

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

27 JUL 1948 LSI

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		ENLISTMENT DATE <i>8-16-1942</i>	SERIAL NO. <i>14 149 868</i>
<input checked="" type="checkbox"/> FLAT MARBLE MARKER		DISCHARGE DATE	PENSION NO.
<input type="checkbox"/> FLAT GRANITE MARKER			
<input type="checkbox"/> BRONZE MARKER (NOTE RESTRICTIONS)			
NAME (Last, First, Middle Initial) <i>PLYLER, Sam D.</i>		STATE <i>SC</i>	RANK <i>PFC</i>
DATE OF BIRTH (Month, Day, Year) <i>April 26, 1911</i>		U. S. REGIMENT, STATE ORGANIZATION, AND DIVISION <i>USA</i>	
DATE OF DEATH (Month, Day, Year) <i>June 23, 1944</i>			
NAME OF CEMETERY <i>Boyle Chapel</i>		LOCATION (City and State) <i>Cross Hill SC</i>	
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)		NEAREST FREIGHT STATION (City and State) <i>Chapelle SC</i>	
(SIGNATURE OF CONSIGNEE) <i>appl</i>		POST OFFICE ADDRESS OF CONSIGNEE <i>RT-1 Box 60-Chapelle, S.C.</i>	
DO NOT WRITE HERE <i>JUL 21 1948</i>		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 decedent's grave at my expense.	
FOR VERIFICATION		APPLICANT'S SIGNATURE <i>Samuel D. Plyler</i>	DATE OF APPLICATION <i>9 NOV 1948</i>
ORDERED		ADDRESS (Street, City, State) <i>RT-1, Box 60, Chapelle, S.C.</i>	
R/L			
SHIPPED			

OQMG FORM
REV 15 APR 42 623

IMPORTANT—Complete Reverse Side

16-11453-6 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 _____

16-11453-4

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

9/13/48 - 250 copies per copy of M.H.

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

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

R. R. STATION:

FOR

R. R. STATION

APPLICANT:

CEMETERY: SOULS CHAPEL
CROSS HILL
SOUTH CAROLINA

QMG FORM 312a
Rev. 1 NOV. 45

APPROVAL AND ACCEPTANCE

SIGNATURE

FILE

FLAT MARSH MAREK

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

ORIGINAL ORDER

When you receive a letter from the Quartermaster General, it is important that you read it carefully. It may contain information that is important to you. If you have any questions, please write to the Quartermaster General. Do not forget to include your name and address. The Quartermaster General will be glad to help you. If you are a member of the military, please write to your commanding officer. If you are a civilian, please write to the Quartermaster General. The Quartermaster General will be glad to help you. If you are a member of the military, please write to your commanding officer. If you are a civilian, please write to the Quartermaster General. The Quartermaster General will be glad to help you.



101 AGR DIV / SOUTH CAROLINA / PFC
APRIL 28 1951

NAME J. PLYER
RT 1, BOX 80
CHAPPELLE
SOUTH CAROLINA

8008 HILL
SOUTH CAROLINA
MS

RECEIVED AND ACCEPTANCE

DO NOT WRITE

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.

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

INSCRIPTION: LATIN CROSS

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

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

R. R. STATION:

R. R. STATION:

APPLICANT:

CEMETERY:

NOV 1944
SOULS CHAPEL
CROSS HILL
SOUTH CAROLINA WLS

DDMG FORM
Rev. 1 NOV. 45 312a

APPROVAL AND ACCEPTANCE

SIGNATURE

Nannie J. Plyler

CORRESPONDENCE ACTION SLIP

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

DDMG FORM 393
22 DEC 47

47 20086

CORRESPONDENCE ACTION SLIP

NAME <i>Plyler, Sam W.</i>		SERIAL NUMBER <i>14109868</i>	INITIALS <i>Slw</i>	DATE <i>7/13/48</i>
NAME OF DECEDENT	ADDRESS	IDENTIFYING DATA	LETTER TO: <i>appl for proof of d/d as thus a discrepancy</i> FILE 8 NOV 1948 <i>on Donahue</i> <i>cm Br</i>	
BRONZE	NO UPRIGHT GRANITE	CONSIGNEE		
DISHONORABLE—DRAFT	NOT PERMANENTLY INTERRED	NOT RECOVERED		
CEMETERY REGULATIONS	AGO	MARINE		
NAVY	COAST GUARD	VETERANS ADMINISTRATION		
STATE PENSION	AUTHORIZED INSCRIPTION	ADDITIONAL INSPECTION		
APPLICATION FOR PROOF	NO AGENT	NO STATION		
DUE TO DISTANCE	UNCLAIMED	BROKEN		
DAMAGED	CERTIFICATE IN LIEU	LOST		
FOREIGN	TRUCK	RESHIPMENT		

OQMG FORM 393
22 DEC 47

47 35085

RECEIPT OF REMAINS

DISTRIBUTION CENTER

CHARLOTTE QUARTERMASTER DEPOT, CHARLOTTE, N. C.

ROUTINE 18 JUNE 1948

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

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

BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT ON TRAIN NUMBER FOURTEEN ^{C-4}

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, 19 48

W. Ernest R. Buland
 WITNESS (Escort)

Blyths Funeral Home
 CONSIGNEE
Blg Nolan J. Reuter

(A)

QMC FORM 1193
 15 NOV 46

FILE
 RECORDS ANNOTATED
 DATE 26 Feb 48
 NAME Reuter
 16-50073-1
 R & P OFFICE

REPAIRATION
RECORDS BRANCH

JUL 12 12 56 PM '40

MEMORIAL DIVISION

RECEIVED
JUL 12 1940
REPAIRATION
RECORDS BRANCH

C.M. 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 15 02 48
CEMETERY BLOSVILLE - CARENTAN				DISPOSITION OF REMAINS 1 4700 04 CODE DIST. PT.	CAUSE OF DEATH 1
FLOT J	ROW 4	GRAVE 61	COUNTRY FRANCE		
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 CHAPPELLE, SOUTH CAROLINA		
SECTION C — DISINTERMENT AND IDENTIFICATION					
NAME Plyler, Sam D		SERIAL NUMBER 14149868	RANK Utd	DATE OF DEATH Utd	DATE DISINTERRED 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			
CASKET SEALED BY John M. Peacock		EMBALMER (Signature) <i>John M. Peacock</i>			
CASKET BOXED AND MARKED		SHIPPING ADDRESS VERIFIED BY			
DATE 3 Mar 48		BY Henry B. Ryder Jr			
		JOHN PALLYOK 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.					
		<i>John Pallyok Jr</i> JOHN PALLYOK JR, 1st Lieut, FA SIGNATURE OF GRS INSPECTOR			
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.					

