

293 FLYLER, SAM D. (14 149 868) Pfc. (PARA. INF.) FRANCE (S.C.) '44 mm

27 JUL 1948 USA

DUPLICATE

CHECK TYPE REQUIRED (See Instructions attached)		APPLICATION FOR HEADSTONE OR MARKER (Please make out and return in duplicate)		
<input type="checkbox"/> UPRIGHT MARBLE HEADSTONE	<input checked="" type="checkbox"/> FLAT MARBLE MARKER	ENLISTMENT DATE	SERIAL NO. 14 149 868	
<input type="checkbox"/> FLAT GRANITE MARKER	<input type="checkbox"/> BRONZE MARKER (NOTE RESTRICTIONS)	DISCHARGE DATE	EMBLEM (Check one)	
NAME (Last, First, Middle Initial)		PENSION NO.	<input type="checkbox"/> CHRISTIAN	<input type="checkbox"/> HEBREW
293 PLYLER, Sam D.		STATE 5C	<input type="checkbox"/> HEBREW	<input type="checkbox"/> NONE
DATE OF BIRTH (Month, Day, Year) April 26 1911		RANK PPC	COMPANY H 1001 TAN	
DATE OF DEATH (Month, Day, Year) June 33 1944		U. S. REGIMENT, STATE ORGANIZATION, AND DIVISION USA		
NAME OF CEMETERY Old Chappells Sc		LOCATION (City and State) Cross Hill S.C.		
SHIP TO (I CERTIFY THE APPLICANT FOR THIS STONE HAS MADE ARRANGEMENTS WITH ME TO TRANSPORT THE STONE FROM THE FREIGHT STATION TO THE CEMETERY) aspl		NEAREST FREIGHT STATION (City and State) Greenville S.C.		
(SIGNATURE OF CONSIGNEE)		POST OFFICE ADDRESS OF CONSIGNEE R.R. Box 60 Chappells, S.C.		
DO NOT WRITE HERE JUL 21 1948		I certify this application is submitted for a stone for the unmarked grave of a veteran. I hereby agree to assume all responsibility for the removal of the stone promptly upon arrival at destination, and properly place it at the deceased's grave at my expense.		
FOR VERIFICATION		APPLICANT'S SIGNATURE <i>Samuel D. Plyler</i> FILE <i>9 NOV 1948</i>		
ORDERED		DATE OF APPLICATION <i>9 NOV 1948</i>		
R/L		ADDRESS (Street, City, State) R.R. Box 60 Chappells, S.C.		
SHIPPED				

OQMG FORM 623
REV 15 APR 47

IMPORTANT—Complete Reverse Side

16-11452-6 GPO

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

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

(Signature of superintendent, sexton, or caretaker)

Date _____

16-11453-1

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

My hand and that of my wife

ORIGINAL ORDER

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

FLAT MARBLE MARKER

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

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

INSCRIPTION: LATIN CROSS

SAM D PLYLER / SOUTH CAROLINA / PFC 506 PRCHT INF
101 ABN DIV / APRIL 26 1921 JUNE 11 1944 *JUNE 23 1944*

SHIP TO: NANNIE J PLYLER
RT 1, BOX 60
CHAPPELLS
SOUTH CAROLINA

R. R. STATION: *23*

FOR:

R. R. STATION: *23*

APPLICANT:

CEMETERY: SOULS CHAPEL
CROSS HILL
SOUTH CAROLINA MLS

QMOG FORM 312a
Rev. 1 NOV. 40

APPROVAL AND ACCEPTANCE

FILE
SIGNATURE: *Nannie J. Pyle*

23 NOV 1944

2023-2024 学年

TRANSPORTATION
JANUARY 1943 - MARCH 1943
2412 - 2413 - 2414

SHARONIE 9 PICTURE
RT 1, BOX 80
CHAPPELLE
SOUTH CAROLINA

SOUTH CAROLINA WITS CROSSL HILL SCOTT'S CHAPEL

COPY OF INSCRIPTION
TO BE PLACED ON MARKERWAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

FLAT MARBLE MARKER

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

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101 ABN DIV / APRIL 26 1921 JUNE 11 1944

SHIP TO: NANNIE J PLYLER
RT 1, BOX 60
CHAPPLELS
SOUTH CAROLINA

R. R. STATION:

R. R. STATION:

APPLICANT:

CEMETERY:

SOULS CHAPEL
CROSS HILL
SOUTH CAROLINA

June 1944
Nannie J. Plyler

QMC FORM 312a
Rev. 1 Nov. 43

APPROVAL AND ACCEPTANCE

SIGNATURE

Incl #6
602

Nannie J. Plyler

CORRESPONDENCE ACTION SLIP			
NAME		SERIAL NUMBER	INITIALS
PLYLER, SAM D.		14149868	ml 10-15-48
NAME OF DECEDENT	ADDRESS	IDENTIFYING DATA	LETTER TO: <i>appd: D/D will be shown as requested.</i> <i>Return telegram</i> <i>FILE 9 NOV 1948</i> <i>M. Donahue</i> <i>Cimb</i>
BRONZE	NO UPRIGHT GRANITE	CONSIGNEE	
DISHONORABLE-DRAFT	NOT PERMANENTLY INTERRED	NOT RECOVERED	
CEMETERY REGULATIONS	AGD	MARINE	
NAVY	COAST GUARD	VETERANS ADMINISTRATION	
STATE PENSION	AUTHORIZED INSCRIPTION	ADDITIONAL INSPECTION	
APPLICATION FOR PROOF	NO AGENT	NO STATION	
DUE TO DISTANCE	UNCLAIMED	BROKEN	
DAMAGED	CERTIFICATE IN LIEU	LOST	
FOREIGN	TRUCK	RESHIPMENT	

DDMNG FORM 393
22 DEC 47

47 35086

CORRESPONDENCE ACTION SLIP			
NAME	SERIAL NUMBER	INITIALS	DATE
Plyler, Sam L.	1449868	SLW	7/13/48
NAME OF DECEASED	ADDRESS	IDENTIFYING DATA	LETTER TO:
BRONZE	NO UPRIGHT GRANITE	CONSIGNEE	appel for
DISHONORABLE-DRAFT	NOT PERMANENTLY INTERRED	NOT RECOVERED	proof of D/D as there is a discrepancy
CEMETERY REGULATIONS	AGO	MARINE	
NAVY	COAST GUARD	VETERANS ADMINISTRATION	
STATE PENSION	AUTHORIZED INSCRIPTION	ADDITIONAL INSPECTION	
APPLICATION FOR PROOF	NO AGENT	NO STATION	
DUE TO DISTANCE	UNCLAIMED	BROKEN	
DAMAGED	CERTIFICATE IN LIEU	LOST	
FOREIGN	TRUCK	RESHIPMENT	

DDMNG FORM 393
22 DEC 47

47-35086

FILE 9 NOV 1948
M. Donahue
CMB

RECEIPT OF REMAINS

DISTRIBUTION CENTER
CHARLOTTE QUARTERMASTER DEPOT, CHARLOTTE, N. C.

ROUTINE 18 JUNE 1948

REMAINS CONSIGNIED TO: BLYTHS SERVICE FUNERAL DIRECTORS
MAIN STREET
GREENWOOD, SOUTH CAROLINA

295
REMAINS OF THE LATE PRIVATE FIRST CLASS SAM D. PLYLER SN 14 149 868

BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT ON TRAIN NUMBER FOURTEEN

SEABOARD AIR LINE RAILWAY LEAVING CHARLOTTE SIX AM

TWENTY TWO JUNE AND DUE TO ARRIVE GREENWOOD

SEABOARD AIR LINE RAILWAY STATION TWELVE TWENTY PM

RAILROAD TIME TWENTY TWO JUNE . REQUEST YOU MAKE ARRANGEMENTS TO
ACCEPT REMAINS AT STATION UPON ARRIVAL. REQUEST YOU IMMEDIATELY PASS THIS
INFORMATION ON TO NEXT OF KIN.

