

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

26 July 1944

Date

REBURIAL

Saunders	Edgar	T.	Tec 5	14084053
Unknown	505	Para	1st Regt	82nd A/B Div
France	Unknown	26	44	KIA
26 July 1944	26 July 1944	Erosville	France	France
49	3	R		Cross
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
Grave 300-923

REINTERRED FROM COORD 300:923

What means of identification were buried with the body?

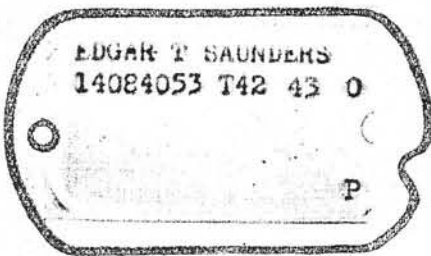
REBURIAL

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

Who is buried on:

Deceased's Right:	Kunicki, Igor	32967266	1st	Infantry	50
	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	Speed, Arch C.	0-1031028	1st Lt.	Cavalry	48
	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 Charlene A. Saunders
Name

Rt # 5, Box 50, Orlando, Florida.
Address

Religion Protestant

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

- lighter
 - pictures
 - wallet
 - pen
 - key on medal
 - 7 pence, souvenir
- CURRENCY: 200 francs
2 pound
10 shillings

Signature of Officer or other person reporting burial
F. A. G...
Capt., GSC

Verified by G.R.S. Officer

Serial No. 14084583 Name Saunders, Edgar T.

Grade T/5 Rank

Organization 72 AB

Address

Nearest Relative Charlotte A. Saunders (wife)

Address Rt. 5 Box 50 J.P. Orlando, Florida

Killed in Action yes Died of Disease

Date 7/20/44 Hospital

Battle Area Information

Place of Burial Bloomville Cemetery (France)

Point of Coordination 364-934

Description of Body

Members Missing

Signed [Signature]

File copy

R-3

DISINTERMENT DIRECTIVE

1

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
3508 04383

DATE
15 | 02 | 48
DAY | MONTH | YEAR

NAME
SAUNDERS EDGAR T

SERIAL NUMBER
14084053

RANK
TEC5

ARM
1

DATE OF DEATH
DAY | MONTH | YEAR

CEMETERY
BLOSVILLE - CARENTAN

DISPOSITION OF REMAINS
4200 05

PLOT ROW GRAVE COUNTRY
R 3 49 FRANCE

CAUSE OF DEATH
1

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
CARRY HAND FUNERAL DIRECTOR, INC.
36 WEST PINE STREET
ORLANDO, FLORIDA

NAME AND ADDRESS OF NEXT OF KIN
JOSEPH H. SAUNDERS (FATHER)
ROUTE #5, BOX 47B
ORLANDO, FLORIDA

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME SAUNDERS, Edgar T,	SERIAL NUMBER 14084053	RANK T/5	DATE OF DEATH UNK	DATE DISTINTERRED 8 DEC. 47
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION USAGF	RELIGION P	IDENTIFICATION VERIFIED BY R.W. Gansel, 1/Lt., MC. NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Uniform	CONDITION OF REMAINS Advanced decomposition
-----------------------------	------------------------------------------------

OTHER MEANS OF IDENTIFICATION
None

MINOR DISCREPANCIES
None

REMAINS PREPARED AND PLACED IN CASKET

DATE 23 JAN 48 BY H.F. Pergande

CASKET SEALED BY
H.F. Pergande

EMBALMER (Signature)
H.F. Pergande

CASKET BOXED AND MARKED
DATE 23 JAN 48 BY H.F. Ryder

SHIPPING ADDRESS VERIFIED BY
JOHN PALYOK, JR., 1/Lt., PA.

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

John Palyok Jr
JOHN PALYOK, JR., 1/Lt., PA.

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report OMC Form 1194a for major discrepancies.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC, Blossville		TO Casketing Point A, Cherbourg	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER T/A Kovalski	
SIGNATURE OF SHIPPER <i>W. J. Daily</i> W. J. DAILY, Capt., GNC	DATE 6 JAN 48	SIGNATURE OF RECEIVER <i>E. N. S. [unclear]</i> E. N. S. [unclear], 1st Lt., [unclear]	DATE 6 JAN 48

2. SHIPPED

FROM Casketing Point A, Cherbourg		TO Port Unit, Cherbourg	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>E. N. S. [unclear]</i> E. N. S. [unclear], 1st Lt., [unclear]	DATE	SIGNATURE OF RECEIVER <i>John E. Hendry Jr.</i> JOHN E. HENDRY JR., MAJOR, CAC	DATE

3. SHIPPED

FROM CHERBOURG PORT UNIT		TO NYFE	
KIND OF CONVEYANCE USSS LAWRENCE VICTORY		NAME OF CONVOYER JOSEPH J. CARROLL, 1st Lt., T.C.	
SIGNATURE OF SHIPPER JOHN E. HENDRY JR. MAJOR CAC	DATE 26 April 1948	SIGNATURE OF RECEIVER <i>Joseph J. Carroll</i> JOSEPH J. CARROLL, 1st Lt., T.C.	DATE APR 26 1948

4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Robert I. McKinnon</i> ROBERT I. MCKINNON, COLONEL, T. C. PORT TRANSPORTATION OFFICER	DATE MAY 7 1948

5. SHIPPED

FROM <i>NYFE</i>		TO <i>DC #5</i>	
KIND OF CONVEYANCE <i>Trains</i>		NAME OF CONVOYER <i>Albert L. [unclear] PFC</i>	
SIGNATURE OF SHIPPER ROBERT I. MCKINNON COLONEL, T. C. PORT TRANSPORTATION OFFICER	DATE 15C 1948	SIGNATURE OF RECEIVER <i>Francis [unclear] Capt GNC</i>	DATE 5/11/48

6. SHIPPED

FROM		TO	
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

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

REPORT OF DEATH

DATE **5 Sept 1944**
EEB/mrj/4624

FULL NAME 193 Saunders, Edgar T.		ARMY SERIAL NUMBER 14 084 053	GRADE Tec. 5
HOME ADDRESS Orlando, Florida		ARM OR SERVICE Inf.	DATE OF BIRTH 22 Jan 1921
PLACE OF DEATH European Area	CAUSE OF DEATH Killed in action		DATE OF DEATH 26 July 1944
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 14 Oct 1942	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) 50-J P ✓ Mrs. Charlene A. Saunders, wife, Route Five, Box 50, Orlando, Florida			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Charlene A. Saunders, Wife, same as above. Mrs. Mary B. Carter, mother, Route # 5, Box 47-B, Orlando, Florida Mr. Joseph H. Saunders, father, Route # 5, Box 50 LS, Orlando, Florida.			
INVESTIGATION MADE?		IN LINE OF DUTY	OWN MISCONDUCT
YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE	
YES	NO	YES	NO
IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO
	X	X	

ADDITIONAL DATA AND/OR STATEMENT

Parachute pay

The individual named in this report is shown by the records of the War Department to have been absent in a missing in action status on 6 June 1944 ~~and~~ and subsequently reported killed in action on 26 July ~~1944~~ 1944 ~~that~~ Such absence was terminated on 27 August 1944 on which date evidence of death was received by the Secretary of War from the Commander in the European Area.

