293 SIDES, ROBERT U. 38,135,606 T/5 FRANCE
(ORD.) (TEX. 4Ard

RECEIPT OF REMAINS

DISTRIBUTION CENTER
FORT WORTH QUARTERMASTERS DEPOT FORT WORTH TEXAS

ROUTINE

38 135606

REMAINS CONSIGNED TO: KILLINGSWORTH FUNERAL HOME
211 PINE STREET
RANGER, TEXAS

DAY LETTER

DLR AND REPORT
ANY CHARGES

REMAINS OF LATE TEC 5 ROBERT U SIDES BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT ON TRAIN NUMBER ONE TEXAS AND PACIFIC RAILROAD DUE TO ARRIVE RANGER STATION ELEVEN TWENTY SIX AM RAILROAD TIME 18 NOVEMBER . REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT STATION UPON ARRIVAL AND THAT YOU IMMEDIATELY PASS THIS INFORMATION ON TO NEXT OF KIN. .

S. H. Partridge

S. H. PARTRIDGE
LT. COLONEL, QMC
CHIEF, AGR DIVISION

NOV 15 1948

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

THIS 18 (DAY) DAY OF NOVEMBER (MONTH), 19 48

Cpl. Hugh a Craighead
WITNESS (Escort)

Killingsworth Funeral Home by J. C. Boone
CONSIGNEE

NAT FILE RECORDS ANNOTATED DATE 29 Jan 49 NAME W Ford R & R BR.

QMC FORM 15 NOV 46 1193

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

FBJ

NOV [illegible] RHS

1

NY 017 B

DISINTERMENT DIRECTIVE

CIER

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER: 3586 03873

DATE: 15 (DAY) 04 (MONTH) 48 (YEAR)

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH
SIDES ROBERT U	38135606	TEC5	1	DAY MONTH YEAR

CEMETERY		DISPOSITION OF REMAINS
ST MERE EGLISE NO 2 - CARENTAN	1	8500 (CODE) 10 (DIST. PT.)

PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
G	2	37	FRANCE	1

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
KILLINGSWORTH FUNERAL HOME 211 PINE STREET RANGER, TEXAS	OLLIE FRANK SIDES (BROTHER) 613 YOUNG RANGER, TEXAS

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
SIDES, Robert U.	38135606	T 5	[illegible]	23 APRIL 1948

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
[X] REMAINS ID [X] MARKER GRS	USAGF	P	JOHN PASLEY, Embalmer NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
O.D. uniform	Advanced decomposition. Fragmented skull. Freactured r/humerus and r/radius.

OTHER MEANS OF IDENTIFICATION

Name and ASN on waistband of trousers.

MINOR DISCREPANCIES *1*

None

REMAINS PREPARED AND PLACED IN ~~CASKET~~ transfer case.

DATE 23 April 1948 BY John Pasley

CASKET SEALED BY	EMBALMER (*Signature*)
L.E. Price	L.E. Price

CASKET BOXED AND MARKED	~~SHIPPING ADDRESS VERIFIED BY~~
DATE 23/6/48 BY H.B. Albert	All markings, tags and plates verified by: for John Pasley ROBERT B.HOWARD, 2/LT., INF.

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

for John Pasley

JOHN L. BOYD, 2/LT., FA.

SIGNATURE OF GRS INSPECTOR

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

QMC FORM REV 15 MAR 46 1194

12

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM	TO
USMC, St.Mere Eglise No.2	Casketing Point B, St. Laurent
KIND OF CONVEYANCE: Truck	NAME OF CONVOYER: T/5 Campbell

SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
ALLYN P. KING, 1/LT.,CAV.	29/4/48	D.A. MacKENZIE, CAPT., QMC.	29/4/48

2. SHIPPED

FROM	TO
Casketing Point B, St. Laurent	Casketing Point A, Cherbourg
KIND OF CONVEYANCE: Truck	NAME OF CONVOYER: Pfc Gibbs

SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
D.A. MacKENZIE, CAPT., INF	7/7/48	E.N. CIAMPO, 1/LT., FA.	7/7/48

3. SHIPPED

FROM	TO
Casketing Point A, Cherbourg	Cherbourg Port Unit
KIND OF CONVEYANCE: Truck	NAME OF CONVOYER: T/Sgt Fuller

SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
E.N. CIAMPO, 1/LT., FA.	30/8/48	JOHN E. HENDRY, JR, MAJOR, CAC	30/8/48

4. SHIPPED

FROM	TO
Port Unit Cherbourg	NYPOE
KIND OF CONVEYANCE: USAT Carroll Victory	NAME OF CONVOYER: Kenneth William Whercott Capt TC

SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
John E. Hendry Jr Maj CAC	25/9/48		

5. SHIPPED

FROM	TO
	NYPE
KIND OF CONVEYANCE	NAME OF CONVOYER

SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
		JAMES L. McKINNON	10/6/48

6. SHIPPED

FROM	TO
NYPE	
KIND OF CONVEYANCE: TRAIN	NAME OF CONVOYER: Donald Kay 1st Lt QMC

SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
JAMES L. McKINNON COLONEL, T. C. PORT TRANSPORTATION OFFICER	6/10/1948		