FREDERIC W. DENNIS, JR.
LT. COL., QMC

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

THIS 22 DAY OF June 1948

WITNESS (Escort)

R. Ernest T. Buland

CONSIGNEE

Blyth Funeral Home
Big Nolan J. Rauton

(A)

QMC FORM 1193
15 NOV 4616-50073-1
NAME: R. Ernest T. Buland
DATE: 26 JULY 48
R. E. T. Buland
FILE
RECORDS ANNOTATED

REPAIRS
RECORDS BRANCH
JUL 12 1956 PH 240
RECORDED DIVISION

240
RECORDED DIVISION
RECORDED DIVISION
RECORDED DIVISION

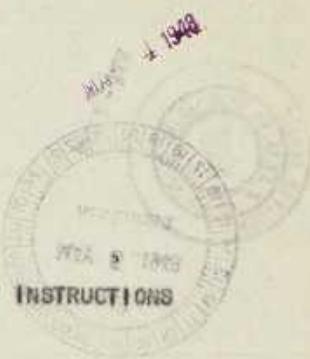
C M 13 CRJ

1	DISINTERMENT DIRECTIVE				
	SECTION A— NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 3508 03935		DATE 15 02 48 DAY MONTH YEAR
NAME PLYLER SAM D		SERIAL NUMBER 14149868	RANK PFC	ARM 1	DATE OF DEATH DAY MONTH YEAR
CEMETERY BLOSVILLE - CARENTAN				1	DISPOSITION OF REMAINS 4700 04 CODE DIST. PT.
PLOT J	ROW 4	GRAVE 61	COUNTRY FRANCE	CAUSE OF DEATH 1	
SECTION B—CONSIGNEE AND NEXT OF KIN					
NAME AND ADDRESS OF CONSIGNEE BLYTHS SERVICE FUNERAL DIRECTORS MAIN STREET GREENWOOD, SOUTH CAROLINA		NAME AND ADDRESS OF NEXT OF KIN MRS. NANNIE JONES PLYLER (MOTHER) ROUTE #1, BOX 60 CHAPPELLS, SOUTH CAROLINA			
SECTION C—DISINTERMENT AND IDENTIFICATION					
NAME Plyler, Sam D		SERIAL NUMBER 14149868	RANK Utd	DATE OF DEATH Utd	DATE DISTINERRED 12 Dec 1947
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER		ORGANIZATION USAGF	RELIGION Protestant	IDENTIFICATION VERIFIED BY JOHN H. CLARK 2nd Lieut QMC	
SECTION D—PREPARATION OF REMAINS FOR SHIPMENT					
NATURE OF BURIAL Uniform		CONDITION OF REMAINS Advanced Decomposition			
OTHER MEANS OF IDENTIFICATION None					
MINOR DISCREPANCIES None ID Tag has S.D. not Sam D.					
REMAINS PREPARED AND PLACED IN CASKET					
DATE 3 March 1948	BY John M. Peacock	EMBALMER (Signature) John M. Peacock			
CASKET SEALED BY John M. Peacock	SHIPPING ADDRESS VERIFIED BY John M. Peacock				
CASKET BOXED AND MARKED 3Mar48 BY Henry B. Ryder Jr	JOHN PALYOK JR, 1st Lieut, FA				
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.					
John Palyok Jr JOHN PALYOK JR, 1st Lieut, FA SIGNATURE OF GRS INSPECTOR					
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.					
RECORD TO FOLLOW ATTACHED					

RECORD OF CUSTODIAL TRANSFER				
1. SHIPPED				
FROM US MC Blosville		TO Casketing Point "A"-Cherbourg		
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Pfc Theodore S. Varney		
SIGNATURE OF SHIPPER W. T. DAILEY, Capt, QMC	DATE 10 Feb 48	SIGNATURE OF RECEIVER E. N. CIAMPO, 1st Lieut, FA	DATE 10 Feb 48	
2. SHIPPED				
FROM Casketing Point "A"-Cherbourg		TO Port Unit - Cherbourg		
KIND OF CONVEYANCE Truck		NAME OF CONVOYER		
SIGNATURE OF SHIPPER E. N. CIAMPO, 1st Lieut, FA	DATE 10 Feb 48	SIGNATURE OF RECEIVER JOHN E. HENDRY JR, Major, CAC	DATE	
3. SHIPPED				
FROM CHERBOURG PORT UNIT		TO NYPE		
KIND OF CONVEYANCE USSS LAWRENCE VICTORY		NAME OF CONVOYER JOSEPH J. CARROLL, 1st Lt, TC		
SIGNATURE OF SHIPPER JOHN E. HENDRY JR. MAJ. CAC	DATE 26 April 48	SIGNATURE OF RECEIVER JAMES L. MCKINNON, COLONEL, T.C.	DATE 26 April 1948	
4. SHIPPED				
FROM NYPE		TO NYPE		
KIND OF CONVEYANCE		NAME OF CONVOYER		
SIGNATURE OF SHIPPER JAMES L. MCKINNON, COLONEL, T.C.	DATE MAY 9 1948	SIGNATURE OF RECEIVER JAMES L. MCKINNON, COLONEL, T.C.	DATE MAY 10 1948	
5. SHIPPED PORT TRANSPORTATION OFFICER				
FROM NYPE		TO DC #4		
KIND OF CONVEYANCE CARRIER		NAME OF CONVOYER JOSEPH J. BAKER PFC		
SIGNATURE OF SHIPPER JAMES L. MCKINNON, COLONEL, T.C.	DATE MAY 9 1948	SIGNATURE OF RECEIVER JOSEPH J. BAKER PFC	DATE MAY 10 1948	
6. SHIPPED				
FROM NYPE		TO Lt. Colonel, QMC		
KIND OF CONVEYANCE		NAME OF CONVOYER		
SIGNATURE OF SHIPPER JAMES L. MCKINNON, COLONEL, T.C.	DATE MAY 9 1948	SIGNATURE OF RECEIVER FREDERIC W. DENNIS, JR.	DATE MAY 10 1948	
7. SHIPPED				
FROM NYPE		TO		
KIND OF CONVEYANCE		NAME OF CONVOYER		
SIGNATURE OF SHIPPER JAMES L. MCKINNON, COLONEL, T.C.	DATE MAY 9 1948	SIGNATURE OF RECEIVER FREDERIC W. DENNIS, JR.	DATE MAY 10 1948	

CBT

WUG176 15 COLLECT CHAPPELL SOCAR MAY 4 210P
CHARLOTTE QM DEPOT ATTN AMR GRAVES REG DIV
YOUR TELEGRAM MAY THIRD THIS CONFIRMS DELIVERY INSTRUCTIONS
PRIVATE FIRST CLASS SAM D PLYLER
MRS NANNIE JONES PLYLER.





MESSAGEFORM		MESSAGE CENTER NO.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT													
CALLS:	STA. GEN. NO.	PRECEDENCE	TRANSMISSION INSTRUCTIONS	ORIGINATOR	DATE/TIME GROUP												
V	NP																
ACTION		INFORMATION		EXEMPT	OPERATING SIGNALS												
					GROUP COUNT: SR												
SPACE ABOVE FOR SIGNAL CENTER ONLY																	
FROM: (Originator) CHARLOTTE QUARTERMASTER DEPOT, CHARLOTTE, N. C.			SECURITY CLASSIFICATION														
ACTION TO:			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">PRECEDENCE FOR</th> </tr> <tr> <th>ACTION</th> <th>INFORMATION</th> </tr> </thead> <tbody> <tr> <td>DAY LETTER</td> <td></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> ORIGINAL MESSAGE</td> </tr> <tr> <td colspan="2">REFERS TO ANOTHER MESSAGE IDENTIFICATION</td> </tr> <tr> <td colspan="2">CLASSIFICATION</td> </tr> </tbody> </table>			PRECEDENCE FOR		ACTION	INFORMATION	DAY LETTER		<input type="checkbox"/> ORIGINAL MESSAGE		REFERS TO ANOTHER MESSAGE IDENTIFICATION		CLASSIFICATION	
PRECEDENCE FOR																	
ACTION	INFORMATION																
DAY LETTER																	
<input type="checkbox"/> ORIGINAL MESSAGE																	
REFERS TO ANOTHER MESSAGE IDENTIFICATION																	
CLASSIFICATION																	
INFORMATION TO:																	
<p>THIS HEADQUARTERS HAS BEEN ADVISED THAT THE REMAINS OF LATE <u>PRIVATE FIRST CLASS</u> <u>SAM D. PLYLER</u> ARE ENROUTE TO THE UNITED STATES. RECORDS OF THIS OFFICE INDICATE YOU WISH REMAINS DELIVERED TO <u>PLYLER'S SERVICE FUNERAL DIRECTORS, MAIN STREET GREENWOOD, SOUTH CAROLINA</u>. PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT 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. REMAINS WILL BE ACCCOMPANIED BY MILITARY ESCORT. WITHIN 48 HOURS OF DATE OF THIS MESSAGE PLEASE CONFIRM BY TELEGRAM COLLECT TO CHARLOTTE QUARTERMASTER DEPOT CHARLOTTE NORTH CAROLINA ATTENTION AMERICAN GRAVES REGISTRATION DIVISION 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</p>																	
SECURITY CLASSIFICATION			AUTHORIZATION														
ORIGINATING AGENCY			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>SYMBOL</th> <th>DATE-TIME GROUP</th> <th>SIGNATURE</th> <th>OFFICIAL TITLE</th> <th>PAGE 2F</th> </tr> </thead> </table>			SYMBOL	DATE-TIME GROUP	SIGNATURE	OFFICIAL TITLE	PAGE 2F							
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WD AGO FORM 11-168

15 JUN 1945 This form supersedes WD AGO Form 11-168, 23 Aug 44,

and WD AGO Form 801, 12 Mar 43, which are obsolete.