COPIES FURNISHED:			<input checked="" type="checkbox"/> BATTLE	BY ORDER OF THE SECRETARY OF WAR: <i>[Signature]</i> ADJUTANT GENERAL
S. G. O.	F. B. I.	F. O., U. S. A.	<input type="checkbox"/> NON-BATTLE	
2. O. C. M. G.	O. F. D.	ARMY EFFECTS BUREAU CASUALTY BRANCH FILE		
G. A. O.	VET. ADMIN.	A. G. 201 FILE		

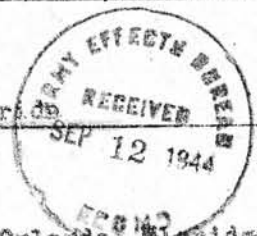
WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON 25, D. C.

222714 ✓ *EW*

REPORT OF DEATH

DATE **5 Sept 1944**
EBR/mrj/4624

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50-J P																																													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Charlene A. Saunders, wife, Route Five, Box 5222, Orlando, Florida																																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">INVESTIGATION MADE?</td> <td colspan="2">IN LINE OF DUTY</td> <td colspan="2">OWN MISCONDUCT</td> <td colspan="2">WAS DECEASED ON DUTY STATUS</td> <td colspan="2">AUTHORIZED ABSENCE</td> <td colspan="2">IN FLYING PAY STATUS</td> <td colspan="2">OTHER PAY STATUS (SPECIFY BELOW)</td> </tr> <tr> <td>YES</td><td>NO</td> <td>YES</td><td>NO</td> <td>YES</td><td>NO</td> <td>YES</td><td>NO</td> <td>YES</td><td>NO</td> <td>YES</td><td>NO</td> <td>YES</td><td>NO</td> </tr> <tr> <td></td><td></td> <td></td><td></td> <td></td><td></td> <td></td><td></td> <td></td><td></td> <td></td><td></td> <td>X</td><td>X</td> </tr> </table>				INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO													X	X
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)																																	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO																																
												X	X																																



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2. O. O. 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:

[Signature]
ADJUTANT GENERAL

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

222714
9800
189289

—BATTLE CASUALTY REPORT

NAME SAUNDERS EDGAR T				SERIAL NUMBER 14084053			GRADE TEC5		ARM OR SERVICE INF		REPORTING THEATRE ETO	
PLACE OF CASUALTY FRANCE				DATE OF CASUALTY DAY MONTH YEAR 06 JUN 44		FLYING OR JUMPING STAT J		TYPE OF CASUALTY MIA		SHIPMENT NUMBER 133		

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

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

MR.-MRS.-MISS—FIRST NAME—MIDDLE INITIAL—LAST NAME MRS CHARLENE A SAUNDERS				RELATIONSHIP WIFE			DATE NOTIFIED 24 July 1944	
NO. AND NAME OF STREET—CITY—STATE ROUTE NUMBER FIVE BOX FIFTY J P ORLANDO FLORIDA								

REMARKS:

CORRECTED COPY

24 July 1944 zab

file



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

CASUALTY BRANCH FILE ATTACHED _____ OR CHARGED TO _____ DATE _____

PREVIOUSLY REPORTED NO YES _____ (AS INDICATED BELOW):

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

FORWARDED TO SPEC. IDEN. TELEGRAM WOUNDED LETTER CORRES. S. R. & D. CERTIF. M. & M. NON-DEL.

REPORT NOT VERIFIED _____ NO FORM 43 _____ NO CAS. BR. FILE CHECKED BY *[Signature]* REVIEWED BY *[Signature]*

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

ACCT. AREA	CASUALTY STATUS	OR	DATE	MESSAGE NO.	LATEST CAS. DATE			REFERENCE AREA	CREW POS.	RESIDENCE		COMP	RACE												
					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 "A" 32 COPIES

(ALL TYPES OF CASUALTIES PERTAINING TO MILITARY PERSONNEL, EXCEPT WOUNDED.)
COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

DISTRIBUTION "B" _____ COPIES

(ALL WOUNDED MILITARY PERSONNEL AND ALL TYPES OF CASUALTIES PERTAINING TO CIVILIANS WHO ARE W. D. EMPLOYEES, EMPLOYEES OF W. D. CONTRACTORS AND OTHERS SUBJECT TO MILITARY LAW.)
COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

CORRESPONDENCE ACTION SHEET

Mr. _____
 Miss. _____
 Addressee: Mrs. Charlene A. Middleton *Remarried*
 State 1344 Stainer St. *Widow*
 City, State Philadelphia, Pa. Relationship _____
 Cemetery _____ Date letter 9 Dec '47
 Temporary: _____
 Permanent: R 3 49 Blossville France
 Plot Row Gr Cem. Name or No. City Country

Decedent:

Samuel A. Edgar

First

Initial

Rank

ASN

PARAGRAPHS (sequence)

-- ADDITIONAL -- DATA -- MODIFICATIONS --

165C

former
 The official report of burial received in this office indicates that the remains of your former husband were interred in a temporary grave near Blossville, the locality in which he died.

30
 2nd +
 3rd Par

2 -
 3 - *former husband*

166B

2 of 2 actions

14084053

Analyst Typist Reviewer

Modifications

OKed

Betuel

REPATRIATION RECORDS

DISINTERMENT

CAPT ROGERS

72262

GO ATGD ATLANTA GA ATTN: AGR DIVISION

RE DISINTERMENT DIRECTIVE 3508 04383 T/5 EDGAR T SAUNDERS 14084053
 NY-008R PD DISINTERMENT DIRECTIVE SHOULD REFLECT CONSIGNEE AS CAREY
 HAND FUNERAL HOME INC 32-36 WEST PINE STREET ORLANDO FLORIDA AND NOK
 AS FATHER MR JOSEPH H SAUNDERS ROUTE 5 BOX 501S ORLANDO FLORIDA
 END QMGR ROGERS

mh

22/8

MAY 8 2 58 PM '48
 TYP. SECTION
 MEMPHIS DIVISION

MAY 1948 1400 HOURS

QMGR 293

saunders, Edgar T. 14084053

MB

JOHN O. HYATT, COL, QMC

FAMILY CORRESPONDENCE BRANCH
ACCEPTANCE SECTION

DATE 7 May, 1948

243

<u>NAME</u>	<u>RANK</u>	<u>SERIAL NO.</u>	<u>DD#</u>
SAUNDERS, EDGAR T.	T/5	14 084 053	04383 05-4200 Disp.Mar.12,1948
<u>CEMETERY</u>	<u>PLOT</u>	<u>ROW</u>	<u>GRAVE</u>
BLOSVILLE, FRANCE	R	3	49

<u>OPTION</u>	<u>FROM</u>	<u>TO</u>
	NO CHANGE	
<u>CONSIGNEE</u>		
NAME	CARRY HAND FUNERAL DIRECTOR, INC.	CAREY HAND FUNERAL HOME, INC.
ADDRESS	36 WEST PINE STREET ORLANDO, FLORIDA	32-36 WEST PINE STREET ORLANDO, FLORIDA (FINAL BURIAL-GREENWOOD CEMETERY ORLANDO, FLORIDA)
DC #	# 05	
<u>NEXT OF KIN</u>		
NAME		JOSEPH H. SAUNDERS
ADDRESS		ROUTE # 5 BOX # 50LS ORLANDO, FLA.