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM US MC Blossville		TO Casketing Point "A"-Cherbourg	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Pfc Theodore S. Varney	
SIGNATURE OF SHIPPER <i>W. T. Dailey</i> W. T. DAILEY, Capt, QMC	DATE 10 Feb 48	SIGNATURE OF RECEIVER <i>E. N. Ciampo</i> E. N. CIAMPO, 1st Lieut, PA	DATE 10 Feb 48
2. SHIPPED			
FROM Casketing Point "A"-Cherbourg		TO Port Unit - Cherbourg	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER <i>Bruse</i>	
SIGNATURE OF SHIPPER <i>E. N. Ciampo</i> E. N. CIAMPO, 1st Lieut, PA	DATE	SIGNATURE OF RECEIVER <i>John E. Hendry Jr.</i> 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 28 April 48	SIGNATURE OF RECEIVER <i>Joseph J. Carroll</i>	DATE APR 28 1948
4. SHIPPED			
FROM		TO NYPE	
KIND OF CONVEYANCE NEVEL		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>James L. McKinnon</i> for JAMES L. MCKINNON COLONEL, T. C.	DATE MAY 1 1948
5. SHIPPED PORT TRANSPORTATION OFFICER			
FROM NYPE		TO DC #4	
KIND OF CONVEYANCE GREENWOOD 2001		NAME OF CONVOYER <i>Joseph M. Badier</i> PFC	
SIGNATURE OF SHIPPER <i>James L. McKinnon</i> JAMES L. MCKINNON, T. C.	DATE MAY 9 1948	SIGNATURE OF RECEIVER <i>Frederic W. Dennis Jr.</i>	DATE MAY 10 1948
6. SHIPPED			
FROM PORT TRANSPORTATION OFFICER		TO FREDERIC W. DENNIS, JR. Lt. Colonel, QMC	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
7. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

WUG176 15 COLLECT CHAPPELL SOCAR MAY 4 210P

CHARTOTTE 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.





RECEIVED IN OFFICE OF THE DIRECTOR
MAY 5 1948
HICKORY

MESSAGEFORM		MESSAGE CENTER NO.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT	
CALLS V	STA. DIR. NO. NR	PRECEDENCE	TRANSMISSION INSTRUCTIONS	ORIGINATOR	DATE-TIME GROUP
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:			PRECEDENCE FOR		
<ul style="list-style-type: none"> MRS. HANSEN JONES PLYLER ROUTE #1, BOX 80 CHAPPELLE, SOUTH CAROLINA 			ACTION 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>ELYTHS SERVICE FUNERAL</u> <u>DIRECTORS, MAIN STREET</u> <u>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 ACCOMPANIED 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			SIGNATURE		
SYMBOL	DATE-TIME GROUP	OFFICIAL TITLE		PAGE 2F	

WD AGO FORM 11-168
15 JUN 1945This form supersedes WD AGO Form 11-168, 23 Aug 44,
and WD AGO Form 891, 12 Mar 43, which are obsolete.

16-45801-1

U. S. GOVERNMENT PRINTING OFFICE

Revised 20 November 1947

(ADVANCE TELEGRAM C)

INCOMING

MAY 19 1948

I-378 265

INSPECTION CHECKLIST

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

NAME PLYLER, Sam D.		GRADE PFC	SERIAL NUMBER 14 149 868
SOURCE Blossville - Carentan France		CONSIGNEE Blyths Service Funeral Directors Main Street Greenwood, South Carolina	
SHIPPING CASE - General Appearance (Check ONLY Discrepancies)		CONDITION OF SHIPPING CASE (Check one) <input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> UNSATISFACTORY	
<input checked="" type="checkbox"/> FINISH (Exterior) <input type="checkbox"/> HANDLES <input type="checkbox"/> DRAW BOLTS <input type="checkbox"/> STENCILING - NAMEPLATE <input type="checkbox"/> HEALTH PERMIT MARKER <input type="checkbox"/> HEALTH PERMIT NUMBER		REMARKS <i>Repair Paint</i>	
CASKET - General Appearance (Check ONLY Discrepancies)		CONDITION OF CASKET (Check one) <input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> UNSATISFACTORY	
<input type="checkbox"/> FINISH (Exterior) <input type="checkbox"/> HAND RAILS AND FINIALS <input type="checkbox"/> NAMEPLATE <input checked="" type="checkbox"/> CAM LOCKS (Sealing) AND GASKET <input type="checkbox"/> ODOR OR MOISTURE		REMARKS <i>Refinish Top Rail - Body of casket - Bore (moisture)</i>	
ROUTED TO			
<input checked="" type="checkbox"/> MORTUARY SECTION		<input type="checkbox"/> MAINTENANCE AND REPAIR SECTION	
CONDITION OF REMAINS <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY		CASKET REPAIRED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
NECESSARY DISINFECTION (Explain) <i>Examination Change Complete of</i>		CASKET EXCHANGED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		SHIPPING CASE REPAIRED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
		SHIPPING CASE EXCHANGED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		REMARKS	
TIME	DATE <i>6/15/48</i>	SIGNATURE OF MORTICIAN <i>W. L. Thompson</i>	SIGNATURE OF INSPECTOR <i>W. L. Thompson</i>
REMARKS OK-OUTGOING <i>6-16-48 OK W. L. Thompson</i>			

Chappell St

293 Plyer, Sam D. Sep 30 1948

293 Plyer, Sam D.
100 St

Enclosed find the telegram,
it dated on 23. June 1944,
all as the purple meat
and the death certificates

Also dated 23. 1944

I'm lost this telegram
isn't sufficient I'll sign
the blanks you have
& if this telegram is proof
enough I don't want to

The certificates
if possible they are framed
there is a mistake some
where so it can't be helped

NA
Oct 9 1948
Amber
Sorry.

Sincerely
Dannie Plyer

DEPARTMENT OF THE ARMY
OFFICE OF THE QUARTERMASTER GENERAL

WASHINGTON 25, D. C.