Revised 20 November 1947 (ADVANCE TELEGRAM C)

16-42481-1

U. S. GOVERNMENT PRINTING OFFICE

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 68
SPACE ABOVE FOR SIGNAL CENTER ONLY					
FROM: (Originator) CHARLOTTE QUARTERMASTER DEPOT, CHARLOTTE, N. C.			SECURITY CLASSIFICATION		
ACTION TO:			PRECEDENCE FOR		
			ACTION	INFORMATION	
			DAY LETTER		
			<input type="checkbox"/> ORIGINAL MESSAGE	REFERS TO ANOTHER MESSAGE IDENTIFICATION CLASSIFICATION	
INFORMATION TO:					
<p>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>					
FREDERIC W. DENNIS, JR. LT. COL., QMC					
SECURITY CLASSIFICATION			SIGNATURE	AUTHORIZATION	
ORIGINATING AGENCY			DATE-TIME GROUP		
SYMBOL	QMDVI CHIEF AGR DIVISION		MAY 3 1948	OFFICIAL TITLE	FREDERIC W. DENNIS, JR.
				PAGE	OF

WD AGO FORM 11-168 This form supersedes WD AGO Form 11-168, 23 Aug 41,
16 JUN 1945 and WD AGO Form 801, 12 Mar 43, which are obsolete.

16-42801-1 U. S. GOVERNMENT PRINTING OFFICE

Revised 20 Nov 47

(ADVANCE TELEGRAM C)

INCOMING MAY 19 1948

MAY 19 1948

INSPECTION CHECKLIST

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

QMC FORM R-5054
REV 10 JUN 47

• 100 •

a/b/s
Chappell & S¹⁷⁻⁴⁸293 Plyer, Sam
100 S¹⁷⁻⁴⁸

Sep. 3d 1948

Enclosed find the telegram.
it dated on 3d June 1944,
all in the purple ink
and the date certificate
also attached 3, 1944

I n case this telegram
isnt sufficient I'll sign
the blank you have
& if this telegram is proof
enough I dont want to

The certificate
is possible they are framed
there is a mistake some
where so it cant be helped
Sorry.

Sincerely
Samuel J. Plyer

Sept 3d 1948

DEPARTMENT OF THE ARMY
OFFICE OF THE QUARTERMASTER GENERAL

WASHINGTON 25, D. C.

IN REPLY REFER TO QMCH 283
Flyler, Sam D.
SI 14 149-268

IMPORTANT

Address reply and envelope to:
THE QUARTERMASTER GENERAL
Do NOT include the name of the
official who signed the communica-
tion.

17 September 1948

Mrs. Mannie J. Flyler
Route #1, Box 60
Chappells, South Carolina

Dear Mrs. Flyler:

Receipt is acknowledged of the order form covering the inscription to appear on a flat marble marker for the grave of the late Sam D. Flyler, whereon you have made a change in the date of death.

You are advised, it is required the date of death on a Government marker be inscribed as shown on the official records, in those cases where a veteran died in the service, which in this case is 11 June 1944. If, however, you have papers verifying the decedent's day of death as 23 June 1944, and will loan them to this office, action will be taken toward establishing the correct date. You may be assured any documents you forward will be carefully safeguarded and returned to you when they have served their purpose.

If you are unable to furnish the necessary papers and will accept the date as authorized, please sign and return the attached papers.

Sincerely yours,

G. L. ROTH
Memorial Division2 Incls
1. order form
2. envelope*M. Backe**FILE 9-10000
M. Backe
comb*

Dear Sir - - - - -
2000 sick and
constant assault
I hope not any
letter misplaced
as envelope ~~FILE~~
the telegram he
got from war
department said
Sam was killed
June 28 1944
if you have it
from war depart
June 11 1944
we also had a letter
from Capt saying

at 2000
June, 28 1944

Sorry it has
been delayed

Dennie
Peyler



QMGH 293
Plyler, Sam D.
SN 14 149 868

22 October 1948

Mrs. Mannie J. Plyler
Route 1, Box 60
Chappells, South Carolina

Dear Mrs. Plyler:

Further reference is made to the date of death to be inscribed on a Government flat marble marker for the grave of the late Sam D. Plyler.

The telegram which you forwarded in connection with the case is returned herewith and you are advised the date of death will be shown on the marker as June 23 1944.

Your application has been placed in line for ordering, in turn.

Sincerely yours,

1 Incld.
telegram

G. L. RUTH
Memorial Division

7/2 5/48
G. L. RUTH
Memorial Division

Q100H 293
Flyler, Sam D.
S 14 149 868

17 September 1948

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If you are unable to furnish the necessary papers and will accept the date as authorized, please sign and return the attached papers.

Sincerely yours,

O. L. RUTH
Memorial Division

SP 17 510PH 41
11 June 1944
Order form
envelope
ic

WW II

CERTIFICATE (AR 30-1830)		CLAIM VALID, REPATRIATION 443 2859	
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. J. T. CASTERLINE LT. COL. F.O. NORTH CHARLESTON, S.C.			

PART A - CIVILIAN OR PRIVATE CEMETERY

A	REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES (PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)		
	NAME OF DECEASED <i>B. F. PLYLER, Sam D.</i>	GRADE PFC	SERIAL NUMBER 14 149 868

I certify that the sum of \$ *15.00* 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.

NAME OF CEMETERY <i>Shale Chapel</i>	CITY OR COUNTY <i>Greenville</i>	STATE <i>S.C.</i>
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: AMERICAN GRAVES REGISTRATION DIVISION CHARLOTTE QUARTERMASTER DEPOT CHARLOTTE 6, N. C.		
SIGNATURE OF CLAIMANT <i>B. F. PLYLER</i>	(B. F. Plyler)	
ADDRESS OF CLAIMANT (City, Street or RFD, and State) <i>Chapel Hill S.C.</i>		
RELATIONSHIP TO DECEASED <i>Father</i>	DATE <i>22 JUN 48</i>	

PART B - NATIONAL OR POST CEMETERY

B	REQUEST FOR REIMBURSEMENT OF TRANSPORTATION EXPENSES (PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)		
	NAME OF DECEASED	GRADE	SERIAL NUMBER
I certify that the sum of \$ <i>15.00</i> 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: DO NOT USE			
INSERT CITY OR TOWN (OR ADDRESS NOT IN A CITY OR TOWN) FROM WHICH REMAINS WERE SHIPPED <i>B. J. 1648-R</i>	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: Check no. <i>12703822</i>			
SIGNATURE OF CLAIMANT	(REDACTED)		
ADDRESS OF CLAIMANT (City, Street or RFD, and State)			
RELATIONSHIP TO DECEASED	DATE		

QMC FORM 1236

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

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. Received 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.

800
1-2-371

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

DATE: *19 Nov 1947*

Pfc Sam D. Flyler, 14 149 868
 Plot J, Row 4, Grave 61,
 United States Military Cemetery
 Bloisville, France

19 November 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 II, Nannie Jones Flyler

(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

Souls ChapelCross Hill, S. C.

(NAME AND LOCATION OF CEMETERY)

3. BE RETURNED TO _____, THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT _____ (LOCATION OF CEMETERY SELECTED)
 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____ (LOCATION OF NATIONAL CEMETERY SELECTED)

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

 YES NO

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

None FEB 1 8 1948

NONE

CODED *670800*

DDQMG FORM 345 MILITARY

14 NOV 1946

PAGE 1

11/11

DEC 19

PART I (Continued)

If on Page 1 of this form you have selected Option Number 2 or 3, or Option Number 4 with you in 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			
Blyths Service Funeral Directors			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A. OR COUNTRY
Main St.	Greenwood,	Greenwood	S. C.
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS		TELEPHONE NO.
Greenwood, S. C.	Greenwood, S. C.		47 or 192

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
Plyler	Veron	J	brother
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A. OR COUNTRY
Rt. 3	Mathews		N. C.

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

This same Form 345 Military has already been sent to your office, but since Mrs. Plyler, mother of the veteran, has received this second Form she is sending it in too.

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.

Nannie Jones Plyler Rt. 1 Box 60
 (SIGNATURE OF NEXT OF KIN) (STREET AND NUMBER)
 Nannie Jones Plyler Chappells, S. C.
 (NAME PRINTED OR TYPED) (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 26th day of November 1947, at city (or town) of Laurens, county of Laurens, and State (or Territory or District) of S. C.

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

C. A. Seawright
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
 Notary Public for S. C.
 (OFFICIAL TITLE)

PAGE 2

If you are the next of kin and

I, THE

NAMED IN PART I OF THIS FORM
THE NEXT EXISTING PERSON

LAST NAME

RELATIONSHIP TO THE DEC

NUMBER AND STREET

WHOM I UNDERSTAND SHALL

(SIGNATU

(NAME

If you are NOT the next of kin

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

LAST NAME

RELATIONSHIP TO THE DEC

NUMBER AND STREET

(NAME

PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

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

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

(DATE)

(SIGNATURE OF NEXT OF KIN)

(STREET AND NUMBER)

(NAME PRINTED OR TYPED)

(CITY AND STATE)

PART III

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

THIS IS TO NOTIFY YOU THAT I AM NOT THE NEXT OF KIN AUTHORIZED TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED
 NAMED ON PAGE I 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.

