

6206

RECEIPT OF REMAINS

DISTRIBUTION CENTER

COLUMBUS GENERAL DISTRIBUTION DEPOT

COLUMBUS 15 OHIO

ROUTINE 27 JULY 1948

REMAINS CONSIGNED TO: THE SEABROOK COMPANY FUNERAL DIRECTORS

1119 EAST MARKET

NEW ALBANY INDIANA

FROM QMDCG _____ BARDEN

REMAINS OF THE LATE PVT LESLIE O HEDDEN ASN 35707143 BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT ON TRAIN NUMBER 51 BALTIMORE AND OHIO RAILROAD LEAVING COLUMBUS OHIO 4:33 AM TWENTY SEVEN JULY AND DUE TO ARRIVE NEW ALBANY INDIANA 12:09 PM RAILROAD TIME TWENTY SEVEN JULY. REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT STATION UPON ARRIVAL AND THAT YOU IMMEDIATELY PASS THIS INFORMATION ON TO THE NEXT OF KIN.

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

THIS 27 DAY OF July MONTH, 19 48

Charles M. Lane S/Sgt
WITNESS (Escort)

The Seabrook Co Inc
CONSIGNEE Paul W Seabrook

NOT FILE RECORDS ANNOTATED
DATE 20 Aug 48
NAME W. J. ...

DISINTERMENT DIRECTIVE

3

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
3586 01834

DATE
15 12 47
DAY MONTH YEAR

NAME
HEDDEN LESLIE O

SERIAL NUMBER
35707143

RANK
PVT

ARM
1

CEMETERY
ST MERE EGLISE NO 2 - CARENTAN

DISPOSITION OF REMAINS
1 5100 07
CODE DIST. PT.

PLOT
G

ROW
6

GRAVE
117

COUNTRY
FRANCE

CAUSE OF DEATH
1

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
THE SEABROOK CO.
1119 EAST MARKET
NEW ALBANY, INDIANA

NAME AND ADDRESS OF NEXT OF KIN
MRS. GRACE D. HEDDEN (MOTHER)
RURAL ROUTE #1
ELIZABETH, INDIANA

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME
HEDDEN, Leslie O.

SERIAL NUMBER
35707143

RANK
Pvt

DATE OF DEATH
4 July 1944

DATE DISTINTERRED
27 Apr 48

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
USAGF

RELIGION
Prot

IDENTIFICATION VERIFIED BY
Henry A. Gentzel
NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
OD uniform

CONDITION OF REMAINS Advanced decomposition;
fractured R. fibula; L. lower
extremities missing

OTHER MEANS OF IDENTIFICATION
None

MINOR DISCREPANCIES
None

REMAINS PREPARED AND PLACED IN CASKET
DATE 27 Apr 48 BY

Henry A. Gentzel
Henry A. Gentzel

CASKET SEALED BY
W. T. Bush

EMBALMER (Signature)
W. T. Bush
W. T. Bush

CASKET BOXED AND MARKED
DATE 4 May 48 BY R. Cook (except casketing)

SHIPPING ADDRESS VERIFIED BY
plates verified by
John Palyok, Jr.
John Palyok, Jr. 1 Lt FA

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

John A. Fagan
John A. Fagan 1 Lt Cav
SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC St Mere Eglise No 2		TO Casketing Point A Cherbourg	
KIND OF CONVEYANCE truck		NAME OF CONVOYER R. C. Frailey	
SIGNATURE OF SHIPPER <i>W. T. Dailey</i> W. T. Dailey Capt QMC	DATE 30Apr48	SIGNATURE OF RECEIVER <i>E. N. Ciampo</i> E. N. Ciampo 1 Lt FA	DATE 30Apr48