AUTHORITY 345 ATTACHED.

ON PASSENGER LIST OF " LAWRENCE VICTORY", DOCKING MAY 7, 1948-CHANGE TO BE HANDLED THROUGH DISTRIBUTION CENTER PER CAPT. ROGERS.

FLYNN
J.DILLON -5 MAY, 1948
MULLIGAN

Dillon
DILLON

Twx sent out 8 May 48 - DC 05

N.A.T.

File 8 May 48

6-5-412 2/08

INSPECTION CHECKLIST

(For use at overseas port, U. S. Port, and Distribution Center)

Name	Rank	Serial Number
Saunders, Edgar T	Tec5	14084053
Source	Consignee Carry Hand Funeral Director, Inc. 36 West Pine Street Orlando, Florida	
Blosville - Carentan		
SHIPPING CASE - General Appearance (Check ONLY Discrepancies)	Condition of Shipping Case (Check One) <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Unsatisfactory	
Finish (Exterior)	Remarks Case scratched	
Finish (Interior)		
Handles		
Handle Bolts		
Stenciling - Nameplate		
Health Permit Marker		
Health Permit Number		
CASKET - General Appearance (Check ONLY Discrepancies)	Condition of Casket (Check One) <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Unsatisfactory	
Finish (Exterior)	Remarks Casket scratched	
Handles and Fastenings		
Stenciling - Nameplate		
Cam Locks (Sealing)		
Odor or Moisture		

ROUTED THROUGH

Mortuary Operating Room	Repair Shop
Condition of Remains <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Casket Repaired Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Casket Exchanged Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Shipping Case Repaired Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Shipping Case Exchanged Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Remarks repaired & finished

R4H

Time	Date	Signature of Mortician	Time	Date	Signature of Inspector
			157	5-20-48	<i>[Signature]</i>

Remarks

MESSAGEFORM

MESSAGE CENTER No.

TRANSMITTING MEANS

CRYPTOGRAPH OR CLEAR TEXT

CALLS

STA. SER. No.

PRECEDENCE

TRANSMISSION INSTRUCTIONS

ORIGINATOR

DATE-TIME GROUP

V

NR

ACTION

INFORMATION

EXEMPT

OPERATING SIGNALS

GROUP COUNT

GR

SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM: (Originator) Atlanta General Distribution Depot
Atlanta, Georgia

SECURITY CLASSIFICATION

ACTION TO:

DELIVER AND REPORT
ANY CHARGESPRECEDENCE FOR
ACTION INFORMATIONJOSEPH H. SAUNDERS
ROUTE #5, BOX 47B
ORLANDO, FLORIDA ORIGINAL MESSAGEREFERS TO ANOTHER MESSAGE
IDENTIFICATION CLASSIFICATION

INFORMATION TO:

THIS HEADQUARTERS HAS BEEN ADVISED THAT THE REMAINS OF DATE

TEC 5 EDGAR T SAUNDERS ARE ENROUTE TO THE UNITED STATES PD RECORDS OF THIS OFFICE INDICATE YOU WISH REMAINS DELIVERED TO CARRY HAND FUNERAL DIRECTOR INC 36 WEST PINE STREET ORLANDO FLORIDA PD PLEASE INSTRUCT FUNERAL HOME TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL PD 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 HOME WILL BE NOTIFIED BY TELEGRAM OF RAIL ROUTING AND SCHEDULED TIME REMAINS WILL ARRIVE AT RAILROAD STATION PD HE WILL BE REQUESTED TO PASS THIS INFORMATION TO YOU SO THAT YOU MAY MAKE FUNERAL ARRANGEMENTS PD REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT PD WITHIN 48 HOURS OF DATE OF THIS MESSAGE PLEASE CONFIRM BY TELEGRAM COLLECT TO ATLANTA GENERAL DISTRIBUTION DEPOT ATTENTION AMERICAN GRAVES REGISTRATION DIVISION ATLANTA GEORGIA ABOVE DELIVERY INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS PD PLEASE BE ADVISED THAT IT WILL NOT BE POSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH ANY

SECURITY CLASSIFICATION

AUTHORIZATION

SIGNATURE

ORIGINATING AGENCY

DATE-TIME GROUP

OFFICIAL TITLE

PAGE 1 OF 2

MESSAGEFORM		MESSAGE CENTER No.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT	
CALLS V	STA. SER. No. NR	PRECEDENCE	TRANSMISSION INSTRUCTIONS	ORIGINATOR	DATE-TIME GROUP
ACTION	INFORMATION		EXEMPT	OPERATING SIGNALS	GROUP COUNT GR

SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM: (Originator) Atlanta General Distribution Depot
Atlanta, Georgia

ACTION TO:

- .
- .
- .

INFORMATION TO:

SECURITY CLASSIFICATION	
PRECEDENCE FOR	
ACTION	INFORMATION
<input type="checkbox"/> ORIGINAL MESSAGE	
REFERS TO ANOTHER MESSAGE IDENTIFICATION	CLASSIFICATION

DESIRED CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER THE EXPIRATION OF THE 48 HOUR PERIOD PD YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY PD IF YOU SHOULD DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATION TO MAKE ARRANGEMENTS PD PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM PD

JOHN H. PRUITT
LT. COLONEL, QMC

SECURITY CLASSIFICATION		AUTHORIZATION	
ORIGINATING AGENCY		SIGNATURE	
SYMBOL	DATE-TIME GROUP	OFFICIAL TITLE	PAGE 2 OF

Req. — Wherem you may
record your wishes as to
the final resting place
of your beloved ones.

34A 1st Part only

115A 1 — Blossville

2 — St. Laurent

1668.