DEC 2 1947



REQUEST FOR DISPOSITION OF REMAINS

GRADE OF DECEASED, NAME, ARMY SER. NO. NUMBER AND REPORTED PLACE OF BURIAL

DATE: *6 Oct 1947*

293
 Pfc Sam D. Plyler, 14 119 068
 Plot J, Row 4, Grave 61,
 United States Military Cemetery
 Blosville, France

6 October 1947

A	C
B	D

DO NOT WRITE ABOVE THIS LINE

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

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

PART I

I, Wannie Jones Plyler

(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

<input type="checkbox"/> WIDOW	<input type="checkbox"/> WIDOWER	<input type="checkbox"/> SON OVER 21 YEARS OLD	<input type="checkbox"/> DAUGHTER OVER 21 YEARS OLD
<input type="checkbox"/> FATHER	<input checked="" type="checkbox"/> MOTHER	<input type="checkbox"/> BROTHER OVER 21 YEARS OLD	<input type="checkbox"/> 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.)

<input type="checkbox"/> 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS.
<input type="checkbox"/> 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY

Gouls Chaville Cemetery, Cross Hill, S. C.

(NAME AND LOCATION OF CEMETERY)

<input type="checkbox"/> 3. BE RETURNED TO _____, THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A
--

(FOREIGN COUNTRY)

(LOCATION OF CEMETERY SELECTED)

<input type="checkbox"/> 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.)

for file

Duplicate 345
acc 60th Dec 19-47
28 Oct 47
2nd Inf Regt 2
area

DODG

7th
Nov 21
2 bldg
Wynn

QQMG FORM 345 MILITARY

14 NOV 1945

16-20481-1

PAGE 1

PART I (Continued)

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

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

LAST NAME	FIRST NAME	MIDDLE INITIAL
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	TELEPHONE NO.

OR

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

FULL NAME OF FUNERAL DIRECTOR Blyths Funeral Home			
NUMBER AND STREET Main St.	CITY OR TOWN Greenwood	COUNTY OR PROVINCE Greenwood	STATE OR TERRITORY OF U. S. A. OR COUNTRY S. C.
EXPRESS OFFICE (Nearest railroad passenger station) Greenwood S. C.	TELEGRAPH ADDRESS Greenwood	TELEPHONE NO. 477-1022	

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 Flyler	FIRST NAME Veron	MIDDLE INITIAL Jones	RELATIONSHIP TO DECEASED brother
NUMBER AND STREET Rt. 1	CITY OR TOWN Matthews	COUNTY OR PROVINCE Hicklensburg	STATE OR TERRITORY OF U. S. A. OR COUNTRY N. C.

REMARKS OR ADDITIONAL INSTRUCTIONS (For additional space use page 2.)

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.

Hannie Jones Flyler
(SIGNATURE OF NEXT OF KIN)

Hannie Jones Flyler
(NAME PRINTED OR TYPED)

Route 1
(STREET AND NUMBER)
Chappells S. C.
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 13 day of Oct., 1947, at city (or town) of Laurens, county of Laurens, and State (or Territory or District) of S. C.

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

C. A. Seawright
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

Notary Public for S. C.

(OFFICIAL TITLE)

18-50431-1

PAGE 2

If you are the next of kin and you

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

LAST NAME
RELATIONSHIP TO THE DECEASED
NUMBER AND STREET

WHOM I UNDERSTAND SHALL HAVE

(SIGNATURE OF

(NAME PRINTED)

If you are NOT the next of kin autho

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

LAST NAME
RELATIONSHIP TO THE DECEASED
NUMBER AND STREET

(SIGNATURE)

(NAME PRINTED)

PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY

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

I, THE AS THE NEXT OF KIN OF THE DECEASED.

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

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

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

(DATE)

(SIGNATURE OF NEXT OF KIN) _____ (STREET AND NUMBER) _____

(NAME PRINTED OR TYPED) _____ (CITY AND STATE) _____

PART III

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

THIS IS TO NOTIFY YOU THAT I AM NOT THE NEXT OF KIN AUTHORIZED TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED
NAMED ON PAGE I 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) _____

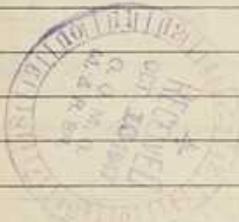
ADDITIONAL REMARKS AND INSTRUCTIONS

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

RECORDS BRANCH

Oct 15 6:48 PM '18

MEMORANDUM



REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

113
 Pfc. Sam D. Flyler, 14 149 868
 Plot J, Row 4, Grave 61,
 United States Military Cemetery
 Blosville, France

17 September 1947

A	C
B	D

DO NOT WRITE ABOVE THIS LINE

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

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

PART I

I.

(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

WIDOW WIDOWER SON OVER 21 YEARS OLD DAUGHTER OVER 21 YEARS OLD
 FATHER MOTHER BROTHER OVER 21 YEARS OLD SISTER OVER 21 YEARS OLD

 RELATIONSHIP OTHER THAN ABOVE (Specify) _____

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

1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS
 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY

(NAME AND LOCATION OF CEMETERY)

3. BE RETURNED TO _____, THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A
 (FOREIGN COUNTRY)

PRIVATE CEMETERY LOCATED AT _____

(LOCATION OF CEMETERY SELECTED)

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

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

YES NO

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

widow remarried
 father reinterred to mother per corr in a 11 DECEMBER 2nd 47
 P. Rogan

FILE

QQMG FORM 345 MILITARY
 14 NOV 1946

10-50411-1

PAGE 1

L.O.I. SENT NOV 19 1947 2009

PART I (Continued)

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

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

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

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

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

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

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

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

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

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

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

(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

(OFFICIAL TITLE)

1A-50411-1

PAGE 2

If you are the next of kin and you desire
 I, the _____, Mrs. _____
 NAMED IN PART I OF THIS FORM, DO YOU
 DESIRE THAT I BE NAMED
 AS THE NEXT OF KIN IN THE
 NEXT EXISTING PERSON IN THE
 ORDER OF PREFERENCE
 LISTED

LAST NAME _____
 RELATIONSHIP TO THE DECEASED _____
 NUMBER AND STREET _____
 Route one, Box _____
 WHOM I UNDERSTAND SHALL HAVE THE
 PLEASURE OF DIRECTING THE
 DISPOSITION OF THE REMAINS

Mrs. Martha C. _____
 (SIGNATURE OF NEXT OF KIN)

(NAME PRINTED OR TYPED)

If you are NOT the next of kin authorizing
 the disposition of the remains, check
 the following box.

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

LAST NAME _____
 RELATIONSHIP TO THE DECEASED _____
 NUMBER AND STREET _____

(NAME PRINTED OR TYPED)

1A-50411-1

(NAME PRINTED OR TYPED)

PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

LAST NAME <u>Flyer</u>	FIRST NAME <u>Maudie</u>	MIDDLE INITIAL <u>Jonea</u>
RELATIONSHIP TO THE DECEASED <u>Mother</u>		
NUMBER AND STREET <u>Route one, Box 60</u>	CITY OR TOWN <u>Chappelle</u>	STATE OR COUNTRY <u>South Carolina</u>

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

Oct. 4, 1947
 (DATE)

Mrs. Martha E. Flyer Wesson Route one
 (SIGNATURE OF NEXT OF KIN) (STREET AND NUMBER)

(NAME PRINTED OR TYPED)

(CITY AND STATE)

PART III

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

THIS IS TO NOTIFY YOU THAT I AM NOT THE NEXT OF KIN AUTHORIZED TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED
 NAMED ON PAGE I 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)

10-50410-1

PAGE 3

ADDITIONAL REMARKS AND INSTRUCTIONS

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

RECORDS BRANCH

OCT 7 5 46 PM '77
MEMORIAL DIVISION

1st

NAME PLYLER, SAM D
N^o 14149868 RANK PFC cs

Changes made in information
Forms #333 and A-Z are from
sources listed below:

Blosville France

Plot Row grave
J 4 61

Cause marriage, wife

OFFICER'S NAME _____

DATE _____

FROM: RELATIONSHIP WIFE

NAME PLYLER, MARTHA E.

STREET 404 N. POPLAR

CITY & STATE CHARLOTTE N. C.

TO: RELATIONSHIP MOTHER

NAME PLYLER, NANNIE J

STREET _____

CITY & STATE CHAPELLS, SOUTH CAROLINA

NAME:
FILE: 2400147
*ABums
aLancin*

*1st
N.A.
11-24-47*

Pfc Sam D. Plyler, 14 149 868
Plot J, Row 4, Grave 61,
United States Military Cemetery
Blosville, France

19 November 1947

Mrs. Mannie J. Plyler
Route #1, Box 60
Chappells, South Carolina

Dear Mrs. Plyler:

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.

