

493 MAXWELL, ROBERT J. O-4 065 860 and LT. JAMES J. JONES, 4412
119 (N.Y.)

RES89211702 WNR4-01-09-024-1-527-06-003

Transmittal# W002-70AU001A *Boyd* CC-00*CC-00*

ARR1-208712241 Asset# AACT-2378922 Whole Container: N

Created: 09/10/17

CF MAXWELL, ROBERT J., # 2656930

General Reference

On-Site Review

Standard On-site Review N/A

TO:

REVIEW

Interred 23 June 1949
 B-1244, UNIT 3, CASSET
 Capt. G. MACKEY, Interring Officer

DISINTERMENT DIRECTIVE

SECTION 4 -
 NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
3586 07601DATE
15 04 49NAME
MAXWELL ROBERT J.SERIAL NUMBER
02055830GRADE
LTASN
1RACE
1MONTH
12CEMETERY
ST NERE EGLISE 2 FRANCEROW
BGRAVE
9GRAVE
173DISPOSITION OF REMAINS
3305 00

SHT. CR

SECTION 5 - CONDENSED AND NEXT OF KIN

NAME AND ADDRESS OF COXINGEE
ST. LAURENT, FRANCE

NAME AND ADDRESS OF NEXT OF KIN
 CHARLES J. MAXWELL (FATHER)
 912 BARR STREET
 FORT WAYNE, INDIANA
 Reg sent 23 June 1949

SECTION 6 - DISINTERMENT AND IDENTIFICATION

NAME
MAXWELL ROBERT J.SERIAL NUMBER
0-200683GRADE
O/1

DATE OF DEATH

DATE DISINTERRED
14 April 1949

IDENTIFICATION TAG ON
 REMAINS
 MARKS

ORGANIZATION

USAGF

RELIGION

CATHOLIC

IDENTIFICATION VERIFIED BY

HENRY A. HOWELL

Inspector

NAME AND TITLE

SECTION 7 - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CO. Officers

CONDITION OF REMAINS

Advanced Decomposition.

Fractured right & left tibiae.

OTHER MEANS OF IDENTIFICATION

None

MAJOR DISCREPANCIES (Prepare Discrepancy Report GMC Form 1194 for major discrepancies)

None

REMAINS PREPARED AND PLACED IN CASKET Transfer Date

DATE 15 April 1949

BY

HENRY A. HOWELL

CASKET SIGNED BY

INSPECTOR (Signature)

G. A. MACKEY

CASKET BOXED AND MARKED

REMARKS: ADDRESS VERIFIED BY ALL MARKINGS, TAGS AND
 CASKET VERIFIED BY

DATE 17/7/49 BY J. G. A. WELLS

HENRY A. HOWELL, 1st Lt., Inf.

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

EXCEPT SIGNATURE

JOHN A. YAGAN, 1st Lt., CAP.
 SIGNATURE OF AGED INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

copies of the letter on Case No. 4 of 15-124-
 Disinterment Directive which contains the names
 of the persons whose names are typed hereon

FILE
 28 JUL 1949
 DISINTERMENT
 DIVISION
 WASH., D.C.

GMC FORM 1194

REV 1 FEB 48

D. A. MacKenzie
 Capt

EX-100 28 JUL 1949

326

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM FIELD OFFICER ROBERT #2		TO CHGO SAINT LAURENT	
KIND OF CONVEYANCE PRISON		NAME OF CONVOYEE CPL. GENDREY	
SIGNATURE OF SHIPPER ALVIN P. KING, 1st Lt, CAP.	DATE 11/4/48	SIGNATURE OF RECEIVER C. A. MAC KEITH, Capt, INF.	DATE 11/4/48

2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYEE	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

3. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYEE	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYEE	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYEE	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM FERNANDO AVILA		TO MAYNARD (E.V. 1411)	
KIND OF CONVEYANCE		NAME OF CONVOYEE	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYEE	
SIGNATURE OF SHIPPER A	DATE	SIGNATURE OF RECEIVER	DATE

22 July 1949

S/Lt Robert S. Maxwell, ASN 02 075 030
 Plot 9, Row 15, Grave 44
 Headstone: Cross
 St. Laurent (France) U. S. Military Cemetery

Mr. Charles J. Maxwell
 912 Burr Street
 Fort Wayne, Indiana

Dear Mr. Maxwell:

This is to inform you that the remains of your loved one have been permanently interred, as recorded above, side by side with comrades who also gave their lives for their country. Customary military funeral services were conducted over the grave at the time of burial.

After the Department of the Army has completed all final interments, the cemetery will be transferred, as authorized by the Congress, to the care and supervision of the American Battle Monuments Commission. The Commission also will have the responsibility for permanent construction and beautification of the cemetery, including erection of the permanent headstone. The headstone will be inscribed with the name exactly as recorded above, the rank or rating where appropriate, organization, State, and date of death. Any inquiries relative to the type of headstone or the spelling of the name to be inscribed thereon, should be addressed to the American Battle Monuments Commission, Washington 25, D. C. Your letter should include the full name, rank, serial number, grave location, and name of the cemetery.