7. SHIPPED

FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER

SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

1943 SEP 30 AM 11 15 NY 017 R

D A Y L E T T E R

DLY FT WORTH TEXAS

FORT WORTH QUARTERMASTER DEPOT, FORT WORTH, TEXAS

OLLIE FRANK SIDES DLR & REPORT
ANY CHARGES

613 YOUNG,

RANGER, TEXAS

NY. 017 R

WE HAVE BEEN ADVISED REMAINS OF THE LATE TEC 5 ROBERT U. SIDES ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED TO KILLINGSWORTH FUNERAL HOME, 211 PINE STL, RANGER, TEXAS . WITHIN FORTY EIGHT HOURS AFTER RECEIPT OF THIS MESSAGE PLEASE CONFIRM YOUR ORIGINAL INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS AND FURNISH YOUR CORRECT MAILING ADDRESS BY TELEGRAM COLLECT TO COMMANDING OFFICER, FORT WORTH QUARTERMASTER DEPOT, FORT WORTH 1 TEXAS. REPLY IS NECESSARY WITHIN THIS PERIOD SINCE IT WILL NOT BE POSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER THE EXPIRATION OF FORTY EIGHT HOURS. WHILE DELIVERY OF THE REMAINS WILL BE MADE AS SOON AS PRACTICABLE AFTER RECEIPT FACTORS BEYOND OUR CONTROL MAY DELAY DELIVERY OF REMAINS FOR SEVERAL WEEKS. HOWEVER AS SOON AS 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 STATIONS. ALSO HE WILL BE REQUESTED TO FURNISH YOU THIS INFORMATION SO THAT YOU MAY COMPLETE FUNERAL ARRANGEMENTS. THIS TELEGRAM WILL BE SENT AT LEAST FOUR DAYS PRIOR TO ACTUAL SHIPMENT FROM THIS DISTRIBUTION CENTER. PLEASE INSTRUCT FUNERAL DIRECTOR TO 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 ORGANIZATIONS TO MAKE ARRANGEMENTS. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM.

C

SEP 30 1943

J. B. Partridge
LT. COLONEL, Q.M.C.
CHIEF, A. G. R. DIVISION

CLASS OF SERVICE

This is a full-rate Telegram or Cablegram unless its deferred character is indicated by a suitable symbol above or preceding the address.

WESTERN UNION

1201

(01)

JOSEPH L. EGAN
PRESIDENT

SYMBOLS
DL = Day Letter
NL = Night Letter
LC = Deferred Cable
NLT = Cable Night Letter
Ship Radiogram

The filing time shown in the date line on telegrams and day letters is STANDARD TIME at point of origin. Time of receipt is STANDARD TIME at point of destination

1948 OCT 1 PM 7 35

FWA29DA942

D LLR602 23 COLLECT 4 EXTRA=RANGER TEX 1 630P 1948 OCT 1 PM 7 49

COMMANDING OFFICER

FT WORTH QUARTERMASTER DEPOT=FTW=

DELIVER THE REMAINS OF TEC 5 ROBERT U SIDES TO KILLINGSWORTH FUNERAL HOME 211 PINE ST RANGER TEX=

OLLIE FRANK SIDES 613 YOUNG ST RANGER=

NY. 017 R

TEC 5 211 613=.

THE COMPANY WILL APPRECIATE SUGGESTIONS FROM ITS PATRONS CONCERNING ITS SERVICE

A-B-25

INSPECTION CHECKLIST

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

NY-017-R

B-8-23

NAME SIDES, ROBERT U.	GRADE TEC 5 SERIAL NUMBER 38135606
SOURCE USMC ST MERE EGLISE NO 2 CARENTAN, ~~FRANCE~~	CONSIGNEE KILLINGSWORTH FUNERAL HOME 211 PINE STREET RANGER, TEXAS
SHIPPING CASE - General Appearance (Check ONLY Discrepancies)	CONDITION OF SHIPPING CASE (Check one) ☑ SATISFACTORY ☐ UNSATISFACTORY
FINISH (Exterior) HANDLES DRAW BOLTS STENCILING - NAMEPLATE HEALTH PERMIT MARKER HEALTH PERMIT NUMBER	REMARKS Minor Repair
CASKET - General Appearance (Check ONLY Discrepancies)	CONDITION OF CASKET (Check one) ☑ SATISFACTORY ☐ UNSATISFACTORY
FINISH (Exterior) HAND RAILS & FINALS NAMEPLATE CAM LOCKS (Sealing) AND GASKET ODOR OR MOISTURE	REMARKS Small Scratches

ROUTED TO

MORTUARY SECTION	☑ MAINTENANCE AND REPAIR SECTION
CONDITION OF REMAINS ☐ SATISFACTORY ☐ UNSATISFACTORY	CASKET REPAIRED ☑ YES ☐ NO
NECESSARY DISINFECTION (Explain)	CASKET EXCHANGED ☐ YES ☑ NO
	SHIPPING CASE REPAIRED ☑ YES ☐ NO
	SHIPPING CASE EXCHANGED ☐ YES ☑ NO
	REMARKS
TIME DATE SIGNATURE OF MORTICIAN	TIME DATE SIGNATURE OF INSPECTOR am 11/5/48 M Vaccy Lan
REMARKS	

QMC FORM R-5054 - Rev 18 June 47 (Reproduced FWQMD 14 Sep 48)

NY 017 R

30613

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

(*Read Explanation on Reverse Side before completing form*)

WW II

DATE 18 Nov. 48

NAME OF DECEDENT (*Last, First, Middle Initial*): SIDES, ROBERT U.

BRANCH OF SERVICE: US ARMY

RANK OR GRADE: PFC 5

SERIAL NO.: 38135606

TO BE FILLED IN BY CLAIMANT

A. [X] INTERMENT EXPENSES (*Civilian or Private Cemetery*)

B. [ ] TRANSPORTATION EXPENSES (*National or Post Cemetery*)

J. W. FAULDS
Col., F. D.
F. O., U. S. A.

DEC 1948

Fort Worth, Texas
Station No. 47
Symbol No. 210-500

Paid

NOV 26 1948

INSTRUCTIONS TO PERSONS SIGNING THIS FORM

1. This form is NOT to be signed by Funeral Director.
2. Fill in as required and sign four copies.
3. Check Box "A" or Box "B" above, not both.
4. Check Box "A" when interment is in a civilian or private cemetery.
5. Check Box "B" when remains are delivered to home or other place prior to burial in a national or post cemetery.