Inols 4
May 19 4-21
Sincerely,

THOMAS B. LARKIN
Major General
The Quartermaster General

ve

DEPARTMENT OF THE ARMY
XXXXXXQM/GMF 293
Flyler, Sam D.
SN 14 119 868

7 October 1947

ed

Mrs. Mannie J. Flyler
Chapells, South Carolina

Dear Mrs. Flyler:

Your letter pertaining to the remains of your son, the late Private First Class Sam D. Flyler, has come to my attention.

The Department of the Army appreciates your interest in forwarding a certified copy of the marriage record of your son's widow, the former Mrs. Sam D. Flyler. This information enables us to amend our records to correctly indicate that you are legally authorized to direct the disposition of the remains of your son.

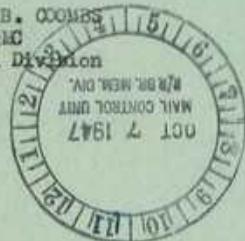
The "Request for Disposition of Remains" form will be mailed to you at a later date.

Please be assured of my continued sympathy in your great loss.

Sincerely yours,

JB
RICHARD B. COOMBS
Major, QMC
Memorial Division

RBC



Oct 7 1947
S. D. G. M. C.
Army Quartermaster Corps
Memorial Division

CORRESPONDENCE ACTION SHEET

Mr.				Relationship	Decedent: <i>Plyler</i>	
Miss.						
Addressee: Mrs.	<i>Annie S. Plyler</i>			<i>Mother</i>		
State	<i>Chapman, South Carolina</i>					
City, State				'47	Date letter	
Cemetery						
Temporary:						
Permanent:	Plot	Row	Gr	Cem. Name or No.	City	Country
PARAGRAPHS (sequence)	-- ADDITIONAL -- DATA -- MODIFICATIONS --					
165-A	Son					
155-A	#1 - only - Son - Mrs Sam D Plyler <u>4 year</u> - son					
#	The "Request for Disposition of Remains" form will be mailed to you at a later date.					
166-M						
15						
Analyst	Typist	Reviewer	Modifications			OKed

47 11117

OQMG FORM 638
1 SEP 1946

OFFICE OF THE QUARTERMASTER GENERAL THE ARMY

INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
4	Disinter- ment L.- cator Sec R&R Br	Corres Sec	24 Sept 47	<p>Accept mother as person authorized to direct disposition of remains.</p> <p><i>Duane</i> HOTEL 72262</p> <p>2 Incls: n/c</p> <p><i>Blairville</i> 5-4-61</p>

THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE

1883 - QMTTS - Camp Lee, Va. - 3-21-47 - 100M

OQMG FORM 638
1 SEP 1946OFFICE OF THE QUARTERMASTER GENERAL THE ARMY
INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
1	R & R Branch Corres Section	Miss Williams R & R Rec Sec	<i>Wlyt</i> 293.	<p>293. <i>Flyler, Sam D. 14149868</i></p> <p>Forwarded for adequacy of the attached document and for decision as to the person authorized to direct disposition of the decedents remains.</p> <p><i>C</i> GRIFFITH</p>
2	Rec Sec R&R Br	Board of Review	19 Sept 47	<p>1. Attached is 293 file of Sam D. Flyler, 14 149 868, with letter of mother inclosing copy of marriage certificate.</p> <p>2. Note letter of father in file. Recommend mother be allowed to direct disposition of decedent's remains.</p> <p><i>J. D. ROGERS</i> ROGERS 72262</p> <p>SPW</p> <p>2 Incls; 1. Ltr. w/cert. 2. 293 File of Flyler, Sam D. SN 14 149 868</p>
3	Ident Review Board Mem Div	Chief, Rec Sec R&R Br Mem Div	22 Sept 47	<p>1. Send L.O.I. to mother, as NOK.</p> <p>2. Certificate of widow's marriage O.K.</p> <p>3. Letter from father dated 9 July 1947, relinquishing right to mother, should be considered O.K.</p> <p><i>W. SPEED</i> SPEED 4923</p> <p><i>W. SPEED</i> PPL</p> <p>2 Incls n/c</p> <p>THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE</p>

1000 - QMTTS - Camp Lee, Va. - 3-21-47 - 100M



4P-22 1 53 PM
4TH DIVISION

Long 7278
Plyls 8223.
Savannah Chipping Sc
The greater G. G. G.
Hillman N. 211.
Dear Sir,
0020585
At first I was
being able to see
the Catalogue for
Walter Eddison Peyle
you receive in
the 2nd to Weare
in summer & Peyle
made your to find
body to me
this mother.
Long 7278
Nannie Peyle
Chipping Sc

0050282



Dear Sir

Received your
letter thank you
much will
mail Cor Appelate
as soon as I
locate Martha

Sam J. Taylor
2105-149 803 (cont'd)
and regarding
his father. He
is not here
I do not know
his whereabouts
in the State & years
since his paper.



Marriage Certificate

STATE OF SOUTH CAROLINA } PROBATE COURT
CHESTERFIELD COUNTY }

To Whom it May Concern:

THIS IS TO CERTIFY, That on the 21 day of Feb. 1947
at Chesterfield in Chesterfield County, State of South Carolina,
Fred E. Wesson and
Martha E. Plyler were united in the Bonds of
Matrimony by Theron Mills - Notary Public
in accordance with the laws of South Carolina in such cases made and
provided, and as shown by the records of this Court. Witness my hand
and seal of said Court, this the 6 day of Aug. 1947

W.E. Riddick
Judge of Probate, Chesterfield County

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.In Reply Refer To: QMGWR 293
Plyler, Sam D.
SN 14 149 868

10 JUL 1947

Date of Birth 26 Apr 1921
SUBJECT: Request for information re next of kin of above named
deceased serviceman of World War II. XE 3089102TO : Director, Dependents and Beneficiaries Claim Service
Veterans Administration
Washington 25, D. C. 7-15-47
S-1-BFor use in determination of final disposition of remains of the
above identified deceased serviceman, it is requested that appropriate infor-
mation be entered on the lower portion of this letter and that one copy of the
completed letter be returned to this office.1 Incl:
EnvelopeMARTIN G. RILEY
Major, Q/C
Memorial DivisionDate SEP 15 1947
Veteran's
Name Sam D. Plyler

RC 3-639 282

Information in the VA case file indicates that the deceased service-
man was survived by the relatives listed below.

NOTE - A. Identify two persons in the following order of preference:

1. Widow 5. Mother
2. Male children over 21 years 6. Brothers over 21 years
3. Female children over 21 years 7. Sisters over 21 years
4. Father 8. Other relatives

B. If parent is listed, state whether natural, step-, adoptive or
foster parent.C. If no information is available concerning any surviving relatives,
state "None".

Relationship : Name : Address

WIDOW : :
If none : Martha Evelyn Wessach 307 West 11th Street, Charlotte, North Carolina
state "None": Has she remarried? Yes If so, is proof of remarriage on file? Yes

Mother : Nannie J. Plyler : RFD #1, Chappells, South Carolina

DIRECTOR,
CLAIMS SERVICE W. B. UPPERCUE
(Address) Br. #4, 900 N. Lombardy Street
Richmond 20, VirginiaW. B. Uppercue
7-15-47
S-1-B



100-10250-1170

DEPARTMENT OF THE ARMY

270 Sam D. Player, 14 2hp 869
Plot J, Row 1, Grave 61
United States Military Cemetery
Blawville, France

6 October 1947

Mr. Hammie J. Player
Chapelle, South Carolina

Dear Mr. Player:

The people of the United States, through the Congress have authorized the disposition and final burial of the heroic dead of World War II. The Quartermaster General of the Army has been entrusted with the sacred responsibility to the honored dead. The records of the War Department indicate that you may be the next-of-kin 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 Cemetery," explain the disposition, options and services made available to you by your Government. If you are the next-of-kin according to the law 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 care in law 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? The stamp return will avoid unnecessary delay.

Very truly yours,

THOMAS D. LARSEN
Major General
The Quartermaster General

44a

India.

NEW LOT

793
Mr. Sam D. Phyle
Rank Name

Bethel Cemetery

Plot 4 Row 61 Grave

Date 19/2 1947

14142868

A. S. S.

Lot to be sent to:

Mr. Mrs. Miss Name
Nannie J. Phyle

Street

Charleston

CITY

South Carolina

State

N.W.
14th and
South
N.Y.

Pfc. Sam B. Flyler, 14 149 868
Plot J, Row 4, Grave 61,
United States Military Cemetery
Bloisville, France

17 September 1947

Mrs. Martha E. Flyler
404 North Poplar
Charlotte, North Carolina

Dear Mrs. Flyler:

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. LARKEE
Major General
The Quartermaster General

1mb

Incls
SEP 19 2 55
U.S. W.C. 2nd Corps

QMGMP 293
Flyler, Sam D.
SN 14 149 868

15 August 1947

Mr. Bethel Franklin Flyler
Chappells, South Carolina

Dear Mr. Flyler:

Your letter pertaining to the remains of your son, the late Private First Class Sam D. Flyler, has come to my attention.

