8 Jun 44
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 17 Mar 41	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS over 3 yrs
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mr. Reese Lillie, father, Brookport, Illinois			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Reese Lillie, father, same as above Effie Roberts, sister 2900 Montgomery St., Detroit, Michigan			
INVESTIGATION MADE? YES NO		IN LINE OF DUTY YES NO	OWN MISCONDUCT YES NO
WAS DECEASED ON DUTY STATUS YES NO		AUTHORIZED ABSENCE YES NO	IN FLYING PAY STATUS YES NO
OTHER PAY STATUS (SPECIFY BELOW) YES NO			



ADDITIONAL DATA AND/OR STATEMENT

COPIES FURNISHED:

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

☒ BATTLE

☐ NON-BATTLE

J. A. Marshall

ADJUTANT GENERAL

123441
x mg

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

REPORT OF DEATH

*CORRECTED REPORT, ORIG FWDED: 25 Sep 44

DATE 27 November 1944
Carton/4630

FULL NAME Lillie, Everett I.		ARMY SERIAL NUMBER 36106054	GRADE S/Sgt.
HOME ADDRESS Detroit, Michigan		ARM OR SERVICE Infantry	DATE OF BIRTH 3 Sep 15
PLACE OF DEATH European Area	CAUSE OF DEATH Wounds received in action		DATE OF DEATH 8 Jun 44
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 17 Mar 41	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS Over 3 years
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mr. Reese Lillie, father, Brookport, Illinois			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Reese Lillie, father, same as above Effie Roberts, sister, 2900 Montgomery St., Detroit, Michigan			
INVESTIGATION MADE YES NO	IN LINE OF DUTY YES NO	OWN MISCONDUCT YES NO	WAS DECEASED ON DUTY STATUS YES NO
AUTHORIZED ABSENCE YES NO		IN FLYING PAY STATUS YES NO	OTHER PAY STATUS (SPECIFY BELOW) YES NO
		X	* X

ADDITIONAL DATA AND/OR STATEMENT

Combat Infantryman



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

☒ BATTLE
☐ NON-BATTLE

FOR THE SECRETARY OF WAR
[Signature]

ADJUTANT GENERAL

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

Case No. JRM:HL:men
123456
Date 2 Oct 1945

SUBJECT: Report of transaction in disposing of the effects of

Everett I. Lillie late a
(Name of deceased) 36106054 (Army Serial Number)
Staff Sergeant who died
(Grade) Infantry (Organization, Army or Service)
on the 8 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., 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. 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 21 November 1944, pursuant to Special Orders 228, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of Reese Lillie 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, Reese Lillie of (Name of person found entitled)
(Number, Street or Avenue) (City, Town or Village) State of Illinois is the Father of the above-named decedent and appears to be entitled to receive his or her effects.

(Signature of Summary Court Officer)

JOHN B. MURPHY, Colonel, GSC
(Name, Rank, Organization)
SUMMARY COURT MARTIAL

123441

RTB:HL:dn
October 2, 1945

Mr. Reese Lillie
Brookport, Illinois

Dear Mr. Lillie:

The Army Effects Bureau has received from overseas some personal effects of your son, Staff Sergeant Everett I. Lillie.

These effects are being forwarded to you in one package.

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

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

Yours very truly,

P. L. KOOB
1st Lt., QMC
Officer-in-Charge
SJ Branch

20 63

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mr. Reese Lillie

Brookport, Illinois

Effects of:

Name

S/Sgt. Everett I. Lillie

ASN

36106054

Case No.

123441 D

Wt.

DATE

2 Oct 1945

RTB:HL:men

A. Bieren

FOR: Effects Quartermaster

REMARKS:

Inclose Bureau Check

Acct. No. _____

Amount _____

Inclose "Valuables" item

Ship "Valuables" item(s)

Remove G.I.