CLAIM VALID - REPATRIATION

MAR

FILL IN THIS STATEMENT IF BOX "A" IS CHECKED

I certify that the sum of $ 75.00 was paid by me from personal funds in connection with the interment of the remains of the above-named decedent in the cemetery indicated below:

NAME: MACEDONIA CEMETERY

CITY OR COUNTY: STEPHENS COUNTY

STATE: TEX

FILL IN THIS STATEMENT IF BOX "B" IS CHECKED

I certify that the sum of $ was paid by me from personal funds in connection with the transportation of the remains of the above-named decedent from: (*City, town, or place from which remains were shipped*)

TO: (*Name and Location of National or Post Cemetery*)

RETURN FOUR COPIES TO

Fort Worth Quartermaster Depot
Fort Worth 1, Texas

Attention: ACR Division

SIGNATURE OF CLAIMANT: x Ollie Frank Sides

ADDRESS (*Street number or RFD, City and State*): 613 YOUNG ST RANGER TEX

RELATIONSHIP TO DECEDENT: BROTHER

REMARKS

NONE

QMC FORM REV 5 MAR 48 **1236** PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

16—54738-1

PART A

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

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

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

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

PART B

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

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

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

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

U. S. GOVERNMENT PRINTING OFFICE 16—54738-1

BUDGET BUREAU No. 49-R277.

REQUEST FOR DISPOSITION OF REMAINS

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

T/5 Robert U. Sides 38 135 606
Plot G, Row 2, Grave 37,
United States Military Cemetery
St. Mere Eglise #2, France

24 September 1947

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

If you are the next of kin or authorized representative of next of kin and desire to direct the disposition of the remains, please fill in PART I of this form.

PART I

I, Ollie Frank Sides (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

New Hope Cemetery (Fifteen miles north of Ranger, Texas.)
(NAME AND LOCATION OF CEMETERY)

☐ 3. BE RETURNED TO _____ (FOREIGN COUNTRY), THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT _____ (LOCATION OF CEMETERY SELECTED)

☐ 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____ (LOCATION OF NATIONAL CEMETERY SELECTED)

(Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)

☐ YES ☐ NO

THE NAME OF THE DECEASED, THE SERIAL NUMBER AND GRADE ARE CORRECT EXCEPT FOR THE FOLLOWING CHANGES: *(If no corrections are necessary, indicate this fact by inserting the word "NONE" in the space below.)*

None.

20 Dec Prve
12 April 48

Coded
12 Apr 48
M Baker

16—50411-1

OQMG FORM 14 NOV 1946 345 MILITARY

JAN 16

PART I (*Continued*)

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

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

LAST NAME	FIRST NAME		MIDDLE INITIAL
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
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			
Killingsworth Funeral Home			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
211 Pine St.	Ranger	Eastland	Texas
EXPRESS OFFICE (*Nearest railroad passenger station*)	TELEGRAPH ADDRESS		TELEPHONE No.
T.P. RR	Ranger Texas		29

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

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

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

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

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

Ollie Frank Sides — (SIGNATURE OF NEXT OF KIN)

Ollie Frank Sides — (NAME PRINTED OR TYPED)

Young 613 — (STREET AND NUMBER)

Ranger Texas — (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 18th, day of November, 1947, at city (or town) of Ranger, county of Eastland, and State (or Territory or District) of Texas.

Lee Dockery — (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

LEE DOCKERY, Notary Public
EASTLAND COUNTY, TEXAS
My Commission Expires June 1st, 1948

(OFFICIAL TITLE)

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

16—50411-1

If you are the next of kin and you des[illegible]

I, THE Brother

NAMED IN PART I OF THIS FORM, DO HE[illegible]
THE NEXT EXISTING PERSON IN THE O[illegible]

LAST NAME: Sides
RELATIONSHIP TO THE DECEASED: Brother
NUMBER AND STREET: 613 Young St.

WHOM I UNDERSTAND SHALL HAVE TH[illegible]

Archis M. (SIGNATURE OF NE[illegible])

Archie M. Side

(NAME PRINTED O[illegible])

If you are NOT the next of kin authori[illegible]

THIS IS TO NOTIFY YOU THAT I AM NOT [illegible]
NAMED ON PAGE 1 OF THIS FORM. TH[illegible]
SHOULD BE DIRECTED.

LAST NAME
RELATIONSHIP TO THE DECEASED
NUMBER AND STREET

(SIGNATURE)

(NAME PRINTED OR [illegible])

16—50410-1

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 Brother, 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
Sides	Ollie	Frank
RELATIONSHIP TO THE DECEASED: Brother		
NUMBER AND STREET: 613 Young St.	CITY OR TOWN: Ranger	STATE OR COUNTRY: Texas

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

November 18th, 1947
(DATE)

✓ Archie M. Sides
(SIGNATURE OF NEXT OF KIN)

% Roeser & Pendleton
(STREET AND NUMBER)

Archie M. Sides
(NAME PRINTED OR TYPED)

Route # 1
Malakoff Texas
(CITY AND STATE)

PART III

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

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

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

(DATE)

(SIGNATURE)

(STREET AND NUMBER)

(NAME PRINTED OR TYPED)

(CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTIONS

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

U. S. GOVERNMENT PRINTING OFFICE

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
STATE OF TEXAS
COUNTY OF Shackelford
CITY OR PRECINCT NO. Albany Texas — GIVE STREET AND NUMBER OR NAME OF INSTITUTION

2. FULL NAME OF DECEASED Ida L. Sides
LENGTH OF RESIDENCE WHERE DEATH OCCURRED 21 YEARS - MONTHS - DAYS. (SOCIAL SECURITY NO. None)
RESIDENCE OF THE DECEASED STREET AND NO. ______ CITY Albany COUNTY Shackelford STATE Texas