The precedence of relatives who may be recognized as the legal next of kin has been established by the Secretary of War. The War Department records now indicate that the widow of the late Private First Class Flyler is the next of kin legally eligible to direct the final disposition of his remains. Unless she relinquishes this disposition right or it is otherwise forfeited, the War Department will comply with her feasible desires for disposition of the remains.

The War Department will comply with her request unless she has re-married or voluntarily relinquishes her prior disposition right. Either event will nullify her present disposition right, which would revert to you, who may exercise the right or relinquish it to the mother.

May I extend my sympathy in your great loss.

Please do not hesitate to call upon us at any time if you believe we can assist you further.

Sincerely yours,

RICHARD B. COOMBS
Major, QMC
Memorial Division

REC
DPO

15010

CORRESPONDENCE ACTION SHEET

Mr. Miss:	<u>BETHYL FRANKLIN PYLER</u>					Relationship
Addressee: Mrs.						
State	<u>CHAPPELL S. S. C.</u>					
City, State						Date letter <u>'47</u>
Cemetery:						
Temporary:						
Permanent:	Plot	Row	Gr	Cem. Name or No.	City	Country
PARAGRAPHS (continued)						
-- ADDITIONAL -- DATA -- MODIFICATIONS --						

PARAGRAPHS -- ADDITIONAL -- DATA -- MODIFICATIONS --
(sequence)

Line	Initiai	Ref.	14	149	Sec
165-A					
139-D	139	P only	20	flow	3rd line out of the lot.
153-4	153	P only, revert to you.	44		
166-C	166	C	166		
166-E	166	E	166		
			15 Aug 73	ASIN	Full print

Analyst	Typist	Reviewer	Modifications
---------	--------	----------	---------------

OKed

47 11117

Pa.
Chappells S.C.
July 9 1947

The QUARTERMASTER GENERAL
MEMORIAL DIVISION

DEAR SIR

It is my request that the remains
of my son Q M G M F 293 PFC PLYLER SAM.D.
SN 94 149 868 be sent to his mother
at Cross Hill S.C. (that being the
nearest town to her) MARY E. J. PLYLER
as I am away at work

Sincerely yours
Bethel Franklin Plyler
Chappells S.C.

15010



01021

DDMC FORM 381
11 MAR 47

NOTICE OF CHANGE IN ADDRESS

NAME OF DECEASED	RANK	SERIAL NUMBER
NAME OF NEXT OF KIN	RELATIONSHIP	
OLD ADDRESS	Bethel Franklin Blitch	
NEW ADDRESS	Chapel Hill NC 27516	
REMARKS	Pleas do not mail to B. F. Blitch well address	

U. S. GOVERNMENT PRINTING OFFICE 10-16662-1

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

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, \$300
1940

OFFICE OF THE QUARTERMASTER GENERAL
MEMORIAL DIVISION, R. R. BRANCH
WASHINGTON 25, D. C.

QMGW 293
Flyler, Sam D.
SN 14 169 868

Address Reply To
THE QUARTERMASTER GENERAL
Attention: Memorial Division

2 July 1947

Mrs. Nannie J. Flyler
Rural Free Delivery #1, Box 60
Chappells, South Carolina

Dear Mrs. Flyler:

Your letter and a letter written in your behalf by Mr. C. A. Seawright, County Service Officer, The American Legion, Laurens, South Carolina, concerning your son, the late Private First Class Sam D. Flyler, have been received in our office.

The official Report of Burial discloses that the remains of your son were interred in Plot J, Row 4, Grave 61, in the US Military Cemetery Blosville, located twenty-five miles southeast of Cherbourg, France.

The War Department has now been authorized to remove, at Government expense, to the place designated by the next of kin, the remains of those of our American citizens who gave their lives overseas during World War II.

I am sure you understand that, while this program is already in effect, it is necessary to thoroughly verify our records. Upon completion of this verification, the "Letter of Inquiry--Return of World War II Dead" will be mailed to the next of kin of those deceased Americans for whom verified burial information is of record in our office. In accordance with the present schedule, the remains are to be returned by casketries, and prior to the evacuation date of each cemetery, these Letters of Inquiry will be mailed to the next of kin, giving them the opportunity to express their final and detailed desires concerning the last resting place of the remains of their loved one.

Please be assured that everything is being done to speed the return, reverently and in a dignified manner, of those who made the supreme sacrifice.

The Secretary of War, pursuant to the authority given him in Section 4, Public Law 383, 79th Congress, has established an order of priority, as listed on page two of this letter, among next of kin in which their desires concerning the disposition of a decedent's remains will be honored:

QMBF 293 Flyer, San D. SN 14 149 868 2 July 1947 (Cont'd.)

Surviving spouse, (if not divorced or remarried)
Sons, over 21 years of age, in order of seniority
Daughters, over 21 years of age, in order of seniority
Father
Mother
Brothers, over 21 years of age, in order of seniority
Sisters, over 21 years of age, in order of seniority
Next of kin, of legal age, in order of their relationship to the decedent

Under the established order of priority, the widow, unless she has remarried, would be accorded the right to direct disposition. In order that our records may reflect the widow's remarriage, it is requested that, if possible, you furnish our office with a properly authenticated copy or transcript of the marriage record or register, showing the remarriage of the widow. Upon receipt of the above certificate, the right to determine the final resting place of your son's remains will rest with the father.

If we can assist you further, feel free to contact us, at your convenience.

Please accept my sincere sympathy in the loss of your son.

Sincerely yours,

RICHARD B. COOMBS
Major, QMC
Memorial Division

1 Incl
Form 381

CCs
Mr. G. A. Knerright
County Service Officer
The American Legion
Sumter, South Carolina

CORRESPONDENCE ACTION SHEET

Mr.
Miss.
Addressee: Mrs. NONNIE J. PILER *Dailey*
State REO #1 BOX 60 Relationship
City, State CHAROLES, S.C. Date letter 147
Cemetery
Temporary: _____
Permanent: I H 614 NO. 144444, CHARLES, SOUTH CAROLINA Plot Row Gr Cem. Name or No. City Country

PARAGRAPHS -- ADDITIONAL -- DATA -- MODIFICATIONS --
(sequence)

18 below by (cc:) Mr. C. A. Seawright, County Service Officer,
The American Legion, Laurens, S. C. *etc.*

46P The Secretary of War, pursuant to the authority given him in Section 4, Public Law 383, 79th Congress, has established an order of priority, among next of kin in which their desires concerning the disposition of a decedent's remains will be honored.

List 56-X

46P Under the established order of priority, the widow, unless she has remarried, would be accorded the right to direct disposition. In order that the records of the War Department may reflect the widow's remarriage, if possible, you are requested that ~~xxxxxxxxxxxxxx~~ furnish this office with a properly authenticated copy or transcript of the marriage record or register, showing the remarriage of the widow. Upon receipt of the above certificate, the right to determine the final resting place of your son's remains will rest with his father.

3rd P Page 78 - Omit 2nd para. and use last para. as indicated

2nd P Page 6

6th P Last para. page 78

Analyst Typist Reviewer

Modifications

OKed

12137

Decedent:

Dailey

Last

Second

First

D

Initial

PC

Rank

ASN

14149868

47 11117

THE AMERICAN LEGION

LAKE-GARRETT
POST NO. 25
LAURENS, S. C.COPELAND-DAVIDSON
POST NO. 56
CLINTON, S. C.OFFICE OF
C. A. SEAWRIGHT
SERVICE OFFICER
P. O. BOX 193
LAURENS, S. C.

IN REPLY REFER TO

June 16, 1947

893 Plyler, Sam Derrill
KC-5639282Office of the Quartermaster General
Memorial Division-War Department
Washington 25, D. C.

0006156

Dear Sir:

We have been requested by Mrs Nannie Jones Plyler, WFD 1 Box 50, Chappells, S. C. to write you regarding the remains of the above veteran. Mrs. Plyler states that Martha A. Plyler, widow of the veteran, has remarried and she has been unable to contact her since her marriage and she understands that she has left this section of the country. Mrs Nannie Jones Plyler would like to make application for the remains of her son to be sent to her, as the next of kin, to Chappells, S.C.

Yours truly,

C. A. Seawright

CAS/cc

C. A. Seawright
County Service Officer

RECEIVED
RECORDED
SEARCHED
INDEXED
SERIALIZED
FILED
FEB 19 1967
FBI - WASHINGTON
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

000022

RECEIVED
FEB 19 1967
FBI - WASHINGTON
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

JUN 19 9 AM '67
HENRICK DIVISION
RECORDS BRANCH

Chappell & C

May 1947

Dear Mr. Smith
I am writing to you
to ask you to do

Dear Sir I just noticed
where bodies would
be sent home
I never never got any
blank to fill out
He was married & I told
his wife to have him
sent home. She had
never got any letter
when I saw her last
but she is married again
I can't locate her
so I am writing you
I want him buried
I am his mother

0012737

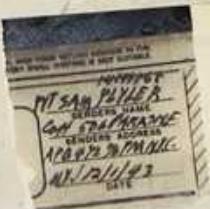
He has only 20 Dues
V. J. Plyler Matthews & C
#3. He wants his name
to. So please do help me
I hope I am not to late
depending on his wife.
He was my baby -

Sam D. Plyler he found
any at Charlotte & C
His wife was
Martha Aldridge
of Charlotte

I hope she has
heard & his sent
for the body.