IN REPLY REFER TO **WGMH 293**Flyler, Sam D.
SN 14 149-468**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. Nannie 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, wherein 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 Division

2 Incls

1. order form
2. envelope

*M. Bach*FILE ✓
M Donahue
com B

Dear Sirs
 2000 sacks and
 Couldn't answer
 I hope not any
 letter misplaced
 as enclaps
 for Telegrams we
 got from war
 department said
 Sam was killed
 June 23 1944
 if you have it
 from war department
 June 11, 1944
 we also had a letter
 from Capt Ray's

at room
June, 28 1944

Sorry it has
been delayed



QMGH 293
Plyler, Sam D.
SN 14 149 868

22 October 1948

Mrs. Mammie 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 Incl.
telegram

G. L. RUTH
Memorial Division

Q400H 293
Flyler, Sam D.
SN 14 149 868

17 September 1948

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

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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,

G. L. RUTH
Memorial Division

SEP 17 5 18 PM '48
10
Order form
envelope
1c

WW II

CERTIFICATE

(AR 30-1830)

CERAIN VALID, REPATRIATION

413

2859

FREDERIC W. DENNIS, JR.
Lt. Colonel, QMC

1. FILL IN EITHER PART A OR PART B; NOT BOTH.
2. USE PART A WHEN INTERMENT IS IN A CIVILIAN OR PRIVATE CEMETERY.
3. USE PART B WHEN REMAINS ARE DELIVERED TO HOME OR OTHER PLACE PRIOR TO BURIAL IN A NATIONAL OR POST CEMETERY.

PART A - CIVILIAN OR PRIVATE CEMETERY

A			
REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES (PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)			
NAME OF DECEDENT <i>PLYLER, Sam D.</i>	GRADE <i>PFC</i>	SERIAL NUMBER <i>14 149 868</i>	COMPONENT <i>USA</i>
I certify that the sum of \$ <i>75.00</i> was paid by me from personal funds in connection with the interment of the remains of the above named decedent in the below named cemetery.			
INSERT NAME OF CEMETERY <i>Shale Chapel</i>	CITY OR COUNTY <i>Lawrence</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. Pyle</i> (B. F. Pyle) ADDRESS OF CLAIMANT (City, Street, RFD, and State) <i>Chapells S.C.</i> RELATIONSHIP TO DECEDENT <i>Father</i> DATE <i>22p-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 DECEDENT	GRADE	SERIAL NUMBER	COMPONENT
I certify that the sum of \$ _____ was paid by me from personal funds in connection with the transportation of the remains of the above named decedent from and to the following places:			
INSERT CITY OR TOWN (OR ADDRESS NOT IN A CITY OR TOWN) FROM WHICH REMAINS WERE SHIPPED <i>B.V. 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: <i>check no.</i>		SIGNATURE OF CLAIMANT	
ADDRESS OF CLAIMANT (City, Street, RFD, and State) <i>12703822</i>		RELATIONSHIP TO DECEDENT <i>For \$75.00</i>	
DATE <i>15 JUL 1948</i>		DATE	

QMC FORM 1236
23 OCT 47REPLACES WD AGO FORM R-5507, QMC FORM R-5048
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. Receipted bills are not required to accompany this form. Any expenses over and above the \$75 maximum must be borne by the person who incurred or paid the additional expenses.

EXPLANATION OF PART B - NATIONAL OR POST CEMETERY

1. When the remains are delivered to you at government expense prior to burial in a national or post cemetery, you are responsible for all additional expenses necessary to deliver the remains from that point to the national or post cemetery grave site. However, you may be entitled to an allowance for the cost of transporting the remains from your home to the national or post cemetery grave site subject to the conditions outlined in paragraph 2, below.
2. Reimbursement of transportation expenses is allowed only when the cost to the government to deliver the remains to you is LESS than what it would have cost the government to deliver the remains direct to the national or post cemetery of final interment. However, the amount which you may be allowed (the difference between cost of delivery to you and cost of delivery by the government direct to the national or post cemetery) may not exceed the amount actually expended by you to deliver the remains to the cemetery grave site. WHETHER OR NOT YOU WILL BE GRANTED AN ALLOWANCE IS DEPENDENT UPON AN AUDIT OF THIS REQUEST. IN ANY EVENT YOU WILL BE NOTIFIED OF ANY ALLOWANCE DUE YOU BY THE OFFICE TO WHICH THIS FORM IS SENT.
3. Reimbursement by the government will be made only to the person who paid from his personal funds for transporting the remains to the national or post cemetery grave site.
4. No interment expense allowance is authorized since interment is made ultimately in a national or post cemetery.

REQUEST FOR DISPOSITION OF REMAINS

BUDGET BUREAU No. 49-8877

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

DATE:

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

19 November 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, 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 Chapel Cross 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
 (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.)

none

CODED

OQMG FORM 14 NOV 1946 345 MILITARY

PAGE 1

DEC 19

FEB 18 1948

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
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	STATE OR TERRITORY OF U. S. A., OR COUNTRY
		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			
Blythe 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
(SIGNATURE OF NEXT OF KIN)
Nannie Jones Plyler
(NAME PRINTED OR TYPED)

Rt. 1 Box 60
(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 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)

If you are the next of kin and

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

LAST NAME
RELATIONSHIP TO THE DECEASED
NUMBER AND STREET

WHOM I UNDERSTAND SHALL

(SIGNATURE)

(NAME)

If you are NOT the next of kin

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

LAST NAME
RELATIONSHIP TO THE DECEASED
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 DECEDENT'S SURVIVORS IS:

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

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

(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 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.

DEC 2 1947



REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

293
Pfc Sam D. Plyler, 14 149 868
Plot J, Row 4, Grave 62,
United States Military Cemetery
Blomville, France

6 October 1947

DO NOT WRITE ABOVE THIS LINE

A		C	
B		D	

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

PART I

I, Nannie Jones Plyler (Please indicate relationship to the deceased by placing an "X" in the proper box.)
(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

☐ 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 Chappelle Cemetery, Cross Hill, S. C.
(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.)

for file
Duplicate 345
accepted Dec 19-47
72 other options 2
and

NONE

OQMG FORM 345 MILITARY

14 NOV 1946

16-26411-1

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	STATE OR TERRITORY OF U. S. A., OR COUNTRY
		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	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.	477.142	

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	Jones	brother
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
Rt. 1	Mathews	Necklesburg	N. C.

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.

Hannie Jones Plyler
(SIGNATURE OF NEXT OF KIN)
Hannie Jones Plyler
(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)

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 author

THIS IS TO NOTIFY YOU THAT I AM NOT
NAMED ON PAGE 1 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 fill in PART II of this form.