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL PARTICULARS
3. SEX: Female / 4. COLOR OR RACE: White	17. DATE OF DEATH: July 3, 1946
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (WRITE THE WORD): Widowed	18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM June 24, 1946, TO July 4, 1946
6. DATE OF BIRTH: April 28 - 1871	I LAST SAW Her ALIVE ON July 3rd, 1946
7. AGE: 75 YEARS, 2 MONTHS, 25 DAYS; IF LESS THAN 1 DAY ___ HOURS ___ MIN	THE DEATH OCCURRED ON THE DATE STATED ABOVE AT 4.40 P M.
Occupation — 8A. TRADE, PROFESSION OR KIND OF WORK DONE: House	THE PRIMARY CAUSE OF DEATH WAS: Sardio-Reual-Vascular Dis — DURATION: 5 yrs
8B. INDUSTRY OR BUSINESS IN WHICH ENGAGED: "	
9. BIRTHPLACE (STATE OR COUNTRY): Mo	CONTRIBUTORY CAUSES WERE: Apoplexy — 9 dys.
Father — 10. NAME: Geo F. Adams	
11. BIRTHPLACE (STATE OR COUNTRY): Mo	
Mother — 12. MAIDEN NAME: Hannah Clevenger	IF NOT DUE TO DISEASE, SPECIFY WHETHER:
13. BIRTHPLACE (STATE OR COUNTRY): Mo	ACCIDENT, SUICIDE, OR HOMICIDE: X X X
Informant — 14. SIGNATURE: A. M. Sides	DATE OF OCCURRENCE: X X X X
ADDRESS: Malokoff, TEXAS	PLACE OF OCCURRENCE: X X X X
Disposition — 15. PLACE OF BURIAL OR REMOVAL: Caddo, TEXAS	MANNER OR MEANS: X X X X X
DATE: July 5, 1946	IF RELATED TO OCCUPATION OF DECEASED, SPECIFY: No
Undertaker — 16. SIGNATURE: J. L. Castleberry	SIGNATURE: R. G. Murrie M.D. COR.
ADDRESS: Albany, TEXAS	ADDRESS: Albany, TEXAS

20 FILE NUMBER	FILE DATE	SIGNATURE OF LOCAL REGISTRAR	POSTOFFICE ADDRESS
125	July 5, 1946	Sol Z. Freeman, County Clerk	Albany, TEXAS

Filed July 5, 1946 Sol Z. Freeman County Clerk Shackelford County, Texas.

OK

T5 Sides, Robert W.
38135606
293

IF DECEASED HAS RENDERED MILITARY SERVICE, FILL OUT THE FOLLOWING:
(1) Is the deceased reported to have been in such service?
(2) Name of organization in which service was rendered?
(3) Serial number of discharge papers or adjusted service certificate?
(4) Name of next of kin or of next friend?
Post Office Address?

IF DECEASED IS UNKNOWN NON-RESIDENT, FILL OUT THE FOLLOWING:	
(A) Color of Hair?	(B) Color of Eyes?
(C) Height? Feet Inches	(D) Weight?
(E) Deformities?	
(F) Tattoo Marks?	
(G) Other marks of identification?	

PLEASE FILL IN FOR ALL DEATHS

Name of husband or wife	Age in years
What operation was performed?	
For what disease or condition?	
Was autopsy performed?	
What were the findings?	

THE STATE OF TEXAS) I, W. D. (DUB) MACON, County Clerk in and for
COUNTY OF SHACKELFORD) Shackelford County, Texas, do hereby certify
that the above and foregoing is a true and correct copy of the Death
Certificate of Ida L. Sides as the same appears of record in Book 1,
page 301, Death Record of Shackelford County, Texas.
Witness my hand and seal of office at office in Albany, Texas, this
the 10th., day of November, A. D. 1947.

W. D. (Dub) Macon, County Clerk
Shackelford County, Texas.

By Deputy

De

T/5 Robert U. Sides 38 135 606
Plot G, Row 2, Grave 37,
United States Military Cemetery
St. Mere Eglise #2, France

24 September 1947

Mrs. Ida L. Sides
Box #502
Albany, Texas

Dear Mrs. Sides:

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,

3 Incls.

cvf

OCT 3 10 51 AM
O.Q.M.G.
MAIL & RECORDS BR.

THOMAS B. LARKIN
Major General
The Quartermaster General

QMCYG 293
Sides, Robert U.

17 August 1946

Mrs. Ida L. Sides
Box 502
Albany, Texas

Dear Mrs. Sides:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Technician Fifth Grade Robert U. Sides, A.S.N. 38 135 606.

The records of this office disclose that his remains are interred in the United States Military Cemetery Ste. Mere Eglise #2, plot G, row 2, grave 37.

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

cj

EWZ

RESTRICTED

Graves Registration Form No. 1 (Revised 1 Sept. 1943)

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

254 7805

REBURIAL

June 26, 1944
Date

Last Name	First	Initial	Rank	Serial No.
Sides	Robert	A.	Tec 5	38135606

2 Ord MM Co.
Unit / Organization

Place of Death	Date of Death	Cause of Death
France	June 6, 1944	KiA

Time and Date of Burial	Name of Cemetery	Name or Coordinates of Location
1730 June 26, 1944	St. Mere Eglise VII Corps #2	St Mere Eglise

Grave Number	Row Number	Plot Number	Type of Marker
37	2	G	?Temp

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

If No Identification Tags
How were remains identified?

REBURIAL

What means of identification were buried with the body?

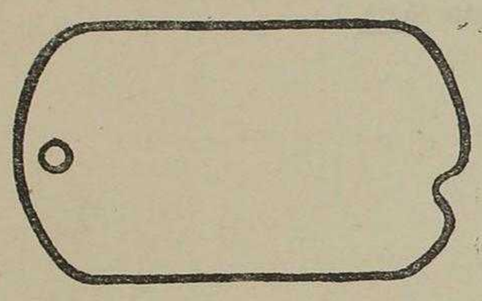
Previously buried in 607 Macon Cemetery
Plot A Row 6 Grave 110

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

Who is buried on:

	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Right:	Medbell, T.	34093643		Arm. Div.	38
Deceased's Left:	Alexander	76247-72		U.S.N.R.	36

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



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

Emergency Addressee _____
Name

Address

Religion P.

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

"REBURIAL FROM UTAH RED CEMETARY"
Also Known as 607 Macon Temp (447964)

Signature of Officer or other person reporting burial

Verified by G.R.S. Officer

8-13-45

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

Sect #1

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.:

Left Hand: 4 | 3 | 2 | 1 | Thumb

Right Hand: 4 | 3 | 2 | 1 | Thumb

TOOTH CHART

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

Indicate: missing natural teeth by ×; crowns by ○; fillings by □; Bridges by ⌒ linking anchor teeth; replacements by artificial teeth $\overline{\times}$

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.