1 of 2 actions

cc to Arrowsmith

CORRESPONDENCE ACTION SHEET

Addressee: ^{Mr.} Miss. Mrs. Joseph H. Saunders Father
 State P. O. #5 Box 502S Relationship
 City, State Orlando, Florida 9 Dec '47
 Cemetery R 3 49 Blossville France
 Temporary: St. Laurent
 Permanent: Plot Row Gr. Cem. Name or No. City Country

PARAGRAPHS
(sequence)

-- ADDITIONAL -- DATA -- MODIFICATIONS --

The widow of your son,
 the late T/S _____ has informed
 this office of her remarriage.
 Inasmuch as the widow has
 remarried the right to de-
 signate the final disposition
 of the remains of your son
 reverts to the parent, the
 father having precedence over
 the mother.
 Please be advised that
 under separate cover we are
 mailing you the form

Decedent: Saunders Edgar
 Last Edgar
 First Edgar
 Initial ET
 Rank T/S
 ASN 14084053

Analyst Typist Reviewer

Modifications

OKed

Bethel

COMMUNICATIONS CENTER
RECEIVED

AY 4 12 57 PM '48

ATLANTA GEN. DIST. DEPOT

WUA223 32 COLLECT

ORLANDO FLO 4 1115A

ATLANTA GENERAL DISTRIBUTION DEPOT ATTN AMERICAN GRAVES
REGISTRATION DIVISION ATLA

RETEL PLEASE BE ADVISED ARRANGEMENTS AS ORIGINALLY MADE IN
THE CASE OF T/5 EDGAR T SAUNDERS, DECEASED, TO BE SHIPPED
TO CAREY HAND FUNERAL HOME, ORLANDO, FLORIDA, STILL REMAIN
IN EFFECT

JOSEPH H SAUNDERS.

1232P

LV

WESTERN
UNION

WESTERN
UNION

WESTERN
UNION

WESTERN
UNION

'N

CERTIFICATE

(AR 30-1830)

CLAIM VALID REPATH...

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

PART A - CIVILIAN OR PRIVATE CEMETERY

A

REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT	GRADE	SERIAL NUMBER	COMPONENT
------------------	-------	---------------	-----------

I certify that the sum of \$ 25,00 was paid by me from personal funds in connection with the interment of the remains of the above named decedent in the below named cemetery.

INSERT NAME OF CEMETERY	CITY OR COUNTY	STATE
-------------------------	----------------	-------

INSTRUCTIONS TO PERSON SIGNING THIS FORM

1. Fill in as required and sign ^{five} four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR.

2. Return four copies to:

SIGNATURE OF CLAIMANT
ADDRESS OF CLAIMANT (City, Street or RFD, and State)
RELATIONSHIP TO DECEDENT
DATE

PART B - NATIONAL OR POST CEMETERY

B

REQUEST FOR REIMBURSEMENT OF TRANSPORTATION EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT	GRADE	SERIAL NUMBER	COMPONENT
------------------	-------	---------------	-----------

I certify that the sum of \$ _____ was paid by me from personal funds in connection with the transportation of the remains of the above named decedent from and to the following places:

INSERT CITY OR TOWN (OR ADDRESS NOT IN A CITY OR TOWN) FROM WHICH REMAINS WERE SHIPPED	INSERT NAME AND LOCATION OF NATIONAL OR POST CEMETERY TO WHICH REMAINS WERE SHIPPED
----------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------

INSTRUCTIONS TO PERSON SIGNING THIS FORM

1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR.

2. Return four copies to:

Accounts of _____ Money

Check No. 83820

SIGNATURE OF CLAIMANT
ADDRESS OF CLAIMANT (City, Street or RFD, and State)
RELATIONSHIP TO DECEDENT
DATE

1

DISINTERMENT DIRECTIVE

M.K.

SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER 3508 04208		DATE 15 06 48 DAY MONTH YEAR		
NAME ROCKWELL ROBERT R				SERIAL NUMBER 31387989		RANK PVT		ARM 1
CEMETERY BLOSVILLE - CARENTAN						DATE OF DEATH 1 1300 01 DAY MONTH YEAR		
LOT T	ROW 7	GRAVE 129	COUNTRY FRANCE		DISPOSITION OF REMAINS 1 1300 01 CODE DIST. PT.			
CAUSE OF DEATH 1								

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE ROBERT T. MORSE 170 WESTFORD STREET LOWELL, MASSACHUSETTS (F/B DUNSTABLE, MASSACHUSETTS)				NAME AND ADDRESS OF NEXT OF KIN RALPH N. ROCKWELL (FATHER) RURAL FREE DELIVERY #1 EAST FAIRFIELD, VERMONT			
------------------------------------------------------------------------------------------------------------------------------------	--	--	--	--------------------------------------------------------------------------------------------------------------------	--	--	--

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME ROCKWELL, Robert R.		SERIAL NUMBER 31387989		RANK Pvt		DATE OF DEATH		DATE DISINTERRED 9 Dec 47	
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER		ORGANIZATION USAGF		RELIGION		IDENTIFICATION VERIFIED BY JOHN H. CLARK 2d Lt., QMC NAME AND TITLE			

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Uniform		CONDITION OF REMAINS Advanced decomposition							
OTHER MEANS OF IDENTIFICATION None									
OTHER DISCREPANCIES None									
REMAINS PREPARED AND PLACED IN CASKET									

DATE 27 Jan 48 BY W. T. BUSH				EMBALMER (Signature) <i>W. T. Bush</i>					
CASNET SEALED BY H. F. PERGANDE				CASNET BOXED AND MARKED Shipping address verified by All plates, markings and tags verified by: <i>G. N. Campa</i>					
DATE 27 Jan 48 BY H. B. RYDER									

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

except casketing

James Albover
JAMES A. HOOVLER, 1st Lt., Inf
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECEIPT OF REMAINS

DISTRIBUTION CENTER

ATLANTA GENERAL DISTRIBUTION DEPOT
ATLANTA, GEORGIA ⁶⁻³⁻⁴⁸

DELIVER AND REPORT
ANY CHARGES

ROUTINE

REMAINS CONSIGNED TO:

CAREY HAND FUNERAL DIRECTOR
ORLANDO, FLORIDA

REMAINS OF THE LATE ⁷⁹³ T/5 SAUNDERS, EDGAR T 14084053
BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT
ON TRAIN NUMBER 94, CENTRAL OF GEORGIA RAILROAD
LEAVING ATLANTA 9:05 PM 8 JUNE
AND DUE TO ARRIVE AT ORLANDO FLORIDA ON ACL #89 2:35 PM 9 JUNE

REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT STATION UPON ARRIVAL AND
THAT YOU IMMEDIATELY PASS THIS INFORMATION ON TO NEXT OF KIN

JOHN W. BRUFF
LT. COLONEL, GMC

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

THIS 9 DAY OF June, 19 48

WITNESS (Escort)

CONSIGNEE

CAREY HAND FUNERAL DIRECTOR

2

QMC FORM
15 NOV 46 1193

*File
not
found
2 July 48
m. Ward
6-10-48*

rs

OFFICE OF THE QUARTERMASTER GENERAL
MEMORIAL DIVISION

SUBJECT: NEW LOI
TO: MACHINE SECTION, R & R BRANCH, MEMORIAL DIVISION
ROOM 2701, TEMPORARY B BLDG

Date 25 Nov. 1947

TEC/5
Rank

243
SAUNDERS, EDGAR J.
Name

14084053
Serial No.

LOI to be sent to:

Grave Location:

Mr. Joseph H. Saunders
Mrs. Blusville, F.
Miss _____
Name Cemetery

D.T. #5, Box 50-LS
Street Plot Row Grave

Orlando,
City

Fla.
State

LOI SENT 4 DEC 1947

ROGERS
72262

File
2167
217047
PH

OFFICE OF THE QUARTERMASTER GENERAL
MEMORIAL DIVISION

SUBJECT: NEW LOI
TO: MACHINE SECTION, R & R BRANCH, MEMORIAL DIVISION
ROOM 2701, TEMPORARY B BLDG

Date 25 Nov. 1947

TEC/5
Rank

²⁴³
SAUNDERS, EDGAR J.
Name

14084053
Serial No.

LOI to be sent to:

Grave Location:

Mr.
Mrs.
Miss

Joseph H. Saunders
Name

Blaswell, Va.
Cemetery

Rt. #5, Box 50-LS
Street

R 3 49
Plot Row Grave

Orlando,
City

LOI SENT 4 DEC 1947

Fla.
State

ROGERS
72262

File
31 DEC 1947
9200-47
194

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

243
 Tec/5 Edgar T. Saunders, 1A 084 053
 Plot R, Row 3, Grave 49,
 United States Military Cemetery
 Bloisville, France

15 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 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

(NAME AND LOCATION OF CEMETERY)

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

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

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

YES NO

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

FILE
 11 DEC 1947

PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

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

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

	(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 CARTER	FIRST NAME MARY	MIDDLE INITIAL B.
RELATIONSHIP TO THE DECEASED MOTHER		
NUMBER AND STREET R.F.D Box 47-B	CITY OR TOWN ORLANDO	STATE OR COUNTRY FLORIDA

Oct. 21st 1947
(DATE)

Mrs. Charlene Middleton
(SIGNATURE)

1344 STEINBER
(STREET AND NUMBER)

CHARLENE MIDDLETON
(NAME PRINTED OR TYPED)

PHILADELPHIA PA.
(CITY AND STATE)

REQUEST FOR DISPOSITION OF REMAINS

4 Nif

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

DATE:

293
15 Edgar T. Saunders, 14 094 053
Plot B, Row 3, Grave 49,
United States Military Cemetery
Blacville, France

Accept
5 January 1948

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, Joseph H. Saunders (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
Greenwood Cemetery Orlando, Florida
(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.)

(Correction of spelling of name) Will be
Handed to State Dept Center
N.A.M. of
23rd 12 March

PART I (Continued)

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

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

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

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

FULL NAME OF FUNERAL DIRECTOR Carey Hand Funeral Home, Inc.			
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.

HIS MARK- Witnessed by: *James A. Cole*

X *William W. Ford*
(SIGNATURE OF NEXT OF KIN)

R.F.D.# 5 Box # 50LS
(STREET AND NUMBER)

Joseph H. Saunders
(NAME PRINTED OR TYPED)

Orlando, Florida
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 8th day of January,

19 48, at city (or town) of Orlando, county of Orange, and State (or Territory or

District) of Florida

John M. West
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

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

Notary Public, State of Florida at Orlando **NOTARY PUBLIC**
My commission expires October 24, 1949 (OFFICIAL TITLE)
Bonded by American Surety Co. of N. Y.

REQUEST FOR DISPOSITION OF REMAIN.

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

DATE: 4 December 1947

Teo 5 Edgar T. Saunders, 14 084 053
 Plot R, Row 3, Grave 49,
 United States Military Cemetery
 Bloisville, France

4 December 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, JOSEPH H SAUNDERS
(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

- | | | | |
|---------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> WIDOW | <input type="checkbox"/> WIDOWER | <input type="checkbox"/> SON OVER 21 YEARS OLD | <input type="checkbox"/> DAUGHTER OVER 21 YEARS OLD |
| <input checked="" type="checkbox"/> FATHER | <input type="checkbox"/> MOTHER | <input type="checkbox"/> BROTHER OVER 21 YEARS OLD | <input type="checkbox"/> SISTER OVER 21 YEARS OLD |
| <input type="checkbox"/> RELATIONSHIP OTHER THAN ABOVE <small>(Specify)</small> _____ | | | |

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

Conway Cemetery, Orlando, Fla.
(NAME AND LOCATION OF CEMETERY)

3. BE RETURNED TO _____, THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT _____

4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____

(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

JAN 19 1948

PART I (Continued)

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

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

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

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

FULL NAME OF FUNERAL DIRECTOR			
<i>Carr's Hand Funeral Director, Inc.</i>			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
<i>36 W. Pine St.</i>	<i>Orlando</i>	<i>Orange</i>	<i>Fla.</i>
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS		TELEPHONE No.
<i>UCL, Orlando, Fla.</i>	<i>36 W Pine St, Orlando, Fla.</i>		<i>4181</i>

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
<i>Cater, Mary</i>	<i>Mary</i>	<i>B</i>	<i>mother</i>
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
<i>Route 5, Box 47B</i>	<i>Orlando</i>	<i>Orange</i>	<i>Fla.</i>

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.

<p><i>Joseph H. Saunders</i> (SIGNATURE OF NEXT OF KIN)</p> <p>JOSEPH H. SAUNDERS (NAME PRINTED OR TYPED)</p>	<p><i>Witness: A.E. Heatherington</i> (SIGNATURE OF WITNESS)</p> <p><i>Route 5, Box 47B</i> (STREET AND NUMBER)</p> <p><i>Orlando, Fla.</i> (CITY AND STATE)</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Subscribed and duly sworn to before me according to law by the above-named applicant this 15th day of December, 1947, at city (or town) of Orlando, county of Orange, and State (or Territory or District) of Florida

A.E. Heatherington
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
 Notary Public, State of Florida at large.
 My Commission expires (OFFICIAL TITLE) 51.

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

WAR DEPARTMENT OF THE ARMY
MEMO ROUTING SLIP

hh

1	NAME OR TITLE Dir. Memorial Div, OQMG	INITIALS	CIRCULATE
	ORGANIZATION AND LOCATION 2401, Tempo B., Washington, D. C.	DATE	CONCURRENCE
2			FILE
			INFORMATION
3			NECESSARY ACTION
			NOTE AND RETURN
4			SEE ME
			SIGNATURE

REMARKS

1. For necessary action.

2. Technician Fifth Grade Edgar T. Saunders, 14 084 053, was killed in action on 26 July 1944 in France.

3. Writer has been advised of this reference.

2 Incls

Cpy. Ltr. dtd. 21 Oct 47

Cpy. Ltr. dtd. 2 Dec 47

Handled

FROM NAME OR TITLE Pers. Actions Br. Cas Sec. Fam. Rel. S/Unit	DATE 2 Dec 47
ORGANIZATION AND LOCATION 5E773, The Pentagon, Washington, D. C.	TELEPHONE 72450

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

JRM:IR:vw

Case No. 222714

Date 14 March 1945

SUBJECT: Report of transactions in disposing of the effects of

Edgar T. Saunders, 14024053 late a
(Name of deceased) (Army Serial Number)
Technician Fifth Grade, Infantry who died
(Grade) (Organization, Army or Service)
on the 25 day of July, 19 44, at European Area.