2. SHIPPED

FROM Casketing Point A Cherbourg		TO Port Unit	
KIND OF CONVEYANCE truck		NAME OF CONVOYER <i>Law</i>	
SIGNATURE OF SHIPPER <i>E. N. Ciampo</i> E. N. Ciampo 1 Lt FA	DATE 30Apr48	SIGNATURE OF RECEIVER <i>John Hendry</i> John Hendry Maj Cac	DATE

3. SHIPPED

FROM CHERBOURG PORT UNIT		TO NYPOE	
KIND OF CONVEYANCE USAT GREENVILLE VICTORY		NAME OF CONVOYER RAYMOND MC MANUS, CAPT. T.C.	
SIGNATURE OF SHIPPER JOHN E. HENDRY JR. MAJ., CAC	DATE 17/6/48	SIGNATURE OF RECEIVER <i>Raymond E. McManus</i> Raymond E. McManus	DATE 17/6/48

4. SHIPPED

FROM <i>USAT</i> GREENVILLE VICTORY		TO NYPOE	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER RAYMOND E. McMANUS Captain, TC Transport Commander	DATE 25/6/48	SIGNATURE OF RECEIVER <i>John E. McKinnon</i> COLONEL, T. C. PORT TRANSPORTATION OFFICER	DATE 25/6/48

5. SHIPPED

FROM <i>NYPOE</i>		TO DC7	
KIND OF CONVEYANCE <i>Truck</i>		NAME OF CONVOYER <i>Life Thomas C. Doran</i>	
SIGNATURE OF SHIPPER <i>John E. McKinnon</i> COLONEL, T. C. PORT TRANSPORTATION OFFICER	DATE JUN 27 1948	SIGNATURE OF RECEIVER <i>John E. McKinnon</i> John E. McKinnon	DATE JUN 28 1948

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

MESSAGEFORM

MESSAGE CENTER NO.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT	
CALLS	STA. SER. No.	PRECEDENCE	TRANSMISSION INSTRUCTIONS
V	NR		ORIGINATOR
ACTION	INFORMATION	EXEMPT	OPERATING SIGNALS
			GROUP COUNT
			6R

11-168
 18637-D

FROM: (Originator) SPACE ABOVE FOR SIGNAL CENTER ONLY

ACTION TO: PRIORITY
~~XXXXXXXX~~ SEE SPACE FOR HEDDEN
DER AND REPORT ANY CHARGES
 RURAL ROUTE #1
 ELIZABETH INDIANA

SECURITY CLASSIFICATION GOVT PD	
ACTION	PRECEDENCE FOR INFORMATION
DAY LETTER PRIORITY XXXXXXXX	
<input type="checkbox"/> ORIGINAL MESSAGE	
REFERS TO ANOTHER MESSAGE IDENTIFICATION	CLASSIFICATION

INFORMATION TO: FROM QMDCG 18637-D BARDEN

THIS HEADQUARTERS HAS BEEN ADVISED THAT THE REMAINS OF LATE PRIVATE
LESLIE O. HEDDEN
 ARE ENROUTE TO THE UNITED STATES. RECORDS OF THIS OFFICE INDICATE YOU WISH REMAINS
 DELIVERED TO THE SEABROOK COMPANY FUNERAL DIRECTORS 1119 EAST MARKET
NEW ALBANY INDIANA

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
 COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS OHIO ABOVE DELIVERY INSTRUCTIONS OR
 SUBMIT NEW DELIVERY INSTRUCTIONS. PLEASE BE ADVISED THAT IT WILL NOT BE POSSIBLE
 TO COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY INSTRUCTIONS
 RECEIVED AFTER THE EXPIRATION OF THE 48 HOUR PERIOD. YOUR PROMPT COOPERATION WILL
 GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. IF YOU SHOULD DESIRE MILITARY
 HONORS AT FUNERAL YOU SHOULD ASK ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATION TO
 MAKE ARRANGEMENTS. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM. NOTIFY
 THIS OFFICE OF PATRIOTIC OR VETERANS ORGANIZATION SELECTED BY YOU TO FURNISH
 MILITARY HONORS.