Note discrepancy in _____

Films removed

Diary removed

Laundry removed

ROUTING:

Accounting Branch

1 Warehouse Division

2 Files Branch, Adm. Div.

REMARKS:

SHIP DAMAGED PROPERTY

Franked _____

Est. Exp. Chgs. _____

Est. Prt. Chgs. _____

No. of packages _____

DET 8 1945

mw
Shipping Clerk

ATTACHMENTS		EFFECTS INVENTORY		STATUS	
<input checked="" type="checkbox"/>	INBOUND INVENTORY	123,441		<input checked="" type="checkbox"/>	DECEASED
<input checked="" type="checkbox"/>	G. R. OR SUB GR LABEL			<input type="checkbox"/>	MISSING
<input type="checkbox"/>	WILL OR POWER OF ATTY.			<input type="checkbox"/>	P. O. W.
<input checked="" type="checkbox"/>	TALLY IN FORM 43			<input type="checkbox"/>	ABANDONED
<input type="checkbox"/>	BAGS, CLOTH OR TRAVEL	<input type="checkbox"/>	OVERCOATS	<input type="checkbox"/>	UNKNOWN
<input type="checkbox"/>	BELT, MONEY (NO MONEY)	<input type="checkbox"/>	PAPERS, PERSONAL		
<input checked="" type="checkbox"/>	BILLFOLD (NO MONEY)	<input type="checkbox"/>	PENCIL, MECHANICAL		
<input type="checkbox"/>	BOOKS	<input type="checkbox"/>	PEN, FOUNTAIN		
<input type="checkbox"/>	BRACELET, IDENT.	<input type="checkbox"/>	PHOTOS		
<input type="checkbox"/>	CAMERAS	<input type="checkbox"/>	PIPES		
<input type="checkbox"/>	CLOTHING	<input type="checkbox"/>	RINGS		
<input checked="" type="checkbox"/>	MISC. ARTICLES	<input type="checkbox"/>	SCARFS		
<input checked="" type="checkbox"/>	RELIGIOUS ARTICLES	<input type="checkbox"/>	SHIRTS		
<input type="checkbox"/>	RIBBONS, DECORATION	<input type="checkbox"/>	SOCKS, PR.		
<input type="checkbox"/>	SHORT SNORTER	<input type="checkbox"/>	STATIONERY		
<input type="checkbox"/>	SOUVENIR MONEY	<input type="checkbox"/>	TIES		
<input type="checkbox"/>	SOUVENIRS	<input type="checkbox"/>	TOBACCO		
<input checked="" type="checkbox"/>	TESTAMENTS	<input type="checkbox"/>	TOILET ARTICLES		
<input type="checkbox"/>	TOWELS & WASHCLOTHS	<input type="checkbox"/>	TOWELS		
<input type="checkbox"/>	U. S. MONEY (AMOUNT)	<input type="checkbox"/>	TROUSERS, PR.		
<input type="checkbox"/>	WATCH	<input type="checkbox"/>	TRUNKS, PR.		
<input type="checkbox"/>	WINGS	<input type="checkbox"/>	UNDERWEAR		

DAMAGED

CONTAINERS ADDRESSED TO

none

INFORMATION

Mrs. Mary Lillie
(Wife)
597 2nd, St.
Trenton,
New Jersey

NAME AND STATUS VARIATIONS

43 gms Everett Lillie

CHECK	REC'D BY	NUMBER	BUREAU CHECK
MONEY ORDER			TRANSMIT ORIGINAL
BOND		SYMBOL	ORIG. REG. MAIL
TRAV. CHECK		AMOUNT	TO G. A. O.
FOREIGN CURRENCY		DATE	MUTILATED
U. S. CURRENCY			TO ISSUING AGENCY
		BANK OR PLACE OF ISSUE	
		PAYEE	
		REMITTER OR DRAWER	
TALLY NO.	ORIG. NO. OF PKGS.	EXAMINING DATE	BOX NO.
6159	1	14 Sept 45	
NAME		A. S. N.	SHEET
EVERETT I. LILLIE		36106054	OF 1 SHEETS
ORGANIZATION		RANK	CASE NO.
		Sgt.	
WAREHOUSE SPACE	EXAMINED BY	DIARY REMOVED	
1889	Mozzitt	PHOTO FILM REMOVED	
PACKAGE DESCRIPTION	PACKED BY	MOTION PICTURE FILM REMOVED	
#1 policy	Alley	SHIPPED	
WEIGHT	INSPECTED BY	DATE	BY WHOM
	HC		
	STORED BY		