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

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

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

(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 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 Memorial Attestation.

RECORDS BRANCH
OCT 16 6 48 PM '48
MEMORIAL DIVISION



REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

7928
Pfc. Sam D. Flyler, 14 149 868
Plot J, Row 4, Grave 61,
United States Military Cemetery
Bloisville, 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 _____ (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.)

Widow remarried
father relinquished to mother

10-50411-1

DDMG FORM 345 MILITARY
14 NOV 1946

PAGE 1

L.O.I. SENT NOV 19 1947

PART I (Continued)

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

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

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

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

FULL NAME OF FUNERAL DIRECTOR			
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)

If you are the next of kin and you desire

I, THE Wife, Mrs. Mary
 NAMED IN PART I OF THIS FORM, DO HEREBY
 THE NEXT EXISTING PERSON IN THE COUNTRY

LAST NAME Phyllis
 RELATIONSHIP TO THE DECEASED Mother
 NUMBER AND STREET Route one, Box

WHOM I UNDERSTAND SHALL HAVE THE REMAINS

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

(NAME PRINTED ON PAGE 1)

If you are NOT the next of kin authorized

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

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

(SIGNATURE)

(NAME PRINTED ON PAGE 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 Wife, Mrs. Martha E. Flyler Weason 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>Flyler</u>	FIRST NAME <u>Marcell</u>	MIDDLE INITIAL <u>Jones</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. Flyler Weason Route one
(SIGNATURE OF NEXT OF KIN) (STREET AND NUMBER)
Monroe, North Carolina
(NAME PRINTED OR TYPED) (CITY AND STATE)

PART III

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

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

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

(SIGNATURE) (DATE)

(STREET AND NUMBER)

(NAME PRINTED OR TYPED) (CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTIONS

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

RECORDS BRANCH
OCT 7 5 46 PM '17
MEMORIAL DIVISION

123 NAME PLYLER, SAM D
 SN 14149868 RANK PFC CS

Changes made in information
 Forms #333 and A-2 are from
 sources listed below:

Blossville France

Plot Row grave
J 4 61

Come marriage certificate

OFFICERS 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 CHAPELLE SOUTH CAROLINA

NAT: FILE --- 24 Oct 47

2 Buons
at Canton

File
Nat
11-24-47

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

19 November 1947

Mrs. Mannie J. Plyler
 Route #1, Box 60
 Chapells, 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.

Sincerely,

THOMAS B. LARKIN
 Major General
 The Quartermaster General

Incls. 4

NOV 19 4 21 PM
 U.S. M. S.
 MAIL & RECORDS

DEPARTMENT OF THE ARMY
*****QMCMF 293
Flyler, Sam D.
SN 14 149 868

7 October 1947

Mrs. Nannie 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,

RICHARD B. COOMBS
Major, QMC
Memorial DivisionOCT 7 3 42 PM '47
D. S. H. O.
MAIL & RECORDS DIVISIONqB
REC

CORRESPONDENCE ACTION SHEET

Mr.
Miss.
Addressee: Mrs. Hanna G. Plyler Widow
Relationship
State Chapelle, South Carolina
City, State _____ Date letter '47
Cemetery _____
Temporary: _____
Permanent: _____
Plot Row Gr Cen. Name or No. City Country

PARAGRAPHS
(sequence)

-- ADDITIONAL -- DATA -- MODIFICATIONS --

165-A Son

155-A #1 - only - Sons - Mrs Sam D Plyler
you are - son# The "Request for Disposition of Remains" form
will be mailed to you at a later date.

166-M

45
Analyst Typist Reviewer

Modifications

OKed

Decedent:

Last

First

Initial

Rank

ASN

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 Le- ctor Sec REN Br	Corres Sec	24 Sept 47	<p>Accept nother as person authorized to direct disposition of remains.</p> <p><i>Dulan</i> ROGERS 72262</p> <p>2 incls: n/c</p> <p><i>Blomville</i> J-4-61</p>	

THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE

1580 - QMTTS - Camp Lee, Va. - 3-21-47 - 100M

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
1	R & R Branch Corres Section	Miss Williams R & R Rec Sec	17 Sept 47	<p>293, Plyler, Sam D. 14149 868</p> <p>Forwarded for adequacy of the attached document and for decision as to the person authorized to direct disposition of the decedent's remains.</p> <p><i>C</i> GRIFFITH</p>
2	Rec Sec RAR Br	Board of Review	19 Sept 47	<p>1. Attached is 293 file of Sam D. Plyler, 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>2 Incls; 1. Ltr. w/cert. 2. 293 File of Plyler, Sam D. SN 14 149 868</p> <p>SPW</p>
3	Ident Review Board Mem Div	Chief, Rec Sec RAR 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>H. D. P.</i> SPEED 4923</p> <p><i>PPL</i> PPL</p> <p>2 Incls n/c</p> <p>THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE</p>



SEP 22 1 53 PM '47
MEMORIAL DIVISION

V.M.G. #298

Peyler, Saml. J.

S.D. 44-1001 C. Cruppell & Co.

Albany, N.Y.

The Quartermaster, U.S.A.

H. H. Bushman, M. 911.

Dear Sir,

0020585

At about 10:30 A.M.

I came out to see

the Catalogue that

Master Eldredge Peyton

was married to

H. H. Bushman.

So when I Peyton

wrote you to send

body to me

his mother.

Sorry I am so

long getting Catalogue

and

Hannie J. Peyton

Cruppell & Co.

0050282



Dear Sir
 Received your
 letter thank as
 much will
 mail Corrydale
 as soon as I
 locate Martha
 Sam D. Payer
 141-149 Ave. (copy)
 also regarding
 his father who
 is not here
 I hope to find
 him soon
 State & General
 Mammie Payer



Marriage Certificate

STATE OF SOUTH CAROLINA
CHESTERFIELD COUNTY

PROBATE COURT

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 Sherow 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. Redman

Judge of Probate, Chesterfield County

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

In Reply Refer To: QMOMR 293

Plyler, Sam D.
SN 14 149 868

10 JUL 1947

SUBJECT: Date of Birth 26 Apr 1921
Request for information re next of kin of above named
deceased serviceman of World War II.

TO : Director, Dependents and Beneficiaries Claim Service
Veterans Administration
Washington 25, D. C.