Please let me hear
at once. I don't believe
I could stand it if I can't
get his body back.

Body to be sent to cross
Hill & C Laurel Co.



I thank you
for any big favor
you can do,
Sincerely
Nannie Dugler
Mother of ~~W.P.~~
S. Dugler



Mr. Plyer, Son of Chappells H
1414986
June 12, 1947
Office of the Quartermaster General
Wash. 3500
0005786

Dear Sir, Will you please send me
the form to fill out requesting
the body of my son who was
killed in World War II to be
brought back to the family
Cemetery for burial. His name
is Harry D. Plyer and he was
married at the time of death but
his wife has remarried and
hadn't been able to contact
her lately but it is left up to
me to do as I like about the
body. Please advise me what
to do. She is willing for the
body to be brought back but
wants me to attend to it.

Yours sincerely
Mrs. Hamil J. Plyer

0002186



RECORDS BRANCH
JUN 17 1 06 PM '17
HEADQUARTERS DIVISION

SPQIG 293
Plyler, Sam D.

21 March 1946

Mrs. Martha E. Plyler
408 North Poplar
Charlotte, North Carolina

Dear Mrs. Plyler:

The War Department is most desirous that you be furnished the burial location of your husband, the late Private First Class Sam D. Plyler, A.S.N. 14 149 868.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery, Blosville, France, plot J, row 4, grave 61.

This cemetery is located approximately twenty miles northwest of St. Lo, twenty-four miles southeast of Cherbourg and five miles north and slightly west of Carentan, all in France, and is under the constant care and supervision of United States military personnel.

Please accept my sincere sympathy in the loss of your husband.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

RESTRICTED

409 8705

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

REBURIAL

J-614 REPORT OF BURIAL

4 July 1944

TM-10-630 AND AR 30-1815 REBURIAL

Date

Plyler

Last Name

First

Initial

Rank

409 8705

Serial No.

Unknown

101st Airborne

France

Unknown

Organization

Reburial

Unknown

KIA

Place of Death

Date of Death

Cause of Death

1900 4 July 1944

Blosville, France

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

61 4

J

Temp.

Grave Number

Plot Number

Type of Marker

Row Number

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

If No Identification Tags

How were remains identified?

Reinterred from Hiesville Cemetery

What means of identification were buried with the body?

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

Lenory L.

Who is buried on:

Pierce

6281787

101st Airborne

62

Deceased's Right:

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

Beginning of row

Name

Serial No.

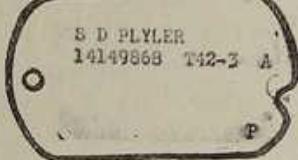
Rank

Organization

Grave No.

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

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



Emergency Addressee Unknown

Religion

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

None

X243 Plyler, D. S 14149868

Previously buried in Hiesville Cemetery
Plot A Row 19 Grave 183
JUN 2 1945
A.C.H.

Signature of Officer or other person reporting burial

F. A. GREULICH CAPT. QMC

HQ 106 22/6/45 380M/8/1945

Duct 27

IF DECEASED UNIDENTIFIED

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

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

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

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

TOOTH CHART

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

Indicate: missing natural teeth by ; crowns by ; fillings by ; bridges by ; lacking anchor teeth; replacements by artificial teeth

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.

Thumb 1 Right Hand 2

3

3

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

TM 10-630 AND AR 30-1815

Plyler

Sam

D

PFC

Date

11/11/1968

Serial No.

Co. 506th Parachute Infantry Regiment

101st AB Div.

Unit

Organization

2100 11 June 1944

11 June 44

Cause of Death
388920

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

183

Plot Number

Type of Marker

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

If No Identification Tags

How were remains identified?

What means of identification were buried with the body?

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

Who is buried on: Loika, Grover C.

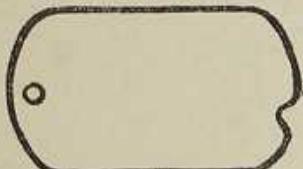
Deceased's Right: Name _____ Serial No. _____ Rank _____ Organization _____ Grave No. _____ 184

Deceased's Left: Name _____ Serial No. _____ Rank _____ Organization _____

Grave No. _____ 182

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 _____

Name _____

Address _____

Religion Protestant _____

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

No personal effects.

Signature of Officer or other person reporting burial

R. O. LINKER, Capt., QM, DGRSO

Verified by G.R.S.C. Officer

Date 11/11/1968

SAB

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:

(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.:

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.

TOOTH CHART							
Deciduous Left				Deciduous Right			
Upper		Lower		Upper		Lower	
U	C	L	C	U	C	L	C
6	7	6	5	4	3	2	1
6	7	6	5	4	3	2	1

Indicate: missing natural teeth by \times ; crowns by \square ; fillings by \bigcirc ; Bridges by \triangle ; missing anchor teeth; replacements by artificial teeth $\overline{\chi}$

Characteristics:

Robert Darnell

30 9 2014 10:56 2014/12/09 10:56:40

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

*CORRECTED REPORT
Original forwarded 22 Jul 44

REPORT OF DEATH

DATE 21 Sept 1944
tra/1632

FULL NAME PLYLER, SAM D.		ARMY SERIAL NUMBER 14 149 868	GRADE PFC			
HOME ADDRESS <i>cc</i>		ARM OR SERVICE	DATE OF BIRTH			
PLACE OF DEATH		CAUSE OF DEATH	DATE OF DEATH * 11 Jun 44			
STATION OF DECEASED			DATE OF ENTRY ON CURRENT ACTIVE SERVICE			
			LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS			
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)						
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)						
INVESTIGATION MADE?	IN LINE OF DUTY	OWN MISCONDUCT	WAS DECEASED ON DUTY STATUS	AUTHORIZED ABSENCE	IN FLYING PAY STATUS	OTHER PAY STATUS (SPECIFY BELOW)
YES	NO	YES	NO	YES	NO	YES

ADDITIONAL DATA AND/OR STATEMENT

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

BATTLE

MEMORANDUM OF THE SECRETARY OF WAR

NON-BATTLE

J. A. Marshall

ADJUTANT GENERAL

WD. AGO, FORM NO. 82-1, 28 MAY 1944. (1)

H
Oct 5 1944
J. A. Marshall
Adj. Gen.

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

REPORT OF DEATH

DATE 22 July 1944
ac/med 4632

LAST NAME Flyler, Sam D.		ARMY SERIAL NUMBER 14 149 863	GRADE 172			
HOME ADDRESS Chappell, South Carolina		ARM OR SERVICE Parachute Infantry	DATE OF BIRTH 26 Apr 1918			
PLACE OF DEATH France		CAUSE OF DEATH Killed in action	DATE OF DEATH 23 June 1944			
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 31 Sep 1942	LENGTH OF SERVICE FOR PAY PURPOSES YEARS 1 MONTHS 0 DAYS 0			
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Bertha A. Flyler, wife, 404 North Poplar, Charlotte, North Carolina						
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mannie J. Flyler, mother, AFD 1, Chappell, South Carolina Ethel A. Flyler, father, AFD 4, Monroe, North Carolina Ethie A. Flyler, wife, 404 North Poplar, Charlotte, North Carolina (not designated)						
INVESTIGATION MADE:	IN LINE OF DUTY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	OWN MISCONDUCT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	WAS DECEASED ON DUTY STATUS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	AUTHORIZED ABSENCE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	IN FLYING PAY STATUS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	OTHER PAY STATUS (SPECIFY BELOW) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

ADDITIONAL DATA AND/OR STATEMENT

On Parachute Pay

audit
28 JUL 1944 FILE
J. Marshall
Adjutant General

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

BATTLE
 NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR

Ek

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON 25, D. C.124203
20#CORRECTED REPORT
Original forwarded 22 Jul 44

REPORT OF DEATH

DATE 21 Sept 1944
trs/4632

FULL NAME PLYLER, SAM D.		ARMY SERIAL NUMBER 14 149 868	GRADE PFC			
HOME ADDRESS		ARM OR SERVICE	DATE OF BIRTH			
PLACE OF DEATH		CAUSE OF DEATH	DATE OF DEATH * 11 Jun 44			
STATION OF DECEASED		DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS			
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)						
DIARY (NAME, RELATIONSHIP & ADDRESS)						
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

ADDITIONAL DATA AND/OR STATEMENT

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

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

ADJUTANT GENERAL

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

124209
215400

REPORT OF DEATH

DATE 22 July 1944
ac/med 6632

FULL NAME Flyler, Sam D.		ARMY SERIAL NUMBER 14 149 283	GRADE PFC			
HOME ADDRESS Chappell, South Carolina		ARM OR SERVICE Parachute Infantry	DATE OF BIRTH 26 Apr 19			
PLACE OF DEATH France		CAUSE OF DEATH Killed in action	DATE OF DEATH 11 June			
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 21 Sep 1942	LENGTH OF SERVICE FOR PAY PURPOSES YEARS 1 MONTHS 9 DAYS			
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Martha A. Flyler, wife, 404 North Poplar, Charlotte, North Carolina						
<small>BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)</small> Nannie J. Flyler, mother, RFD #1, Chappell, South Carolina Bethel C. Flyler, father, RFD#4, Monroe, North Carolina Martha A. Flyler, wife, 404 North Poplar, Charlotte, North Carolina (Not designated)						
INVESTIGATION - HAD IT	IN LINE OF DUTY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	OWN MISCONDUCT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	WAS DECEASED ON DUTY STATUS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	AUTHORIZED ABSENCE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	IN FLYING-PAY STATUS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	OTHER PAY STATUS (SPECIFY BELOW) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

ADDITIONAL DATA AND/OR STATEMENT

On Parachute Day

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

BATTLE
 NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR.