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

1. Complying with A.W. 112, a Summary Court-Martial, convened at Kansas City, Mo., pursuant to S.O., 228, Hq., KCQM Depot, dated 25 September 1943, for the purpose of disposing of the effects of the above-named soldier, or person subject to military law, reports that:

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

b. Local debtors owed decedent's estate \$ none, or 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 included 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 20 February 1945, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of _____

Mrs. Charlene A. Saunders 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. Charlene A. Saunders of
(Name of person found entitled)

Route #5, Box 50-JP, Orlando State of
(Number, Street or Avenue) (City, Town or Village)
Florida, is the widow of the
(Relationship or Capacity)

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

(3 copies to Effects Q.M. ETOUSA; 1 copy in box with effects; 1 copy retained)

5 August 1944
Date

HEADQUARTERS
508th PARACHUTE INFANTRY
APO 230 U. S. Army

(Organization and A.P.O. Number)



SUBJECT: Transmittal of Inventory of Personal Effects.

TO : Effects Quartermaster, ETOUSA, Depot G-11, APO 507,
U.S. Army.

Transmitted herewith in accordance with Adm. Cir. # 30, dated 25 Oct. 1943, Hq. SOS. ETOUSA, is inventory of effects concerning subject named below.

Saunders	Edgar	T.	Tec 5	11031053	1935
(Last Name)	(First Name)	(LT)	(Rank)	(A.S.N.)	(Control No.) (For use of Effects Q.M. ETOUSA)

Organization Co. C. 508th Parach. Inf.
(Unit - - - Dept. Branch of Service)

*Status. ~~XXXXXXXX~~ Missing in Action, ~~XXXXXXXXXXXX~~ on the 6th
day of June 44

Designated beneficiary (with Address):
Mrs Charlene A. Saunders (Wife)
Rt 5, Box 50-JP
Orlando, Fla.

file

Cl. II Assets: Cash found in effects, less cost of money order inclosed herewith

U.S.M.O. # 14153 Amt. \$5.33 U.S.M.O. # Amt. \$

U.S.M.O. # Amt. U.S.M.O. # Amt. \$

U.S. Official Check # NONE Amt. Bank
(Name and Branch)

Bank Accounts NONE

Debtors NONE

Creditors NONE

Inclosed is NONE INCL - M.O. \$5.33
(Will, Power of Attorney, War Bond, Travelers Checks. Describe Fully)

REMARKS (if any)

DECEASED
SEE CASUALTY REPORT NO. 66
DATED 27 AUG 1944

(Attach extra sheets if necessary)

7 Airmail Stamps
2 Pictures
2 EAME Ribbons
1 Pr British Wings
1 Pr Tennis Shoes
1 Toilet Bag
2 Good Conduct Ribbons
54 1 Pences
28 $\frac{1}{2}$ Pences
4 6 Pences
1 3 Pence
1 Coin Italian
1 pr Wings
2 Foreign Bank Notes
1 Social Security Cards
1 Envelope
1 Irish Pence

~~SECRET~~

I certify that the foregoing inventory comprises all of subject's effects and that effects were shipped to Effects QM, EPPOUSA, A.P.O. 507, G-14, U.S. Army by delivering to Effects, QM 82d A/R Div on 5 August 1944.

Joseph E. Martsough

SIGNATURE (in ink)

JOSEPH E. MARTSOUGH)
NAME) (Block
2ND LT. INF., PERSONNEL OFFICER) letters
Rank and organization

SHEET <u>1</u> OF <u>1</u> SHEETS	ARMY EFFECTS BUREAU INVENTORY		DECEASED MISSING P O W ABANDONED	<input checked="" type="checkbox"/>
BOX NUMBER <u>19</u>	ORIGINAL NUMBER OF PACKAGES <u>1</u>			
TALLY NUMBER <u>5811</u>	INVENTORY DATE <u>1-26-45</u>	CASE NUMBER <u>222,714</u>		
EFFECTS OF <u>Ed GER 7 SAUNDERS</u>	RANK <u>7/5</u>			
A.S.N. <u>14084053</u>	ORGANIZATION <u>82nd A/B Coy</u>			
PACKAGE DESCRIPTION <u>#1-2-18</u>				

CLOTHING	PERSONAL ITEMS	CONTAINERS
<input type="checkbox"/> BELT	<input type="checkbox"/> BRACELET, IDENTIFICATION	<input type="checkbox"/> BAGS, CLOTH
<input type="checkbox"/> BELT, MONEY (NO MONEY)	<input type="checkbox"/> BRUSHES	<input type="checkbox"/> BAGS, TRAVEL
<input type="checkbox"/> CLOTH, WASH	<input type="checkbox"/> CAMERAS	<input type="checkbox"/> BILLFOLD (NO MONEY)
<input type="checkbox"/> COATS	<input type="checkbox"/> GLASSES	<input type="checkbox"/> CASE,
<input type="checkbox"/> FOOTWEAR, PR.	<input type="checkbox"/> KNIVES	<input type="checkbox"/> FOOTLOCKER
<input type="checkbox"/> GLOVES, PR.	<input type="checkbox"/> LIGHTERS	<input type="checkbox"/> KIT, SEWING
<input type="checkbox"/> HANKERCHIEFS	<input type="checkbox"/> MISC. INSIGNIA	<input type="checkbox"/> KIT, TOILET
<input type="checkbox"/> HEADWEAR	<input type="checkbox"/> MISC. ITEMS	<input type="checkbox"/> KIT, WRITING
<input type="checkbox"/> JACKETS	<input type="checkbox"/> PEN, FOUNTAIN	<input type="checkbox"/> PAPERS AND MISC.
<input type="checkbox"/> OVERCOATS	<input type="checkbox"/> PENCIL, MECHANICAL	<input type="checkbox"/> BOOKS
<input type="checkbox"/> SCARFS	<input type="checkbox"/> PIPES	<input type="checkbox"/> BOOKS, ADDRESS
<input type="checkbox"/> SHIRTS	<input type="checkbox"/> RELIGIOUS ARTICLES	<input type="checkbox"/> BOOKS, NOTE
<input type="checkbox"/> SOCKS, PR.	<input type="checkbox"/> RIBBONS, DECORATION	<input type="checkbox"/> BOOKS, PILOT LOG
<input type="checkbox"/> TIES	<input type="checkbox"/> RINGS	<input type="checkbox"/> DIARY (REMOVED FOR DURATION)
<input type="checkbox"/> TOWELS	<input type="checkbox"/> TOBACCO	<input type="checkbox"/> FILMS
<input type="checkbox"/> TROUSERS, PR.	<input type="checkbox"/> TOILET ARTICLES	<input type="checkbox"/> LETTERS
<input type="checkbox"/> TRUNKS, PR.	<input type="checkbox"/> WATCH	<input type="checkbox"/> PAPERS, PERSONAL
<input type="checkbox"/> UNDERWEAR	<input type="checkbox"/> WINGS	<input type="checkbox"/> PHOTOS
		<input type="checkbox"/> SHOE SHINE ARTICLES
		<input type="checkbox"/> SHORT SHORTER
		<input checked="" type="checkbox"/> SOUVENIRS
		<input checked="" type="checkbox"/> SOUVENIR MONEY
		<input type="checkbox"/> STATIONERY
		<input type="checkbox"/> TESTAMENTS
		<input type="checkbox"/> U.S. MONEY (AMOUNT)