For 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:
Envelope

Martin G. Riley
MARTIN G. RILEY
Major, QMC
Memorial Division

Date SEP 15 1947
Veteran's
Name Sam D. Plyler

XC 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
2. Male children over 21 years
3. Female children over 21 years
4. Father
5. Mother
6. Brothers over 21 years
7. Sisters over 21 years
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 Wessch	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, Chappels, South Carolina

DIRECTOR,
CLAIMS SERVICE
(Address) Br. #4, 900 N. Lombardy Street,
Richmond 20, Virginia

W.B. Upper
W. B. UPPERCUE
Br. #4, 900 N. Lombardy Street
Richmond 20, Virginia
DEC 11 1947
H. K. Kline



JUL 10 10 50 AM '47

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

In Reply Refer To: QMGR 293
Plyler, Sam D.
SN 14 149 868

10 JUL 1947

26 Apr 1921

SUBJECT: Date of Birth
Request for information re next of kin of above named
deceased serviceman of World War II.

TO : Director, Dependents and Beneficiaries Claim Service
Veterans Administration
Washington 25, D. C.

For 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.

irr
1 Incl:
Envelope

Martin G. Riley
MARTIN G. RILEY
Major, QMC
Memorial Division

KK
KK
BM

Date _____
Veteran's _____
Name _____
XC _____

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	:	:
state "None"	:	:
Has she remarried?	If so, is proof of remarriage on file?	
:	:	:
:	:	:
:	:	:
:	:	:

DIRECTOR,
CLAIMS SERVICE
(Address) _____

DEPARTMENT OF THE ARMY

6 October 1947

270 Sam D. Flyler, 14 149 863
 Plot J, Row 4, Grave 61,
 United States Military Cemetery
 Knoxville, Tennessee

Mrs. Mamie J. Flyler
 Chappelle, South 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 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. LARSEN
 Major General
 The Quartermaster General

Encls.

djm

NEW LOI

Date 10/2 1947Plc Sam D Plyler

Rank

Name

14149868

A. S. N.

LOI to be sent to:

Blossville House

Cemetery

J

Plot

4

Row

61

Grave

Mr.

Mrs.

Miss

Nannie J Plyler

Name

Street

Chapel

City

South Carolina

State

L.O.I. SENT 8 OCT 1947

not
sent
for
file

NEW LOI

Date 10/2 1947

793
 L Plc Sam D. Pyle
 Rank Name

14149868

A. S. A.

LOI to be sent to:

Bherville, Maine

Cemetery

J

Plot

4

Row

61

Grave

Mr.

Mrs.

Miss

Nannie J. Pyle

Name

Street

Chapelton

City

South Carolina

State

N.A.
 N.A.
 10/2/47
 Sam D.
 N&T

Pfc. Sam D. 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. LARKIN
 Major General
 The Quartermaster General

Incls

fmh

SEP 19 2 53 PM '47
 U.S. ARMY
 RECORDS BRANCH

QMCWF 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 remarried 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

rti

ENC
BRO

CORRESPONDENCE ACTION SHEET

15010

Mr. BETHEL FRANKLIN PYLER Relationship Father
 Addressee: Mrs. CHAPPELL S. S. C.

State CHAPPELL S. S. C.

City, State _____

Date letter '47

Cemetery

Temporary: _____

Permanent: _____

Plot Row Gr Cen. Name or No. City Country

PARAGRAPHS
(sequence)

-- ADDITIONAL -- DATA -- MODIFICATIONS --

165-A

139-D - Wilson - 3rd line omit of the date
1st H only

153 - 4th H only. "revert to you"

166-C

166-E

Decedent:

Last

First

Initial

Rank

ASN

Analyst Typist Reviewer

Modifications

OKed

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 193 (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) NANNIE J. PLYLER
as I am away at work

Sincerely yours
Bethel Franklin Plyler
Chappells S.C.

15010



RECORDED
JUL 27 2 50 PM '64
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

12010

DDMG FORM 381
11 MAR 47

NOTICE OF CHANGE IN ADDRESS

NAME OF DECEASED	RANK	SERIAL NUMBER
NAME OF NEXT OF KIN	RELATIONSHIP	
OLD ADDRESS		
NEW ADDRESS		
REMARKS		

Bethel Franklin Pegg Father
Monroe N.C. B.F. 4
Bethel Franklin Pegg
Chappell N.C. B.F. 4
Parents want all mail
to B. F. Pegg's new
address

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

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

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

CMCMT 293
 Plyler, Sam D.
 SN 14 149 868

Address Reply To
 THE QUARTERMASTER GENERAL
 Attention: Memorial Division

2 July 1947

Mrs. Mammie J. Plyler
 Rural Free Delivery #1, Box 60
 Chappelle, South Carolina

Dear Mrs. Plyler:

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. Plyler, 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 Bloisville, 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 casket, 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:

3 July 1947

Address: Room 21
The Commercial Bureau
American Consulate Division

Mr. James J. Tyler
Room 21, Box 20
Washington, D.C.

Dear Mr. Tyler:

Your letter and a letter written in your behalf by Mr. J. J. Connelley, Deputy Consul General, the American Legation, London, South Carolina, have been received and the late Mr. Tyler has been notified.

The attached report of Special Agent in Charge of the American Legation, London, South Carolina, dated July 1, 1947, is being forwarded to you for your information.

The report indicates that the American Legation, London, South Carolina, has been advised by the British Legation, London, that the remains of the late Mr. Tyler have been located in the vicinity of the American Legation, London, South Carolina.

I am very sorry to hear that this report is already in the hands of the British Legation, London, South Carolina. Upon completion of this investigation, the British Legation, London, South Carolina, will be notified of the results of the investigation. In the meantime, the British Legation, London, South Carolina, is requested to keep the matter confidential and to refrain from making any statement to the press or to the public.

Very truly yours,
James J. Tyler

The Secretary of War, Department of War, Washington, D.C., has been advised of this matter and is being kept advised of any further developments.

Q000F 293 Flyler, Sam 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, GSC
 Memorial Division

1 Incl
 Form 381

CC:

Mr. G. A. Bessright
 County Service Officer
 The American Legion
 Laurens, South Carolina

CORRESPONDENCE ACTION SHEET

12137

Mr.
Miss.
Addressee: Mrs. NANNIE J. PILLER Relationship Widow
State RED #1 BOX 60
City, State CHARLESTON, S.C. '47
Date letter
Cemetery
Temporary:
Permanent: J H 61 4 INC BLOOMVILLE, MISSISSIPPI
Plot Row Gr Cem. Name or No. City Country

PARAGRAPHS
(sequence)

-- ADDITIONAL -- DATA -- MODIFICATIONS --

1st *behalf* 62-A by (cc:) Mr. C. A. Seawright, County Service Officer,
The American Legion, Laurens, S. C.