RESTRICTED

GRAVES REGISTRATION FORM No. 1 (Revised 1 Sept. 1943) 7.805

REPORT OF BURIAL 1 5 1944

TM 10-630 AND AR 30-1815

9 June 1944 (Date) 10-11-44

Sides, Robert U.	T/5	38135606
Last Name — First — Initial	Rank	Serial No.
No Info. 2 Cml M M Co	No Info.	
Unit	Organization	

953

Carentan Peninsula, France	9 June 1944	K.I.A.
Place of Death	Date of Death	Cause of Death
1100 10 June 1944	607 Macon Temp.	447964
Time and Date of Burial	Name of Cemetery	Name or Coordinates of Location
110	6	A	Temp.
Grave Number	Row Number	Plot Number	Type of Marker

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

If No Identification Tags
How were remains identified?

What means of identification were buried with the body?

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

	Name	Serial No.	Rank	Organization	Grave No.
Who is buried on: Deceased's Right:	J.C. LINDSEY	34337142	NO INFO.	USA	111
Deceased's Left:	C. ALEXANDER	762-47-72	"	USN	109

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

ROBERT U SIDES
38135606 T42 43 A
P

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

Emergency Addressee Ida L. Sides
Name

Box 502, Albany, Texas
Address

Religion

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

1 Identification Bracelet
2 Wallets
1 Social Security Card
Pictures
200 Francs
3s 7d English Money
.02c American Money

In file

Neal F. Baker
NEAL F. BAKER
Signature of Officer or other person reporting burial
1st Lt. QMC
Graves Registration Officer
Verified by G.R.S. Officer

EQ. 508. 22/9/43. 380M/8/15219

Inc #85

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
Upper																
Lower																

Indicate: missing natural teeth by ×; crowns by ○; fillings by □; Bridges by ⌒ linking anchor teeth; replacements by artificial teeth $\overline{\times}$

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.

59

REPORT OF DEATH

DATE 8 July 1944
Mullen/mfa 4628

FULL NAME	ARMY SERIAL NUMBER	GRADE
Sides, Robert U.	38 135 606	Tec 5
HOME ADDRESS Albany, Texas	ARM OR SERVICE: Ordnance	DATE OF BIRTH: 24 Mar 1907
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: 15 Aug 1942	LENGTH OF SERVICE FOR PAY PURPOSES: YEARS 1, MONTHS 9, DAYS 25

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Ida L. Sides (Mother) Box 502, Albany, Texas

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Ida L. Sides (Mother) Box 502, Albany, Texas
Catherine Salters (Sister) Box 502, Albany, Texas

INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
	X	X			X	X					X		

ADDITIONAL DATA AND/OR STATEMENT

final

4 JUL 1944 FILE

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

WD. AGO. FORM NO. 52-1, 27 NOVEMBER 1943 ⓖ

m.c

Sides, Robert U. 38,135,606

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

JRM:NM:md
Case No. 117484 M
Date 23 November 1944

SUBJECT: Report of transactions in disposing of the effects of

Robert U. Sides (Name of deceased), 38135606 (Army Serial Number) late a

Technician Fifth Grade (Grade), Ordnance (Organization, Arm 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., KCQM Depot, dated 25 September 1943, for the purpose of disposing of the effects of the above-named soldier, or person subject to military law, reports that:

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

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

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

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

FINDING:

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 22 November 1944, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Ida L. Sides for the effects of the above-named deceased soldier, or person subject to military law, now in the possession of the United States, with other relevant evidence, was duly considered;

Whereupon, this Summary Court-Martial finds that, under the provisions of A.W. 112, Mrs. Ida L. Sides (Name of person found entitled) of Box 502 (Number, Street or Avenue), Albany (City, Town or Village) State of Texas, is the Mother (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

Eff. QM Form 75

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

IN REPLY REFER TO 117,484 M

JRM:NM:elb
November 24, 1944

Mrs. Ida L. Sides
Box 502
Albany, Texas

Dear Mrs. Sides:

The Army Effects Bureau has received from overseas some personal effects of your son, Technician Fifth Grade Robert U. Sides.

I am inclosing a check for $8.93, representing funds which belonged to him. The remainder of the property is being forwarded to you in three packages.

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

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

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

Yours very truly,

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

1 Incl—
Check

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 8 July 1944
Mullen/mfe 4628

NAME	ARMY SERIAL NUMBER	GRADE
Sides, Robert U.	38 135 606	Tec 5
HOME ADDRESS	**ARM OR SERVICE**	**DATE OF BIRTH**
Albany, Texas	Ordnance	24 Mar 1907
PLACE OF DEATH	**CAUSE OF DEATH**	**DATE OF DEATH**
France	Killed in action	9 Jun 1944
STATION OF DECEASED	**DATE OF ENTRY ON CURRENT ACTIVE SERVICE**	**LENGTH OF SERVICE FOR PAY PURPOSES**
European Area	15 Aug 1942	YEARS 1 · MONTHS 9 · DAYS 25

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Ida L. Sides (Mother) Box 502, Albany, Texas

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Ida L. Sides (Mother) Box 502, Albany, Texas
Catherine Salters (Sister) Box 502, Albany, Texas

ARMY EFFECTS BUREAU RECEIVED JUL 12 1944

INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
	X	X			X	X					X		

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. E. ROBINETTE
ADJUTANT GENERAL

WD. AGO. FORM NO. 52-1, 27 NOVEMBER 1943 ⓖ

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

—BATTLE CASUALTY REPORT

NAME	SERIAL NUMBER	GRADE	ARM OR SERVICE	REPORTING THEATRE
SIDES ROBERT U	38135606	TEC5	ORD	ETO

PLACE OF CASUALTY	DATE OF CASUALTY DAY	MONTH	YEAR	FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER
FRANCE	09	JUN	44		KIA	108