J. Marshall
ADJUTANT GENERAL

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

JRM:RW,bw

Case No. 124209

Date 4 August 1945

SUBJECT: Report of transaction in disposing of the effects of

Sam D. Flyer, 14149868 late a
(Name of deceased) (Army Serial Number)

Private First Class, Parachute Infantry who died
(Grade) (Organization, Army or Service)

on the 11 day of June, 1944, at France

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. _____.)

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

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

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 25 July 1945, pursuant to Special Orders 228, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of _____

Mrs. Martha E. Flyer 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. Martha E. Flyer of _____

(Name of person found entitled)

307 West 11th Street, Charlotte State of _____
(Number, Street or Avenue) (City, Town or Village)

North Carolina, is the Widow of the _____
(Relationship or Capacity)

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

(Signature of Summary Court Officer)

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



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

IN REPLY REFER TO

124208

RTB:RN:bw
August 4, 1945

Mrs. Martha E. Plyler
307 West 11th Street
Charlotte, North Carolina

Dear Mrs. Plyler:

The Army Effects Bureau has received from overseas
some personal effects of your husband, Private First Class
Sam D. Plyler.

These effects are being forwarded to you in one carton.

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

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

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

Yours very truly,

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

Wm

ARMY SERVICE FORCES
ARMY EFFECTS BUREAUORDER FOR SHIPMENT

Mrs. Martin E. Flyler

SHIP TO: 307 West 11th Street

Charlotte, North Carolina

Effects of: Pfc. Sam D. Flyler
 Name
 ASN 14149868
 Case No. 124209 D
 Wt.

DATE 4 August 1945

FOR: Effects Quartermaster

RTB:RW:bw

REMARKS:

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

ROUTING:

1 Accounting Branch
 1 Warehouse Division
 2 Files Branch, Adm. Div.

REMARKS:

Franked **FRANKED**
 Est. Exp. Chgs. _____
 Est. Frt. Chgs. _____
 No. of packages _____

AUG 8 1945

RZ
Shipping Clerk

Eff. QM Form 14 (26 Dec 44)

PACKAGE DESCRIPTION <i>#1 ctu</i>	ARMY EFFECTS BUREAU INVENTORY	DECEASED MISSING P.O.W. ABANDONED
	124.239	TALLY NO. <i>1670 ✓</i>
NAME <i>SAM D. PFLYER ✓</i>	INVENTORY DATE <i>180 Aug 45 ✓</i>	ORIG. NO. OF PGS. <i>N</i>
A.S.N.	BOX NO.	HECT.
RANK	OF SHEETS	ORGANIZATION <i>506 Parachute Inf</i>

Belt	TOWELS & WASHCLOTHS	WINGS
<i>BELT, MONEY (NO MONEY)</i>	<i>BEDDING</i>	<i>BAG, CLOTH OR TRAVEL</i>
Cloth, Wash	<i>SPACEFOLD IDENT.</i>	<i>BILLFOLD, (NO MONEY)</i>
Coats	<i>BRUSHES</i>	<i>BOOK</i>
Footwear, Pr.	<i>CAMERAS</i>	<i>Footlocker</i>
Gloves, Pr.	<i>Glasses</i>	<i>KIT, CAP, TUT, OR WRISTING</i>
Handkerchiefs	<i>Knife</i>	<i>BOOKS</i>
Headwear	<i>Lighters</i>	<i>BOOKS, Address</i>
Jackets	<i>MISCELL.</i> ✓	<i>BOOKS, Pilot Log</i>
Overcoats	<i>PEN, Fountain</i>	<i>DIARY (REMOVED FOR DUR)</i>
Scarfs	<i>Pencil, Mechanical</i>	<i>FIGMS</i>
Shirts	<i>Pipes</i>	<i>Litters</i>
Socks, Pr.	<i>RELIGIOUS ARTICLES</i>	<i>Papers, Personal</i>
Ties	<i>RIBBONS, DECORATION</i>	<i>PHOTOS</i>
Towels	<i>Rings</i>	<i>Shoe Shine articles</i>
Trousers, Pr.	<i>Tobacco</i>	<i>SHOP SHOPPER</i>
Trunks, Pr.	<i>Toilet articles</i>	<i>SOUVENIRS ✓</i>
Underwear	<i>WATER</i>	<i>SOUVENIR MONEY ✓</i>
		<i>stationery</i>
		<i>TRANSMISETS</i>
		<i>U.S. MONEY (AMOUNT)</i>

REMARKS: *Planned J. Pflueger* ATTACHMENTS FORM 104 FORM 100

P-1 Chaplain, U.S.C.

W.A.T.	STORED BY	DATE SHIPPED	WEIGHT	G.I. REMOVED
WAREHOUSE SPACE <i>720</i>	<i>Reynolds</i>	<i>AUG 8 1945</i>		SHORTAGE ON REVERSE
INVENTORIED BY				IDENT. TAGS REMOVED
PACKED BY	<i>Reynolds</i>			KEY REMOVED
				LOCKED STORAGE
				LAUNDRY REMOVED
				FILM REMOVED
REAS FOR ADDITIONAL				

ADDITIONAL REMARKS

SHORTAGES

U.S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

INVENTORY CLERK

SUPERVISOR

G.I. REMOVED

NAME PYLER, SAM D. PF 9868

BAY	PALLET	BOX	TALLY
41	33		8680
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
CTN			
EE: QM Form 43			

INVENTORY OF EFFECTS

(See A.E. 600-550)

Phifer, Sam D 14119312
(Last name) (First name) (Middle initial) (Army serial number)

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

who died on the _____ day of _____, 19_____
CLASS I.—Saber insignia, decorations, medals, etc.

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

NUMBER	ARTICLES	PACKAGE NUMBER
	Turquoise	
2	Front pair Blue	
1	Yellow hair	
	Present Cotton	
	Photos	

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

CLASS II—Other effects

NUMBER	ARTICLES

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



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

124209
IN REPLY REFER TO

JRM:KD:ct
April 20, 1945

By
Mrs. Sam Flyler
307 West 11th Street
Charlotte, North Carolina

Dear Mrs. Flyler:

This acknowledges your letter of April 8,
notifying us of your change of address. Our
records have been changed accordingly.

The Army Effects Bureau has received no
information concerning personal property of
your husband, Private First Class Sam D. Flyler
since writing you on February 15.

You may be assured that upon receipt of
your husband's effects, they will be forwarded
to you at the above address.

Yours very truly,

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

IMMEDIATE ACTION

4/8/40-

Dear Sir,

I was to notify you if there was a change in my address, in the next few months, there has been and my new address is

Mrs Sam Rhyer
307 W Eleventh St.
Charlotte, N.C.

No. 124-209





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

IN REPLY REFER TO No. 124,209

JHM:VM:eb
February 15, 1945

Mrs. Sam Flyler
415 North Poplar Street
Charlotte, North Carolina

Dear Mrs. Flyler:

This refers to your letter of February 6 inquiring about the personal effects of your husband, Private First Class Sam D. Flyler.

I am sorry to report that the Army Effects Bureau has not yet received any of your husband's property. Because of transportation difficulties considerable time is required for the receipt of such property from overseas.

It is our intention to forward your husband's effects promptly upon receipt at this Bureau; therefore, I shall appreciate your notifying us, without fail, in the event there is a change in your address during the next few months.

I wish to express my sincere regret of the circumstances prompting this correspondence.

Yours very truly,

A. G. SCHUMACHER
1st Lt. Q.M.C.
Asst. Chief, Adm. Division

12420820 002

IMMEDIATE ACTION

2/4/45

Dear Sir,

I understand that when
any one is killed over seas
their personal belongings go
to their folks back home.
I haven't received any thing
of my husband and he
was killed about eight months
ago. I was wondering why
I hasn't and as I had this
address to write where they
would be sent from, though
maybe I could find out why
I hasn't from you.

Thanks a lot,

Mrs. Sam Shuler
415 North Royal St.
Charlotte, N.C.

2-12

m w

Jib
CP

APR 2001
FBI 100-6