4th 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 below, among next of kin in which their desires concerning the disposition of a decedent's remains will be honored.

List 5B-X

3rd 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 widows remarriage, if possible, you it is requested that, ~~xxxxxxxxxxxxxxxxxxxx~~ 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 Page 78 - Omit 2nd para. and use last para. as indicated

2nd Page 6

6th Last para. page 78

7862-5

Analyst Typist Reviewer

Modifications

OKed

Decedent:

Piller

Last

First

Initial

Rank

ASN

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-3639282Office of the Quartermaster General
Memorial Division-War Department
Washington 25, D. C.

0006156

Dear Sir:

We have been requested by Mrs Nannie Jones Plyler, RFD 1 Box 60, 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

THE AMERICAN

WESTERN OFFICE
300 N. 1st St.
ST. LOUIS, MO. 63101



ESTABLISHED
IN 1914
BY J. H. HARRIS

NO. 1000
1000 N. 1st St.
ST. LOUIS, MO. 63101

BY AIR MAIL

OFFICE OF THE
DIRECTOR OF THE
BUREAU OF THE

ST. LOUIS, MO.

RECEIVED
JUN 19 1947

0000122

RECEIVED
JUN 19 1947



RECORDS AND
MEMORIAL DIVISION
JUN 19 9 44 AM '47

Chappelle & C
May 1947

Q. Mark's mother is now
25 Washington & C

Dear Sir - I just noticed
where bodies would
be sent home
I have 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 home
I am his mother

0012137

He has only 20 then
V. J. Plyler Mathews & C
#3. He wants his home
too. So please do help me
I hope I am not to late
depending on his wife.
He will my baby -

Sam. D. Pleyler the grand
army at Charlottesville &c

His wife was
Martha Aldrige
of Charlotte

I hope she has
heard & is 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. Lawrence Co.

I thank you for
for any thing you
can do,

Sincerely

Harris J. Pyle
Mother of ²⁹³ Sam.
H. Pyle



543 Pyles, James D. Chappells 26
 14149868 June 12, 1947
 Office of the Quartermaster General
 Wash. 25 D.C. **0005786**

Dear Sir, Will you please send me
 the blank to fill out requesting
 the body of my son who was
 killed in Europe war II. He
 brought back to the family
 Cemetery for burial. His name
 is James D. Pyles, and he was
 married at the time of death but
 his wife has remarried and
 I haven't been able to contact
 her lately but it is left with
 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
 Wm. Mamie J. Pyles

File
 14149868
 26 June 1947
 J. C. Brown
 Clerk

0002180



RECORDS AND
MEMORIAL DIVISION
JUN 17 1 06 PM '67

SFOYG 293
Flyler, Sam D.

21 March 1946

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

Dear Mrs. Flyler:

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

The records of this office disclose that his remains are interred in the U. S. Military Cemetery, Bloisville, 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

LMS

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

REBURIAL

RESTRICTED

433

8705

REPORT OF BURIAL

4 July 1944

TM 10-630 AND AR 30-1815 REBURIAL

Date

Plyler Plyler

Last Name

First

Initial

Unknown

14149868

Serial No.

Unknown

101st Airborne

Unit

Organization

France

Unknown

KIA

Reburial Place of Death

1900 4 July 1944

Date of Death

Blosville, France

Cause of Death

Time and Date of Burial

61 4

Name of Cemetery

J

Name or Coordinates of Location

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?

Reinterred from Hiesville Cemetery

What means of identification were buried with the body?

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

Who is buried on:

Lenory L.

Deceased's Right:

Pierce ~~XXXXXXXX~~ 6281787

101st Airborne

62

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

Beginning of row

Name

Serial No.

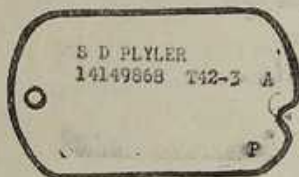
Rank

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 Address: Unknown

Religion

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

None

X243 Plyler, D. S. 14,149,868

REBURIAL

Previous's buried in Hiesville

Plot A Row 19 Grave 183

FILE

JUN 8 1945

Signature of Officer or other person reporting burial

Verified by G.R.S. Officer

F. A. GREULICH CAPT. QMC

HQ. SEC. 22/6/45. 180M/R/12210

220477

IF DECEASED UNIDENTIFIED

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

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

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

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

Left Hand

2

1

Thumb

Right Hand

2

1

Thumb

TOOTH CHART

Deceased's Left

Deceased's Right

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Upper															
Lower															

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

Characteristics:

Other Data:

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

GRAVES REGISTRATION
Form No. 1
(Revised 3 Sept. 1943)**RESTRICTED**
REPORT OF BURIAL

TM 10-630 AND AR 30-1815

Plyler Sam D PFC 11 June 44 11 June 44
 Last Name First Initial Rank Date
 Co 506th Parachute Infantry Regiment 101st AB Div.
 Unit Organization
 Place of Death Blowville Blowville
 Time and Date of Burial 2100 11 June 1944 388925
 Name of Cemetery Name or Coordinates of Location
 Grave Number 183 Row Number 19 Plot Number A Type of Marker Cross

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. 184
 Deceased's Right: Name Serial No. Rank Organization Grave No.
Not Used 182
 Deceased's Left: Name Serial No. Rank Organization Grave No.

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

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



Emergency Addressee _____ Name _____

Address _____

Religion 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., QAC, DGRSO

Verified by G.R.S. Officer

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: 1

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

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

Left Hand

2

1

Thumb

2

1

Thumb

TOOTH CHART

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

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

Indicate: missing natural teeth by X; crowns by C; fillings by F; Bridges by B; missing upper teeth; replacement by artificial teeth by A

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.