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

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

MR.-MRS.-MISS	FIRST NAME	MIDDLE INITIAL	LAST NAME	RELATIONSHIP
MRS	IDA XXX	L	SIDES	MOTHER

NO. AND NAME OF STREET	CITY	COUNTY	STATE
BOX 502	ALBANY		TEXAS

REMARKS: ☐ CORRECTED COPY 29 JUNE 44 KMB

ARMY EFFECTS BUREAU RECEIVED JUL 6 1944 KCSMO

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

CASUALTY BRANCH FILE ATTACHED _____ OR CHARGED TO _____ DATE 28 June 44

PREVIOUSLY REPORTED NO ✓ YES _____ (AS INDICATED BELOW):

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

Tele Notif

REPORT NOT VERIFIED ___ NO FORM 43 ___ NO CAS. BR. FILE ___ CHECKED BY [illegible] REVIEWED BY [illegible]

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

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

DISTRIBUTION A45

COPIES FURNISHED:

- ☐ AIR ADJUTANT GENERAL
- ☐ AMERICAN RED CROSS
- ☐ ARMY EFFECTS BUREAU
- ☐ ASST. CHIEF OF STAFF, G-1
- ☐ BUREAU OF PUBLIC RELATIONS
- ☐ CASUALTY PAY RECORDS BR., O.F.D.
- ☐ CHIEF OF ARM OR SERV. CONCERNED
- ☐ CHIEF OF STAFF
- ☐ CHRONOLOGICAL UNIT, CAS. BR.
- ☐ CHIEF, P.O.W. BR., M.I.S., W.D.G.S.
- ☐ CHIEF, WAR BOND DIVISION
- ☐ CHIEF, WAR BOND OFFICE
- ☐ C.G., ARMY GROUND FORCES
- ☐ C.G. 8th SERVICE COMMAND
- ☐ DIR. OF SPECIAL SERVICES DIV.
- ☐ DIRECTOR, W.A.C.
- ☐ ENLISTED BRANCH, A.G.O.
- ☐ FINANCE OFFICER, U. S. ARMY, WASH., D.C.
- ☐ MACHINE RECORDS BRANCH, A.G.O.
- ☐ OFFICE OF DEPENDENCY BENEFITS
- ☐ OFFICERS BRANCH, A.G.O.
- ☐ P.O.W. INFO. BUREAU, O.P.M.G.
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- ☐ SOCIAL SECURITY BOARD
- ☐ SURGEON GENERAL
- ☐ THE ADJUTANT GENERAL
- ☐ U. S. EMPLOYEE'S COMPENS. COMM.
- ☐ WAR SHIPPING ADMINISTRATION
- ☐ WILLS UNIT, CASUALTY BRANCH

File MM

INVENTORY OF EFFECTS

(See AR 600-550)

Sidas Robert U. 38135606
(Last name) (First name) (Middle initial) (Army serial number)

late a Tec 5 2d Ordnance MM Company
(Grade) (Organization or arm or service)

who died on the 9th day of June, 1944

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

NUMBER	ARTICLES	*PACKAGE NUMBER

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

CLASS II—Other effects

NUMBER	ARTICLES
3	Toilet Article Kits
1	Eversharp Pencil
3	[redacted] Stationery
1	Carton Cigarettes
1	Hunting Knife
2	Towels
1	Insignia
5	Handerchiefs
1	Flashlight
1	Ink Stamp Pad

16—21164

W.D., A.G.O. Form No. 54
July 1, 1933

CLASS II—Continued

NUMBER	ARTICLES
4	Notebooks
1	~~Knife~~
1	Testament
1	~~Keepsake Box~~
1	Shoe Brush
1	~~Italian Coins~~
1	Can Pipe Tobacco
1	~~Cigarette Lighter~~
2	Boxes Chewing Gum
1	~~Carton Matches~~ (2)
1	Spoon
1	~~Sewing Kit~~
1	Roll gummed paper
1	~~Billfold~~
1	Date Stamp

(X) Money { Specie--- $----- / Money Order $4.15 / Notes--- $----- }

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

to Effects Quartermaster, ETOUSA.
(Give name and degree of relationship, if legal representative

~~or beneficiary named by the deceased, so state~~)

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

Fred H Tadini

FRED A. TADINI,
1st Lt, Ord Dept,
Commanding.

APO 230, C/O Postmaster, New York, N.Y.
(Station)

10 June, 1944
(Date)

*Strike out words not applicable.

U S GOVERNMENT PRINTING OFFICE 16—21164

SECOND ORDNANCE MEDIUM MAINTENANCE COMPANY
APO 230, U.S. ARMY

12 June 1944

SUBJECT: Letter of Transmittal

TO : Commanding General, ETOUSA, APO 871, U.S. Army.

1. The personal effects of Tec 5 Robert U. Sides, 38135606, killed in action on 9 June 1944, are enclosed and transmitted in compliance with Par 5c, Section II, Administrative Circular 80, Hq SOS, ETOUSA, 25 Oct 43.

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

2 Incls:
Incl 1 - WDAGO Form (Trip)
Incl 2 - US Money Order

Fred A Tadini
FRED A. TADINI,
1st Lt., Ord-Dept.,
Commanding.

19 JUN 1944
DEPOT G-14
APO 507

CONTROL NO.
21537

2 Incls.
Incl 1.

Serial No. 38135606 Name SIDES ROBERT U
Grade ..... Rank T/5
Organization .....
Address .....
Nearest Relative Mrs IDA L SIDES
Address BOX 502 ALBANY, TEXAS
Killed in Action ✓ Died of Disease .....
Date 9 JUNE 1944 Hospital .....
Battle Area FRANCE Information .....
.....
Place of Burial Lot MACON Temp Cem CARENTAN PENIN. FRANCE
Point of Coordination 447964
Description of Body .....
.....
Members Missing .....
.....
.....

Signed Robert B. McInnis

INVENTORY OF EFFECTS
(see AR 600-550)

Sides, Robert U. 38135606
(Last name)(First name)(middle initial)(Army serial #)

late a T/5 No Info
(Grade) (Organization or arm or service)

who died on the 9 day of June 1944

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

Number	Articles	*Package Number
1	Identification Bracelet	
2	Wallets	
	Metal Social Security Card	
	Pictures	

Fill out

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

CLASS II -- Other effects

Number	Articles
200	Francs
	3s 7d English Money
	.02c American Money

Money turn in to R.J. Coffee, Capt, F.D. Sym # 211901 9 July 194X

W.D.,A.C.O. Form No. 54
July 1, 1933

CLASS II -- Continued

Number	Articles	
	Money	(Specie ____ $ _____ ((Notes ____ $ _____

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

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

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

_____

_____

_____
(Station)

_____, 19____
(Date)

*Strike out words not applicable.