ADDITIONAL REMARKS

REMOVALS (other than G.I.)

DAMAGES (List type of damage-extent)

1. *Self* damaged
from use.
1. Testament has a
hole in cover slightly
damaged from moisture.
1. Fountain pen rusty
& bent.

SHORTAGES

U. S. GOV'T CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

INVENTORY CLERK

SUPERVISOR

G. I. REMOVED

NAME LILLIE, EVERETT 6054

BAY	PALLET	BOX	TALLY
			6159
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
GRB			

PERSONAL AFFECTS OF STAFF SERGEANT LILLIE EVERETT I., 36106054

- 1 Soldier's individual pay record.
- 1 Bible
- 1 Bill fold, containing six (6) Franc notes and photographs.
- 1 Fountain pen (Stratford)

Checked by

Wm T. Baugh
WM. T. BAUGH
2nd Lt., QMC

Serial No. 36106054 Name Everett Lillie
Grade _____ Rank S/Sgt
Organization _____
Address _____
Nearest Relative _____
Address _____
Killed in Action _____ Died of Disease _____
Date _____ Hospital _____
Battle Area _____ Information _____
Place of Burial _____
Point of Coordination _____
Description of Body _____
Members Missing _____
Signed _____

15:45

B:LK:geh

EFF. OM Form 37 (28 June 45)		EXPEDITE MEMO - TO WAREHOUSE DIVISION	
DATE	PRIORITY	CASE NO.	
27 September 1945		123,441	
NAME (ON TALLY)			
Everett I. Lillie			
A.S.N.	RANK	STATUS	
36106054	S/Sgt.	Deceased	
TALLY NO.	BAY	PALLET	BOX
6159			
WHSE. LOCATION (POST-INV)		REQUESTED BY	
1889			
<input type="checkbox"/> COMPLETE INVENTORY			
<input type="checkbox"/> TRANSMITTAL INVENTORY			
<input type="checkbox"/> CLEAN BLOOD STAINED ITEMS			
<input type="checkbox"/> ATTACH ALL PAPERS			
<input type="checkbox"/> CHECK FOR ADDITIONAL INFORMATION			
<input type="checkbox"/> DO NOT LAUNDER OR CLEAN			
<input type="checkbox"/> LAUNDER AND CLEAN IF NECESSARY			
<input type="checkbox"/> DETERMINE IF OWNER IS			
<input type="checkbox"/> FLAG TALLY IN			
SHIP TO	NAME		
	ADDRESS		
REMARKS: ADM. DIV. Please advise Administrative Division whether hole in Testament was caused by shrapnel or bullet.			
REMARKS: WHSE. DIV.			

not necessary to state damaged & stained by shrapnel. *ELK*

Form 3811
Rev. 1-4-40

RETURN RECEIPT

Received from the Postmaster the Registered or Insured Article, the original number of which appears on the face of this Card.

1

Mrs. Rose Lillie

(Signature or name of addressee)

2

(Signature of addressee's agent—Agent should enter addressee's name on line ONE above)

Date of delivery

NOV 29 1944

, 194

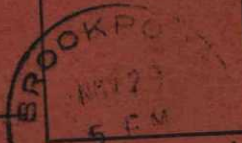
U. S. GOVERNMENT PRINTING OFFICE

16-12421

Post Office Department
OFFICIAL BUSINESS

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

POSTMARK OF DELIVERING
OFFICE



Return to Army Effects Bureau
Kansas City Quartermaster Depot
601 Hard (Main) Avenue
Street and Number (or Post Office Box.) Kansas City 1, Missouri

REGISTERED ARTICLE

No. 867-406
INSURED PARCEL

KANSAS CITY,

MISSOURI.