AG FBR HQ 525 2-44/100M/22560

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/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)					
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)					
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT	
YES	NO	YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS	
YES	NO	YES	NO	YES	NO
OTHER PAY STATUS (SPECIFY BELOW)		YES		NO	

ADDITIONAL DATA AND/OR STATEMENT

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

☐ BATTLE

☐ NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR

J. A. Marshall
J. A. Marshall
ADJUTANT GENERAL

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

REPORT OF DEATH

DATE 22 July 1944
ac/med 4632

FULL NAME <u>Flyler, Sam D.</u>		ARMY SERIAL NUMBER <u>14 149 868</u>		GRADE <u>17C</u>	
HOME ADDRESS <u>Wappell, South Carolina</u>		ARM OR SERVICE <u>Parachute Infantry</u>		DATE OF BIRTH <u>26 Apr 1918</u>	
PLACE OF DEATH <u>France</u>		CAUSE OF DEATH <u>Killed in action</u>		DATE OF DEATH <u>23 June 1944</u>	
STATION OF DECEASED <u>European Area</u>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <u>21 Sep 1942</u>		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS <u>1</u> <u>9</u> <u>5</u>	
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <u>Mattie S. Flyler, wife, 404 North Poplar, Charlotte, North Carolina</u>					
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <u>Mattie S. Flyler, mother, AFD #1, Wappell, South Carolina</u> <u>Samuel S. Flyler, father, AFD #4, Monroe, North Carolina</u> <u>Mattie S. Flyler, wife, 404 North Poplar, Charlotte, North Carolina</u>					
INVESTIGATION MADE		IN LINE OF DUTY		OWN MISCONDUCT	
YES	NO	YES	NO	YES	NO
	<u>X</u>		<u>X</u>		<u>X</u>
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS	
YES	NO	YES	NO	YES	NO
	<u>X</u>		<u>X</u>		<u>X</u>
OTHER PAY STATUS (SPECIFY BELOW)					
YES	NO				
	<u>X</u>				

ADDITIONAL DATA AND/OR STATEMENT

On Parachute Pay

COPIES FURNISHED:		
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Z. O. C. M. G.	O. P. D.	ARMY EFFECTS BUREAU
S. A. O.	VET. ADMIN.	CASUALTY BRANCH FILE
		A. G. 201 FILE

☒ BATTLE
☐ NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR.

J. Marshall
ADJUTANT GENERAL

28 JUL 1944 FILE

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

-BATTLE CASUALTY REPORT

NAME PLYLER SAM D		SERIAL NUMBER 14149868	GRADE PFC	ARM OR SERVICE INF	REPORTING THEATRE ETO
PLACE OF CASUALTY FRANCE	DATE OF CASUALTY DAY 23 MONTH JUN YEAR 44	FLYING OR JUMPING STAT J	TYPE OF CASUALTY KIA	SHIPMENT NUMBER 115	

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 BETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON. THE RELATIONSHIP, IF ANY, IS SHOWN BELOW. IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT-OF-KIN OR RELATIVE DESIGNATED TO BE PAID SIX MONTHS' PAY GRATUITY IN CASE OF DEATH.

MR.-MRS.-MISS MRS	FIRST NAME MARTHA	MIDDLE INITIAL E	LAST NAME PLYLER	RELATIONSHIP WIFE
NO. AND NAME OF STREET 404 NORTH POPLAR		CITY CHARLOTTE	COUNTY NORTH CAROLINA	STATE NORTH CAROLINA

REMARKS:

☐ CORRECTED COPY
Evidence of death received in WD -----

6 JULY 1944 ELB



ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED <input checked="" type="checkbox"/> FORM <input checked="" type="checkbox"/> AG 201 REQ <input checked="" type="checkbox"/>					
CASUALTY BRANCH FILE ATTACHED <input checked="" type="checkbox"/>		OR CHARGED TO <input checked="" type="checkbox"/>		DATE July 41	
PREVIOUSLY REPORTED <input checked="" type="checkbox"/>		NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> (AS INDICATED BELOW)			
FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED	
REPORT NOT VERIFIED <input type="checkbox"/> NO FORM 43 <input type="checkbox"/> NO CAS. BR. FILE <input checked="" type="checkbox"/> CHECKED BY J. H. Smith REVIEWED BY Anderson					

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

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

DISTRIBUTION

COPIES FURNISHED:

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☐ 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.J.S., W.D.G.S.

☐ CHIEF, WAR BOND DIVISION
☐ CHIEF, WAR BOND OFFICE
☐ C.G., ARMY GROUND FORCES
☐ C.G., 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.
☐ SEAMEN'S RECORDS & WELFARE UNIT U.S.C.G.
☐ SOCIAL SECURITY BOARD
☐ SURGEON GENERAL
☐ THE ADJUTANT GENERAL
☐ U.S. EMPLOYER'S COMPENS. COMM.
☐ WAR SHIPPING ADMINISTRATION
☐ WILLS UNIT, CASUALTY BRANCH

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

124209

*CORRECTED REPORT
Original forwarded 22 Jul 44

REPORT OF DEATH

DATE 21 Sept 1944
tra/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)			
COPIARY (NAME, RELATIONSHIP & ADDRESS)			
INVESTIGATION MADE?	IN LINE OF DUTY	OWN MISCONDUCT	WAS DECEASED ON DUTY STATUS
YES NO	YES NO	YES NO	YES NO
AUTHORIZED ABSENCE		IN FLYING PAY STATUS	OTHER PAY STATUS (SPECIFY BELOW)
YES NO		YES NO	YES NO

ADDITIONAL DATA AND/OR STATEMENT

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

☐ BATTLE

☐ NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

J. A. Marshall

ADJUTANT GENERAL

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

124209
215400

REPORT OF DEATH

DATE 22 July 1944
ac/med 4532

FULL NAME Flyler, Sam D.		ARMY SERIAL NUMBER 14 149 268	GRADE PVT	
HOME ADDRESS Chappell, South Carolina		ARM OR SERVICE Parachute Infantry	DATE OF BIRTH 20 Apr 1918	
PLACE OF DEATH France		CAUSE OF DEATH Killed in action		DATE OF DEATH 11 June 1944
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 21 Sep 1942	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS 1 9 5	
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Martha S. Flyler, wife, 404 North Poplar, Charlotte, North Carolina				
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mamie J. Flyler, mother, AFD #1, Chappell, South Carolina Bethel R. Flyler, father, AFD #4, Lenoir, North Carolina Martha S. Flyler, wife, 404 North Poplar, Charlotte, North Carolina (Not a relative)				
INVESTIGATION MADE?	IN LINE OF DUTY	OWN MISCONDUCT	WAS DECEASED ON DUTY STATUS	AUTHORIZED ABSENCE
YES NO	YES NO	YES NO	YES NO	YES NO
X	X	X	X	X
IN FLYING-PAY STATUS				
YES NO				
X				
OTHER PAY STATUS (SPECIFY BELOW)				
YES NO				
X				