Deceased x
Missing
A.W.O.L.
P.O.W.
Abandoned

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

INVENTORY

Sheet 1 of 1 Sheets

Flat Box

file no ve

Shown on Tally In as

TALLY IN NO. INVENTORY DATE 9/14/44 CASE NO. 117,484

EFFECTS OF ROBERT U. SIDES RANK T/5

ARMY SERIAL NO. 38135606 ORG. ---

CONSIGNOR G-14 U.K.

DELIVERING CARRIER Mail G B/L NO. G B/L DATE

Package No.	Article Description	Remarks
1	$4.15 1/c # 46562 encl	Included in one
ENVELOPE	ck # 35163 (2) ea	U. S. Treasurer's Check
		# 3,917
		dated 2 Sept. 1944
		Symbol 211-640
		Amount $4646.55 Payable to
		EQM.
		~~Indorsed to Effects QM~~
		List 251 to section file.
		File attached.

Warehouse Space Inventoried By F. Sipes

Locked Storage Space Office Safe Packed By

SEP 18 1944

ML:mem
Eff QM Form IIa

Deceased X
Missing
A.W.O.L.
P.O.W.
Abandoned

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

INVENTORY

Sheet 1 of 1 Sheets

Plat Box

Shown on Tally In as

TALLY IN NO. INVENTORY DATE 9-8-44 CASE NO. 117484

EFFECTS OF ROBERT U. SIDES RANK T/5

ARMY SERIAL NO. 38135606 ORG.

CONSIGNOR G 14 U K

DELIVERING CARRIER Mail G B/L NO. G B/L DATE

Package No.	Article Description	Remarks
1	$4.78	Included in one
ENVELOPE	ck # 35163	U. S. Treasurer's Check
		# 3879
		dated 24 Aug 1944
		Symbol 211-640
		Amount 3332.61 Payable to
		E Q M
		Indorsed to Effects QM
		List #218 to Sec. File

Huba

Warehouse Space Inventoried By

Locked Storage Space Office Safe Packed By

SEP 14 1944

ML:mem
Eff QM Form IIa

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

X 4pcm-12-1

Ship To: Mrs. Ida L. Sides
Box 502
Albany, Texas

Effects of

Name T/5 Robert U. Sides

ASN 38135606

Case No. 117484 D

Wt.

FRANKED

Ship Via _____ G B/L No. _____

Date November 23, 1944
JRM:NM:md

W. McMillan
For Effects Quartermaster

SHIPPED
DATE: 11/29 Nov

PACKAGES SHIPPED

#1 Carton 10-28-44
#2 Pkg 11-7-44

TOTAL 0 WT. _____

REGISTERED
867-501

Franked _____
Est. Exp. Chgs. _____
Est. Frt. Chgs. _____

Date Shipped NOV 27 1944

REMARKS:
2 pages inventory

NOV 25 1944
Vault
NOTE: ~~LOCK~~ STORAGE ITEM

NOV 30 1944

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

Shipping Clerk

ROUTING

JRM:NM:md
November 23, 1944

1. Fiscal

2. Captain Eckhardt

3.

4.

Attach following item(s) from Office Safe:

Case No. 117484 M

Attach Bureau Check:

Account No. 46562 Amount $4.15

Account No. 44571 Amount $4.78

Total $8.93

Payable to:

Ida L. Sides
Box 502
Albany, Texas

NM

(Correspondent)

Check No. 35163

Initials emh

Soldier's name T/5 Robert U. Sides
Relationship - Son

46562 - $4.15
44571 - $4.78

117484

November 25 44

Ida L. Sides

8.93

Eight and 93/100

Major Q.M.C.
Asst.

Eff. QM Form 49 (2 Oct 44)

11-24

Sheet 1 of 1 Sheets
Box No. 1

ARMY EFFECTS BUREAU
INVENTORY

Pallet 26
Box 22

Deceased X
Missing ___
P.O.W. ___
Abandoned ___

SHOWN ON TALLY-IN AS Sides, Robert J. ORIGINAL NO. OF PKGS. 1

TALLY-IN NO. 5486 INVENTORY DATE 11/7/44 CASE NO. 117484

EFFECTS OF Robert U. Sides RANK T/5

A.S.N. 38135606 ORG. Unknown

PACKAGE DESCRIPTION: H I package

ARTICLE DESCRIPTION	
2 Billfolds no money	
1 Identification bracelet	
1 Social Security card	
1 Photo	
1 Money Order receipt	

REMARKS: No information Rechecked
No correspondence
Shortage on reverse

ATTACHMENTS:
1 Form #54
1 G. R. Label

C.A.T.
Mrs. Ida L. Sides
Box 502,
Albany, Texas

NO CORRESPONDENCE
SHORTAGE ON REVERSE
G. I. ON REVERSE

STORAGE) 2197
SPACE)

SAFE STORAGE ___
VAULT STORAGE ✓

WEIGHT
SHIPPED NOV 27 1944

Inventoried by Barr Packed by Aldridge

FY

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

Shortage
200 Francs
3s 7d English Money
.02c American Money

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

Inventory Clerk

Bain

Inventory Clerk

L. P. Chamberlain

Supervising Officer

File nm

Sheet 1 of 1 Sheets
Box No. _____

ARMY EFFECTS BUREAU
INVENTORY 0-23
Bay

Deceased ✓
Missing ___
P.O.W. ___
Abandoned ___

SHOWN ON TALLY-IN AS Robert N. Sides ORIGINAL NO. OF PKGS. 1

TALLY-IN NO. 1250 ✓ INVENTORY DATE 10/28/44 CASE NO. 117484

EFFECTS OF Robert N. Sides ✓ RANK Tec 5

A.S.N. 38135606 ✓ ORG. 2nd Ord Depot Co M.M. Company

PACKAGE DESCRIPTION: #1 Carton.