File 4



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

JRM:AP:ja
November 23, 1944

IN REPLY REFER TO **125,441 P**

Mr. Reese Lillie
Brookport, Illinois

Dear Mr. Lillie:

The Army Effects Bureau has received from overseas an identification bracelet belonging to your son, Staff Sergeant Everett I. Lillie.

This item is being forwarded to you in a registered package. I regret that more personal property of your son was not received.

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

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

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

File

Ship To: **Mr. Reese Lillie**
Brookport, Illinois

Effects of
Name **S/Sgt Everett I. Lillie**
ASN **36,106,054**
Case No. **123,441**
Wt.

Ship Via PAYNE:ja G B/L No. _____
Date 23 November 1944 _____
For Effects Quartermaster

SHIPPED

DATE: 11/27

PACKAGES SHIPPED

REGISTERED *JLm*
867-406

TOTAL _____ WT. _____
Franked _____
Est. Exp. Chgs. _____
Est. Frt. Chgs. _____
Date Shipped _____

NOV 25 1944

REMARKS: 1 Identification Bracelet to be transmitted by Vault Storage.

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

Shipping Clerk

Sheet 1 of 1 Sheets
Box No.

ARMY EFFECTS BUREAU
INVENTORY

Pallet 26
Box 22
Deceased ☒
Missing ☐
P.O.W. ☐
Abandoned ☐

SHOWN ON TALLY-IN AS Lillie, Everett J. ORIGINAL NO. OF PKGS. 1
TALLY-IN NO. 5486 INVENTORY DATE 11/8/44 CASE NO. 12344122R
EFFECTS OF Everett J Lillie RANK unknown
A.S.N. 36106054 ORG. unknown

PACKAGE DESCRIPTION:	
ARTICLE DESCRIPTION	
<div>no other effects</div>	
	Removed to Lock Storage 1 Ident. Bracelet. OK.
	Receipts attached
	SHIPPED
	DATE: <u>11/27 HMM</u>

REMARKS:
no Information
no Correspondence
C.A.I. not available

ATTACHMENTS:
- 1 Inventory of Effects
- 1 Gr. Label

~~NO CORRESPONDENCE~~
~~SHORTAGE ON REVERSE~~
~~G. I. ON REVERSE~~ **NOV 18 1944**

STORAGE)
SPACE)
SAFE STORAGE
VAULT STORAGE ☒
WEIGHT SHIPPED
Inventoried by E. Estum Packed by

67

VALUABLES RECEIPT

TALLY NO. 5486

NAME Everett J. Lillie

RANK unknown

A.S.N. 36106054

DATE 11/8/44

Eff. QM Form 56

BE.

Removed to Lock
Storage

1 Ident. Bracelet

11-9-44

Ej m

INVENTORY OF EFFECTS
(see AR 600-550)

Lillie, Everett I. 36106054
(Last name)(First name)(middle initial)(Army serial #)

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

who died on the 8 day of June 1944¹⁹

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

Number	Articles	*Package Number
1	Identification Bracelet	

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

CLASS II -- Other effects

Number	Articles

Serial No. 36106054 Name LILLIE EVERETT I
Grade UNKNOWN Rank _____
Organization UNKNOWN
Address _____
Nearest Relative UNKNOWN
Address UNKNOWN
Killed in Action YES Died of Disease _____
Date 8/6/44 Hospital _____
Battle Area RED BEACH Information FRANCE
Place of Burial FRANCE 607 MACON TEMP SEM CARENTAN, FRANCE
Point of Coordination 49.79.64
Description of Body _____
Members Missing _____

Signed

John R. Melunis