BOWMAN CG COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS OHIO

SECURITY CLASSIFICATION		AUTHORIZATION	
ORIGINATING AGENCY		SIGNATURE	
SYMBOL	DATE-TIME GROUP	OFFICIAL TITLE	PAGE
		FRANCIS FAPPIANO CAPT, QMC, Asst AGR Div	1 of 1

WUB156 25 COLLECT ELIZABETH IND JUN 24 1046A

~~BOWMAN COLUMBUS GENERAL DISTRIBUTION DEPOT~~

NO CHANGES IN INSTRUCTIONS NAME OF DECREASED IS PVT LESLIE O

HEDDEN MILITARY HONORS WILL BE FURNISHED BY HORNICAL POST

379 OF ELIZABETH INDIANA

MRS GRACE D HEDDEN

1232P

INSPECTION CHECKLIST
(FOR USE AT DISTRIBUTION CENTER)

<p><i>F. N. H. R.</i></p>					
NAME Hedden, Leslie G.		RANK Pvt.	SERIAL NUMBER 35707143		
SOURCE		CONSIGNEE The Seabrook Co. Funeral Directors 1119 E. Market, New Albany, Indiana			
SHIPPING CASE - GENERAL APPEARANCE (CHECK ONLY DISCREPANCIES)		CONDITION OF SHIPPING CASE (CHECK ONE) <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY			
FINISH (EXTERIOR)	REMARKS <i>touched up on top.</i>				
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 type="checkbox"/> UNSATISFACTORY			
FINISH (EXTERIOR)	REMARKS <i>Route through point and refinish lid</i>				
HANDLES AND FASTENINGS					
STENCILING - NAMEPLATE					
CAM LOCKS (SEALING)					
ODOR OR MOISTURE					
Routed Through					
<input type="checkbox"/> MORTUARY OPERATING ROOM			<input type="checkbox"/> MORTUARY REPAIR SHOP		
CONDITION OF REMAINS <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY		CASKET REPAIRED <input type="checkbox"/> YES <input type="checkbox"/> NO			
NECESSARY DISINFECTION (EXPLAIN)		CASKET EXCHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO			
		SHIPPING CASE REPAIRED <input type="checkbox"/> YES <input type="checkbox"/> NO			
		SHIPPING CASE EXCHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO			
		REMARKS <i>OK - 7-17-48</i>			
TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTOR
				<i>11/8/48</i>	<i>A. Beathorn</i>
REMARKS <i>Route through point and refinish lid.</i> <i>Casket Reurnished By <u>Blane</u> O. F.</i>					

CERTIFICATE

(AR 30-1830)

WORLD WAR II DECEASED

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 Leslie O Hedden	GRADE Pvt	SERIAL NUMBER 35707243	COMPONENT Army
I certify that the sum of \$ <u>120.00</u> was paid by me from personal funds in connection with the interment of the remains of the above named decedent in the below named cemetery.			
INSERT NAME OF CEMETERY DePwua Methodist Church Cemetery.	CITY OR COUNTY Harrison County, near Elizabeth.	STATE Indiana.	
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: (Return Original and 3 copies) to: AMERICAN GRAVES REGISTRATION DIVISION COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS 15, OHIO	SIGNATURE OF CLAIMANT <i>Grace D. Hedden</i>		
	ADDRESS OF CLAIMANT (City, Street or RFD, and State) Elizabeth. Indiana.		
	RELATIONSHIP TO DECEDENT Mother.	DATE 7/29/48	

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: PAID ON VOUCHER 20680 8/31/48 W. K. BOBELOCH, Lt. Col. F. D.	SIGNATURE OF CLAIMANT		
	ADDRESS OF CLAIMANT (City, Street or RFD, and State)		
	RELATIONSHIP TO DECEDENT	DATE	

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Pvt Leslie O. Hedden, 35 707 143
 Plot G, Row 6, Grave 117,
 United States Military Cemetery
 Ste. More Eglise #2, Franco

23 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, Grace D. Hedden

(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

Depauw Church Cemetary, Elizabeth, Indiana
 (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.)