ARTICLE DESCRIPTION	
1-Lot Souvenir Coins ✓	1-Sew Kit ✓
2-Towels ✓	1-Billfold Photos (Removed)
1-Lot Handkerchiefs ✓	1-Carton Matches (Removed)
2-Toilet Kits ✓ Articles ✓	
1-Bag ✓ Toilet Articles ✓	
1-Lot Stationary ✓	
1-Lot Papers, Photos & Letters ✓	
1-Lot Books ✓	
1-Lot Misc Items ✓	SHIPPED
1-Lot Chewing Gum ✓	DATE: 11-29 Hall
1-Lot Cigarettes & Tobacco ✓	
1-Deck Cards. ✓	
1-New Testament ✓	Removed to Lock Storage
1-Flashlight ✓	*
2-Knives ✓ & Sheath ✓	1-Bulova-Wrist Watch.
1-Mechanical Pencil ✓	Jude
1-Cigarette Lighter ✓	
2-Medals ✓	Receipt Collected
2-Ribbons ✓	

REMARKS:
Mrs M.A. Sides
Bay 502
Albany Texas
C.A.T. Not available
*Will not run
Crystal Broken
LCM

ATTACHMENTS:
1 #54

NO CORRESPONDENCE
SHORTAGE ON REVERSE
G. I. ON REVERSE
Shortage on reverse ✓

STORAGE SPACE) 1436X

SAFE STORAGE ___
VAULT STORAGE ✓

WEIGHT SHIPPED NOV 27 1944

Inventoried by Vivian Reeves NOV 9 1944 Packed by Muchmore

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

15

Shortage
Money Order 4.15

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

Inventory Clerk

Vivian Risser
Inventory Clerk

Supervising Officer

VALUABLES RECEIPT 78

TALLY NO. 5250

NAME Robert U. Sides

RANK Tec 5

A.S.N. 38135606

DATE 10/28/44

Eff. QM Form 56 V. Risser

Removed to Lock Storage

1 - Bulova - Wrist Watch.

10-31- FV

EJ

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 Ida L. Sides
(Signature or name of addressee)

2 H. A. Salter
(Signature of addressee's agent—Agent should enter addressee's name on line ONE above)

Date of delivery 12/1, 194_ 4

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

Filed

P[illegible]n to Army Effects Bureau
(NAME OF SENDER)
S[illegible]nd Number, or [illegible] Office Box, } Quartermaster Depot 117482
601 Hardesty Avenue
Kansas City 1, Missouri

REGISTERED ARTICLE
No. X-7501

INSURED PARCEL
No.

KANSAS CITY, MISSOURI

11484 stw

ATTACHMENTS	
X	INBOUND INVENTORY
	G. R. OR SUB GR LABEL
	WILL OR POWER OF ATTY.
1	TALLY IN FORM 43
1	Form 28 Envr

EFFECTS INVENTORY
ARMY EFFECTS BUREAU

STATUS	
DECEASED	
MISSING	
P. O. W.	
ABANDONED	
UNKNOWN	

	BAGS, CLOTH OR TRAVEL		BELT		OVERCOATS		No other effects Rec'd
	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		

CONTAINERS ADDRESSED TO

None

INFORMATION

Mother
Mrs. Ida L Sides
Bot 502
albany, Texas.

(Ste mere Eglise 2- 6-2-37)

NAME AND STATUS VARIATIONS

CROSS REFERENCE

	CHECK	REC'D BY	NUMBER		BUREAU CHECK
	MONEY ORDER				TRANSMIT ORIGINAL
	BOND		SYMBOL		ORIG. REG. MAIL
	TRAV. CHECK				TO G. A. O.
	FOREIGN CURRENCY		AMOUNT		MUTILATED
	U. S. CURRENCY				TO ISSUING AGENCY

DATE

BANK OR PLACE OF ISSUE

PAYEE

REMITTER OR DRAWER

TALLY NO.	ORIG. NO. OF PKGS.	EXAMINING DATE	BOX NO.	SHEET ____ OF ____ SHEETS
9045		8 Sept 49		

NAME Robert U Sides — A. S. N. 38135606

ORGANIZATION [redacted] — RANK T/5 — CASE NO.

WAREHOUSE SPACE

EXAMINED BY Murdy

PACKED BY

INSPECTED BY

STORED BY

PACKAGE DESCRIPTION	WEIGHT

	DIARY REMOVED
	PHOTO FILM REMOVED
	MOTION PICTURE FILM REMOVED

SHIPPED

DATE	BY WHOM

8

EFF. QM FORM 11 (15 JUNE 45) 360M LA RUE, K. C. 8-17-45

ADDITIONAL REMARKS

REMOVALS (*other than G. I.*)	DAMAGES (*List type of damage-extent*)

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

SIDES, Robert U., T/5, 38135606
Ste Mere Eglise 2. G-2-37

HD, ACO Form 28

Sides, Robert U. T/5 38135606

BAY	PALLET	BOX	TALLY		TYPE PKG.
			9045		G/Env.

9-7-49
APO 58

EFF QM FORM 43
5 JULY 1945

CEM: STE MERE EGLISE 2
G-2-37

RESTRICTED

SUBJECT: Inventory of Personal Effects of: Date _____

SIDES, (Last Name) Robert (First Name) U., (II) T/5., (Rank) 38135606 (ASN)

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 _____ (here identify currency) has been exchanged

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 GLOGHEGAN (Name) 1st Lt QMC (Rank & ASN) Depot Quartermaster (Organization)

(List any additional information on reverse side)

AG ETO Form No. 26 Rev. RESTRICTED

CEM: STE MERE EGLISE 2
6-2-37

RESTRICTED

SUBJECT: Inventory of Personal Effects of: Date _____

SIDES, Robert, H., T/5, 38135606
(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 CROCHEGAN 1st Lt (MC) Depot Quartermaster
(Name) (Rank & ASN) (Organization)

(List any additional information on reverse side)

AG ETO Form No. 26 Rev. RESTRICTED