*file
all*

REMARKS:	ATTACHMENTS:	FORM #54	FORM #100				
<p><i>Charlene A Saunders R7 1/2 Box 509 P Orlando Florida.</i></p>		<p><i>1 envelope 1 photo</i></p>					
C.A.T. <i>none</i>	WEIGHT	<table border="1"> <tr> <td>SI REMOVED</td> </tr> <tr> <td><input checked="" type="checkbox"/> SHORTAGE ON REVERSE</td> </tr> <tr> <td><input type="checkbox"/> IDENT. TAGS REMOVED</td> </tr> <tr> <td><input type="checkbox"/> COPY REMOVED</td> </tr> </table>		SI REMOVED	<input checked="" type="checkbox"/> SHORTAGE ON REVERSE	<input type="checkbox"/> IDENT. TAGS REMOVED	<input type="checkbox"/> COPY REMOVED
SI REMOVED							
<input checked="" type="checkbox"/> SHORTAGE ON REVERSE							
<input type="checkbox"/> IDENT. TAGS REMOVED							
<input type="checkbox"/> COPY REMOVED							
WAREHOUSE SPACE	STORED BY <i>mk</i>						

SHORTAGES

U.S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

800 Francs
2 Pounds
10 Shillings

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

Williams

INVENTORY CLERK

Shaw

SUPERVISOR

G. I. REMOVED

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO: Mrs. Charlene A. Saunders

Effects of:

Name T/5 Edgar T. Saunders

ASN 14084053

Case No. 222,714 D

Wt.

RTB:VK:mm

DATE 27 August 1945

Jacobs
FOR: Effects Quartermaster

REMARKS:

Inclose Bureau Check
Acct. No. 150916
Amount \$14.12 *RD*
 Inclose "Valuables" item
 Ship "Valuables" item(s)

Remove G. I.
 Note discrepancy in name
 Films removed
 Diary removed
 Laundry removed

132604 dg

ROUTING:

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

150916

222714

August 30

45

Charlene A. Saunders

14.12

Fourteen and 12/100

REMARKS

Franked _____
Est. Exp. Chgs. _____
Est. Frt. Chgs. _____
No. of package _____

Shipping Clerk

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO: Mrs. Charlene A. Saunders
Route # 5, Box 50-JP
Orlando, Florida

Effects of:
Name T/5 Edgar T. Saunders
ASN 14,084,053
Case No. 222,714-D
Wt.

DATE 23 February 1945

JRM:VM:hjb

REMARKS:

- Inclose Bureau Check
- Acct. No. 51209
- Amount \$5.33
- Inclose "Valuables" item
- Ship "Valuables" item(s)

C. Barber
FOR: Effects quartermaster

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

ROUTING:

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

377-11 51209

52310 emh

222714

March 7

45

Charlene A. Saunders

5.33

Five and 33/100

REMARKS:

1 pkg

Blanked REMARKS

Est. Exp. Chgs. _____

Est. Frt. Chgs. _____

No. of packages _____

MAR 12 1945

Shipping Clerk *ink*



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

JRM:VM:cly
 March 3, 1945

222,714

IN REPLY REFER TO _____

Mrs. Charlene A. Saunders
 Route #5, Box #50-JP
 Orlando, Florida

fc

Dear Mrs. Saunders:

The Army Effects Bureau has received from overseas some personal effects of your husband, Technician Fifth Grade Edgar T. Saunders.

I am inclosing a check for \$5.33, representing funds which belonged to him. The remainder of the property is being forwarded to you in one package.

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

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

1 Incl--
 Check

222,714

RTB:VK:mas
August 27, 1945

Mrs. Charlene A. Saunders
Route 5, Box 50-J P
Orlando, Florida

Dear Mrs. Saunders:


The Army Effects Bureau has received additional funds of your husband, Technician Fifth Grade Edgar T. Saunders, in the amount of \$14.12. A check for this sum is inclosed.

As previously indicated, such property is forwarded for distribution in accordance with the laws of the state of the soldier's legal residence.

Sincerely,

C. B. QUINN
2nd Lt., OMC
Chief, Files Branch

1 Incl.
Check



SPQYG 293
Saunders, Edgar T. *pm*

27 March 1946

Mrs. Charlene A. Saunders
Route #5 Box 50-J P
Orlando, Florida

Dear Mrs. Saunders:

The War Department is most desirous that you be furnished the burial location of your husband, the late Technician Fifth Grade Edgar T. Saunders, A.S.N. 14 084 053.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery, Bloisville, France, plot R, row 3, grave 49.

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,

[Handwritten signature]
T. B. LARKIN
Major General
The Quartermaster General

107
MAY 23 11 07 AM '46
MAIL & RECORDS BRANCH
kbt

INS
[Handwritten mark]

Box 5 Edgar T. Saunders, 14 084 053
Plot R, Row 3, Grave 49,
United States Military Cemetery
Alesville, France

4 December 1947

Mr. Joseph H. Saunders
Route #5, Box 50-1S
Orlando, Florida

Dear Mr. Saunders:

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.

Tec/5 Edgar T. Saunders, 14 084 053
Plot R, Row 3, Grave 49,
United States Military Cemetery
Bosville, France

15 September 1947

Mrs. Charlene A. Saunders
Route #5, Box 50-J-P
Orlando, Florida

Dear Mrs. Saunders:

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. IARKIN
Major General
The Quartermaster General

Incls.
1244

DEPARTMENT OF THE ARMY



QMGMF 293
Saunders, Edgar T.
SN 14 084 053 *ea*

11 December 1947

Mr. Joseph H. Saunders
Rural Free Delivery #5, Box 50LS
Orlando, Florida

Dear Mr. Saunders:

The widow of your son, the late Technician Fifth Grade Edgar T. Saunders, has informed this office of her remarriage. Inasmuch as the widow has remarried the right to designate the final disposition of the remains of your son reverts to the parent, the father having precedence over the mother.

Please be advised that under separate cover we are mailing you the form "Request for Disposition of Remains", wherein you may record your wishes as to the final resting place of your beloved son.