DP processed 12/16/47 - Lewis
coded 11/13/47 Mitchell

OCT 23

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 The Seabrook Co.			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
1119 E. Market	New Albany	Floyd	Indiana
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	TELEPHONE No.	
New Albany, Indiana	New Albany, Indiana	2480	

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
Hedden	Ellis	R.	Brother
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
	Elizabeth	Harrison	Indiana

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.

Grace D. Hedden (SIGNATURE OF NEXT OF KIN) Rural Route #1 (STREET AND NUMBER)
Grace D. Hedden (NAME PRINTED OR TYPED) Elizabeth, Indiana (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 7th day of October, 1947, at city (or town) of Corydon, county of Harrison, and State (or Territory or District) of Indiana

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

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

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)

Pvt Leslie O. Hedden, 35 707 143
Plot G, Row 6, Grave 117,
United States Military Cemetery
Ste. Mere Eglise #2, France

23 September 1947

Mrs. Grace D. Hedden
Rural Route #1
Elizabeth, Indiana

Dear Mrs. Hedden:

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.

jpm

SEP 29 2 42 PM '47
G. O. M. G.
MAIL & RECORDS DIVISION

1946 293
Hedden, Leslie O.

Hedden, Leslie O.

6 August 1946

Mrs. Grace D. Hedden
Rural Route #1
Elizabeth, Indiana

Dear Mrs. Hedden:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Private Leslie O. Hedden, A.S.N. 35 707 143.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Ste. Mere Eglise #2, plot G, row 6, grave 117.

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

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

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

1946 AUG 14 11 46 AM '46
C.D.M. 201 & 202005 201000

12

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

14255

30 7 July 1944
Date

Hedden, Leslie O P1 Pvt 35707143
 Last Name First Initial Rank Serial No.
8th INF REG.
 Unit Organization
Normandy, France 4 July 1944 Left Leg Gone
 Place of Death Date of Death Cause of Death
1300 7 July 1944 St Mere Eglise #2 St Mere Eglise, France
 Time and Date of Burial Name of Cemetery Name or Coordinates of Location
117 6 G Cross
 Grave Number Row Number Plot Number Type of Marker

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

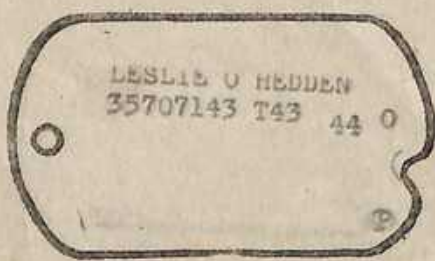
If No Identification Tags
How were remains identified?

What means of identification were buried with the body?

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

Who is buried on:
 Deceased's Right: Gee 0-496121 118
 Name Serial No. Rank Organization Grave No.
 Deceased's Left: Ellison 34725261 116
 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 Grace D. Hedden
 Name
R.R. #1 Elizabeth, Ind.
 Address
 Religion Protestant

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

- Fountain Pen
- Lighter
- Wrist Watch
- 1 Set EM Insignia
- Wallet
- Social Security Card

Forwarded to Effects Quartermaster

Wm. D. [Signature]
Signature of Officer or other person reporting burial

Verified by G.R.S. Officer

94 OCT 1944 FILE
[Signature]

ENCLOS 35

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

REPORT OF DEATH

DATE 15 August 1944

nrb 4633

FULL NAME Hedden, Leslie O.		ARMY SERIAL NUMBER 35 707 143	GRADE Pvt.										
HOME ADDRESS Elizabeth, Indiana		ARM OR SERVICE Infantry	DATE OF BIRTH 11 Jan 21										
PLACE OF DEATH European Area	CAUSE OF DEATH Killed in action		DATE OF DEATH 7 July 44										
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 4 August 43	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS										
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Grace D. Hedden, Mother, RR #1, Elizabeth, Indiana													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Grace Hedden, Mother, same as above Ellis Hedden, Brother, same as above													
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	

ADDITIONAL DATA AND/OR STATEMENT

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

BATTLE
 NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

John T. Winn
John T. Winn.