ADDITIONAL DATE AND/OR STATEMENT

On Parachute Pay

flyler

COPIES FURNISHED:		
B. G. O.	F. B. I.	F. O. U. S. A.
Z. O. O. M. G.	O. P. O.	ARMY EFFECTS BUREAU
B. A. O.	VET. ADMIN.	CASUALTY BRANCH FILE
		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. 124209Date 4 August 1945

SUBJECT: Report of transaction in disposing of the effects of

Sam D. Flyler 14149868 late a
(Name of decedent) (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., KQCM Depot, dated 25 September 1943, for the purpose of disposing of the effects of the above-named soldier, or person subject to military law, reports that:

a. No legal representative or widow of decedent being present at 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 KQCM Depot, dated 25 September 1943, the application or affidavit of Mrs. Martha E. Flyler 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. Flyler of 307 West 11th Street Charlotte State of North Carolina (Number, Street or Avenue) (City, Town or Village) 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 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

IN REPLY REFER TO

124208

RTB:EW: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

bm

ARMY SERVICE FORCES
ARMY EFFECTS BUREAUORDER FOR SHIPMENT

SHIP TO:

Mrs. Martin E. Flyler

307 West 11th Street

Charlotte, North Carolina

Effects of: Pfc. Sam D. Flyler
Name
ASN 11149868
Case No. 124209 D
Wt.

DATE 14 August 1945*V. Martin*
FOR: Effects Quartermaster

REMARKS: RTB:RW:bw

☐ Inclose Bureau Check
☐ Acct. No. _____
☐ Amount _____
☐ Inclose "Valuables" item
☐ Ship "Valuables" item(s)

☐ Remove G.I.
☐ Note discrepancy in _____
☐ Films removed
☐ Diary removed
☐ Laundry removed

ROUTING:

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

REMARKS:

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

R
AUG 8 1945
Shipping Clerk

Eff. QM Form 14 (25 Dec 44)

PACKAGE DESCRIPTION #1 ctn	ARMY EFFECTS BUREAU INVENTORY 124,209	DECEASED <input checked="" type="checkbox"/>
		MISSING <input type="checkbox"/>
		P.O.W. <input type="checkbox"/>
		ABANDONED <input type="checkbox"/>
		TALLY NO. 1680
		INV. DATE 18 July 45
		ORIG. NO. OF PAGES 1
NAME SAM D. PLYLER		BOX NO. 1
A.S.N. 5419 8868		SHEET 1 OF 1 SHEETS
		ORGANIZATION 506 Bldg Coy

Belt	TCWELS & WASHCLOTHS	WINGS
RELT. MONEY (NO MONEY)	CLOTHING	BAGS, CLOTH OF TRAVEL
Cloth, wash	BRACELET IDENT.	BILLFOLD, (NO MONEY)
Coats	Brushes	TRUNK
Footwear, Pr.	CANTRAS	Footlocker
Gloves, Pr.	Glasses	KIT, BOW, TIE, OR WRITING
Handkerchiefs	Knives	BOOKS
Headwear	Lighters	Books, Address
Jackets	MISC. <input checked="" type="checkbox"/>	Books, Pilot Log
Overcoats	Pen, Fountain	DIARY (REMOVED FOR DOR)
Scarfs	Knell, Mechanical	PIIMS
Shirts	Pipes	Litters
Socks, Pr.	RELIGIOUS ARTICLES	Papers, Personal
Ties	PIBONS, DECORATION	Photos
Towels	Rings	Shoe Shine Articles
Trousers, Pr.	Tobacco	SHORT SHOPPER
Trunks, Pr.	Toilet articles	SOFTWEAR
Underwear	WATCH	SOUVENIR MONEY <input checked="" type="checkbox"/>
		Stationery
		TRAMPANTS
		U.S. MONEY (AMOUNT)

REMARKS **Hannibal Plyler, P-1 Chappel, L.C.** ATTACHMENTS ☒ FORM #54 ☒ FORM #100

C.A.T.	WEIGHT	G.I. REMOVED
WAREHOUSE SPACE 720		SHORTAGE ON REVERSE
INVENTORIED BY Reynolds		IDENT. TAGS REMOVED
PACKED BY new hand		DIKEY REMOVED
STORIED BY RL	DATE SHIPPED AUG 8 1945	LOCKED STORAGE
CHECKED BY RL		LAUNDRY REMOVED
		FILM REMOVED

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

S.I. REMOVED

NAME PYLER, SAM D. PF 9868

BAY	PALLET	BOX	TALLY
41	33		8680
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
CTN			

Eff. QM Form 43

INVENTORY OF EFFECTS

(See AR 600-100)

Phyke, Sam B *19180212*
 (Last name) (First name) (Middle initial) (Army serial number)
1st Lt *SECRETARY*
 (Grade) (Organization or arm or service)

into a _____ day of _____, 19____
 (Grade) (Organization or arm or service)
 who died on the _____ day of _____, 19____

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

NUMBER	ARTICLES	*PACKAGE NUMBER
	<i>Insignia</i> ✓	
<i>2</i>	<i>Football Pins</i> ✓	
<i>1</i>	<i>Sewing kit</i> ✓	
	<i>Personal Letter</i> ✓	
	<i>Photos</i> ✓	

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

CLASS II—Other effects

NUMBER	ARTICLES



ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPOT
501 HANDESY AVENUE
KANSAS CITY 1, MISSOURI

IN REPLY REFER TO 124209

JRM:KD:ct
April 20, 1945

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

Dear Mrs. Plyler:

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. Plyler 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 WHEMIEC
2nd Lt. Q.M.C.
Chief, Correspondence Branch

IMMEDIATE ACTION

File m

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 Rhyler
307 W Eleventh St.
Charlotte, N. C.

No. 124-209

RECEIVED
KANSAS CITY, MO.
APR 10 1945

RECEIVED
KANSAS CITY, MO.
APR 10 1945



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

No. 124,209

JRM:VM:eb
February 15, 1945

IN REPLY REFER TO

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

Dear Mrs. Plyler:

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

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

12020922 DOL

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 husbands and he
was killed about eight months
ago. I was wondering why
I hadn't and as I had this
address to write where they
would be sent from, though
maybe I could find out why
I haven't from you.

2-12

m w

I thank a lot,
Mrs Sam Rhyler
415 North Poplar St.
Charlotte, N.C.

Jily
Gib

WINDSLEY, MA
FEB 10 1945