The official report of burial indicates that the remains of your son were interred, in a dignified and solem manner, in Plot R, Row 3, Grave 49, in the U. S. Military Cemetery Bloisville, France, located twenty-five miles southeast of Cherbourg, France.

Although understanding your natural interest in the future status of the United States Military Cemetery Bloisville, France, where the remains of your son, now rest, I must inform you that this cemetery has not been designated as a permanent American Military Cemetery for our heroic dead of World War II.

Therefore, all remains presently interred in this cemetery will be carefully disinterred and either transferred to the nearest American Military Cemetery at St. Laurent, France, or returned to their Homeland. Please rest assured, however, that the entire journey will be accomplished under the care of trained personnel, with the dignified and solem respect due our honored dead.

QMGMF 293 Saunders, Edgar T. SN 14 084 053 11 December 1947 (Cont'd)

Please complete and return the "Request for Disposition of Remains" form at your earliest convenience in order that official action may be taken to comply with your desires.

Sincerely yours,

fw
cc Arrowsmith

RICHARD B. COOMBS
Major, QMC
Memorial Division

B
REC

Dec 12 3 33 PM '47
D. O. M. S.
RECORDS BRANCH

REFATRIATION
RECORDS BRANCH
DEC 12 2 24 PM '47
MEMORIAL DIVISION

27

AGPC-04 201 Saunders, Edgar T.
(21 Oct 47) 14 084 053

2 December 1947

Mrs. Charlene Middleton
1344 Steinber Street
Philadelphia, Pennsylvania

Dear Mrs. Middleton:

This is in reply to your letter concerning Technician Fifth Grade Edgar T. Saunders.

Your desire to secure additional information concerning the circumstances surrounding the death of Technician Saunders is most understandable. An examination of the records reveals that Technician Saunders was a member of Company C, 506th Parachute Infantry, 82nd Airborne Division. On 6 June 1944, the Division moved to drop zones near St. Mere Eglise and Chef de Fontaine, France. The Division forded across the Merderet River after it captured three towns. Six days after crossing the river, the 82nd Division secured Le Ham, France, and continued in action against the enemy. Technician Saunders, previously reported missing in action, was killed in action on 26 July 1944 in the vicinity of Blesville, France, as the result of a gunshot wound of the head. Information as to why Technician Saunders was reported missing in action is not available in this office.

A copy of your letter is being sent to The Quartermaster General, Washington, D. C., regarding the recovery of Technician Saundser's remains as that official has jurisdiction over matters of this nature.

I regret that the conditions of warfare have denied you and many other families complete knowledge of the circumstances surrounding the death of your loved ones. Please accept my sympathy.

Sincerely yours,

Edward F. Witsell

EDWARD F. WITSELL
Major General
The Adjutant General of the Army

993 Saunders, Edgar T., 14 084 053

DEPARTMENT OF THE ARMY
////////////////////

QMGMF 293
Saunders, Edgar T.
SN 14 084 053

11 December 1947

Mrs. Charlene A. Middleton
1344 Steinber Street
Philadelphia, Pennsylvania

Dear Mrs. Middleton:

This office has been requested to supply you with certain information pertaining to the remains of your former husband, the late Technician Fifth Grade Edgar T. Saunders.

The official report of burial received in this office indicates that the remains of your former husband were interred in a temporary grave near Blosville, France, the locality in which he died.

The remains buried in these many small and scattered cemeteries must necessarily be concentrated in larger, centrally located cemeteries, close to line of transportation as the first phase in "The Return of World War II Dead Program". During this essential transfer and reburial, the remains are under the constant care and protection of military escorts and every known method employed to preserve their identity. Pending final determination of disposition of the remains, they are carefully reburied in peaceful and beautiful environment dedicated to our honored dead, constantly guarded and cared for by our Army.

Thus, in conformity with The Program, the remains of your former husband have been disinterred from their original resting place and reburied in Plot R, Row 3, Grave 49, in the United States Military Cemetery Blosville, France.

I hope that you may obtain some consolation from this information.

Sincerely yours,

RICHARD B. COOMBS
Major, QMC
Memorial Division

fwb

B
RSC

Dec 12 3 23 PM '47

C. O. M. G.
MAIL & RECORDS

T/5 Edgar T. Saunders, 14 094 053
Plot R, Row 3, Grave 49,
United States Military Cemetery
Biosville, France

5 January 1948

Mr. Joseph H. Saunders
Rural Free Delivery #5
Box 501S
Orlando, Florida

Dear Mr. Saunders:

The people of the United States, through the Congress have authorized the disinterment and final burial of the heroic dead of World War II. The Quartermaster General of the Army has been entrusted with this sacred responsibility to the honored dead. The records of the War Department indicate that you may be the nearest relative of the above-named deceased, who gave his life in the service of his country.

The enclosed pamphlets, "Disposition of World War II Armed Forces Dead," and "American Cemeteries," explain the disposition, options and services made available to you by your Government. If you are the next of kin according to the line of kinship as set forth in the enclosed pamphlet, "Disposition of World War II Armed Forces Dead," you are invited to express your wishes as to the disposition of the remains of the deceased by completing Part I of the enclosed form "Request for Disposition of Remains." Should you desire to relinquish your rights to the next in line of kinship, please complete Part II of the enclosed form. If you are not the next of kin, please complete Part III of the enclosed form.

If you should elect Option 2, it is advised that no funeral arrangements or other personal arrangements be made until you are further notified by this office.

Will you please complete the enclosed form, "Request for Disposition of Remains" and mail in the enclosed self-addressed envelope, which requires no postage, within 30 days after its receipt by you? Its prompt return will avoid unnecessary delays.

Sincerely,

THOMAS B. LARKIN
Major General
The Quartermaster General

8 Incls. B

C O P Y

Mrs. Charlene Middleton
1344 Steinber St.
Philadelphia, Pa.
Oct 31st 1947

The Adjutant General
Casualty Branch
Munitions Building
Washington 25, D. C.

Dear Sir:

My former husband Tec. 5th Edgar T. Saunders 14 084 053, was killed overseas on July 29th 1944. I remarried on August 26th 1946 & I am no longer considered as next of kin.

But I have always wanted to know just how & where he was killed. I think it shall worry me for the rest of my life if I don't find out. He was reported as missing at first & I have also worried about that. Why was he missing & how did they find him? I would feel much better if I could have this information. The shock of the telegrams telling me at first he was missing & then killed nearly caused me to have a nervous breakdown. I'm not very well yet & the worry over this helps to keep me ill. I'm hoping you will please be able to send me any information possible; as I'm sure it will help me to understand this better. At times I still have the feeling he is alive & I wish he were. I need him so. I shouldn't say that now that I'm remarried but my husband understands. I still love my first husband & I always will no matter what happens. I haven't written for any information before as I was told I would get some sort of letter telling me I could when the time came. So please don't think I'm an awful person & not even send me some sort of answer, Please!

Thanking you I remain

/s/ Mrs. Charlene A. Middleton
(Saunders)