ADJUTANT GENERAL

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

JRM:HA:vf
Case No. 271163
Date 15 January 1945

SUBJECT: Report of transactions in disposing of the effects of

Leslie O. Hedden, 35707143 late a
(Name of deceased) (Army Serial Number)
Private, (Unknown) who died
(Grade) (Organization, Army or Service)
on the 7 day of July, 1944, at (Unknown)

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

1. Complying with A.W. 112, a Summary Court-Martial, convened at Kansas City, Mo., pursuant to S.O., 223, Hq., KCQM Depot, dated 25 September 1943, for the purpose of disposing of the effects of the above-named soldier, or person subject to military law, reports that:

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

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

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

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

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 9 January 1945, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Grace D. Hedden 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. Grace D. Hedden of (Name of person found entitled)

R. R. #1, Elizabeth State of
(Number, Street or Avenue) (City, Town or Village)
Indiana, is the mother of the
(Relationship or Capacity)

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

(Signature of Summary Court Officer)

W. F. HEHMAN, Major Q.M.C.
(Name, Rank, Organization)
SUMMARY COURT MARTIAL



ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPOT

601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

271168
IN REPLY REFER TO _____

GIG:VJ:dn
June 20, 1945

Mrs. Grace D. Hedden
R. R. # 1
Elizabeth, Indiana

Dear Mrs. Hedden:

The Army Effects Bureau has received some additional property of your son, Private Leslie O. Hedden.

These effects, contained in one carton, are being forwarded to you. If delivery is not made within thirty days from this date, please notify me so that tracer action may be instituted.

As previously indicated, personal property is transmitted by this Bureau for distribution according to the laws of the state of the soldier's legal residence.

Extending every sympathy, I am

Sincerely yours,

P. L. KOGB
1st Lt. Q.M.C.
Officer-in-Charge
SJ Unit

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Grace D. Hedden

R. R. # 1

Elizabeth, Indiana

SHIP TO:
Pvt. Leslie O. Hedden

Effects of: 35707143
Nar
ASI 271163 D
Car No.
Wt.

DATE 19 June 1945
GHG:VJ:vr

Q. B. Cowart

NO. 1: Effects Quartermaster

REMARKS:

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

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

ROUTING:

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

1 stu

REMARKS

FRANKED JUN 23 1945
I Paid
Ex. Chgs.
Est. Chgs.
No. of packages 1

ME

Shipping Clerk

JUN 13 1945

PACKING DESCRIPTION *HTJ*

ARMY EFFECTS BUREAU INVENTORY *a*

271163

DECEASED
MISSING
P.O.W.
ABANDONED

TALLY NO. 7629 ✓
TRV. DATE 30-May-45 ✓
ORIG. NO. OF PKGS. 1 ✓
BOX NO. 58 ✓
SHEET OF 1 SHEETS ✓
ORGANIZATION

NAME *Leslie Hedden*
A.S.N. *35707143* RANK

BELT	TOWELS & WASHCLOTHS	WINES
BELT, MONEY (NO MONEY)	CLOTHING	BAGS, CLOTH OR TRAVEL
CLOTH, WASH	BRACELET IDENT.	BILLFOLD, (NO MONEY)
COATS	BRUSHES	CASE
FOOTWEAR, PR.	CAMEPAS	FOOTLOCKER
GLOVES, PR.	GLASSES	KIT, SEW, TLT, OR WRITING
HANDKERCHIEFS	KNIVES	BOOKS
HEADWEAR	LIGHTERS	BOOKS, ADDRESS
JACKETS	MISC. INSIGNIA	BOOKS, PILOT LOG
OVERCOATS	PEN, FOUNTAIN	DIARY (REMOVED FOR DUR)
SCARFS	PENCIL, MECHANICAL	FILMS
SHIRTS	PIPES	LETTERS
SOCKS, PR.	RELIGIOUS ARTICLES	PAPERS, PERSONAL
TIES	RIBBONS, DECORATION	PHOTOS
TOWELS	RINGS	SHOE SHINE ARTICLES
TROUSERS, PR.	TOBACCO	SHORT SKORTER
TRUNKS, PR.	TOILET ARTICLES	SOUVENIRS
UNDERWEAR	WATCH	SOUVENIR MONEY
		STATIONERY
		TESTAMENTS
		U.S. MONEY AMOUNT

REMARKS *Mrs. Laura H. Mason (Aunt)*
Evans R'd'g. Ind.

ATTACHMENTS *Inventory*

FORM #54 FORM #100

C.A.T. *None*

WAREHOUSE SPACE *1836*

INVENTORIED BY *Harmon*

STORIED BY *MC*

CHECKED BY *S H*

DATE SHIPPED *JUN 23 1945*

WEIGHT

G.I. REMOVED

SHORTAGE ON REVERSE

IDENT. TAGS REMOVED

DIARY REMOVED

LOCKED STORAGE

LAUNDRY REMOVED

FILM REMOVED

#3 OF ADDITIONAL

File

NAME HEDDEN, LESLIE O. 7143

BAY

PALLET

BOX

7620
TALLY

19

38

TYPE OF PKG.

WHSE. SPACE

INVENTORIED

PKG



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

IN REPLY REFER TO: #271163 A

JRM:HA:mam
January 18, 1945

Mrs. Grace D. Hedden
R. R. #1
Elizabeth, Indiana

fc

Dear Mrs. Hedden:

The Army Effects Bureau has received from overseas some personal effects of your son, Private Leslie O. Hedden.

These effects are being forwarded to you in one package.

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

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

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

Yours very truly,

A. F. TIMMS
Administrative Assistant
Army Effects Bureau

INVENTORY OF PERSONAL EFFECTS

1 July 44

1 Knife, Hunting ✓
1 Kit, Toilet ✓
1 Book, Religious ✓

I certify that the personal effects listed above belong to:

HEDDEN, LESLIE O.
ASN 35707143
Rank-1

Daniel Gibbs
DANIEL GIBBS
Capt, QMC
GR & E Officer
52nd QM Base Depot

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mrs. Grace D. Hedden

Effects of:
Name Pvt. Leslie O. Hedden

R. R. #1

ASN 35707143

Elizabeth, Indiana

Case No. 271163 D₁₄ (Jan 10) 1945

Wt.

DATE 10 January 1945

JRM:HA:vf

B. Hurst

FOR: Effects Quartermaster

REMARKS:

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

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

ROUTING:

- Accounting Branch
- Warehouse Division
- Files Branch, Adm. Div.

REMARKS:

1 pk g
JAN 13 1945
JAN 10 1945

FRANKED

Franked _____
 Est. Exp. Chgs. _____
 Est. Frt. Chgs. _____
 No. of packages 1

JAN 11 1945

Shipping Clerk

mle

INVENTORY OF EFFECTS

The following listed effects

were found on Pvt
(Rank)

Hadden, Leslie O 35707143
(Orgn) (Name) (ASN)

Unknown 7 July 1944
(Orgn) (Date Died)

Buried at St More Eglise #2

and effects forwarded to Effects Cl.

- ✓ Pen
- ✓ Lighter
- ✓ Watch
- ✓ ~~EM~~ Insignias
- ✓ Wallet
- ✓ S.S. Card

[Handwritten signature]