While interments are in progress, the cemetery will not be open to visitors. You may rest assured that this final interment was conducted with fitting dignity and solemnity and that the grave-site will be carefully and conscientiously maintained in perpetuity by the United States Government.

Sincerely yours,

E. V. JOHNSON
 Colonel, GSC
 Memorial Division

TO: Repatriation Records Branch
Disinterment Directive Section

Date 8 April 1949

FROM: Family Correspondence Branch
Reply Form Acceptance Section

OVERSEAS BURIAL LOCATION:

NAME Maxwell, Robert J. GRADE 2/Lt SERIAL NO. 02 055 830

CEMETERY Ste Mere Eplice #2 PLOT D ROW 9 GRAVE 173

THE REMAINS OF THE ABOVE NAMED DECEDENT ARE TO BE INTERRED IN A PERMANENT
CEMETERY OVERSEAS.

AUTHORITY:

Letter dated 28 March 1949 from NOX, the father, Mr. Charles J. Maxwell,
912 Barr Street, Fort Wayne, Indiana, requests permanent burial overseas.

Remains to be interred in St. Laurent, France. Option #1.

Brewer
for
T. E. MULLIGAN
Captain, GSC

m
Coded 4-12-49
J. Williams

APR 11 1949

21 Dec 45-49
Durham

REPAIRED
GEORGE BROWN
APR 17 11 15 AM '49

RECEIVED
APR 17 1949

APR 17 1949

APR 17 1949

APR 17 1949

MESSAGEFORM		MESSAGE CENTER NO.	TRANSMITTING METHOD	CRYPTOGRAPH OR CLEAR TEXT	
CALLS	DLG. NO. IN PRECEDENCE	TRANSMISSION DIRECTION		ORIGINATOR	DATE-TIME GROUP
ACTION INFORMATION		EXEMPT	OPERATING SYMBOL		GROUP COUNT
EPACR ARMY FOR SIGNAL CENTER ONLY					
FROM: (Optional) CHIEF DEPT OF ARMY WASH DC SECDEFEN EXT 6515			SECURITY CLASSIFICATION UNCLASSIFIED		
ACTION TO: MR CHARLES J NACHELL 915 BARR STREET FORT WAYNE INDIANA			PRECEDENCE FOR INFORMATION ACTION PRIORITY		
INFORMATION TO:			<input type="checkbox"/> ORIGINAL MESSAGE		
			REFERS TO ANOTHER MESSAGE IDENTIFICATION CLASSIFICATION		
<u>CHARGE GRAVES WY II</u>					
DISPOSITION INSTRUCTIONS REMAINS OF YOUR LATE SON					
293 <u>SHOOD LIEUTENANT ROBERT J NACHELL OS OSS 830</u>					
NOT YET RECEIVED. UNLESS YOUR INSTRUCTIONS FOR DISPOSITION ARE PROMPTLY FORWARDED THIS OFFICE WILL HAVE NO ALTERNATIVE BUT TO BURY REMAINS PERMANENTLY OVERSEAS BY ADMINISTRATIVE ACTION END SMITH					
SMITH Memorial Division CQGE					
<p><i>April 4-49</i></p> <p><i>DR</i></p> <p style="text-align: right;">APR 4 1 18 PM '49 RELA CAS SECTION</p>					
SECURITY CLASSIFICATION UNCLASSIFIED			AUTHORIZATION		
ORIGINATING AGENCY CHIEF 203 NACHELL, ROBERT J. OS OSS 830		DATE-TIME GROUP 4 APRIL 49	OFFICIAL TITLE J F VOGL Captain, GPC, Memorial Division		PAGE 10

ANALYST ACTION REQUEST FORM

Name	Grade	Serial Number
Maxwell, Robert J.	2nd Lt	0005530

This case has been thoroughly analyzed and the following action is to be taken:

Form & telegram to:

Mr Charles J. Maxwell (father)

513 Barr Street

Fort Wayne, Indiana.

Sts. Mary, Eglise & I, France. Plot D, Row 9, Grave 175

DATE	SIGNATURE OF ANALYST	DIVISION	BRANCH	SECTION
2 April 49	<i>R. Maxwell</i>	<i>Min</i>	<i>72</i>	<i>72C</i>

OSG Form 1905
9 Mar 1949

9770
MESSAGEFORM

MESSAGE CENTER NO.		TRANSMISSION MEANS		CRYPTOGRAPH OR CLEAR TEXT	
CALLS	ATTN. NO.	PRIORITY	TRANSMISSION INSTRUCTIONS	ORGANIZATION	DESTINY GROUP
ACTION		DEFINITION	EXEMPT	OPERATING SIGNALS	GROUP SYMBOL

SPACE ABOVE FOR SIGNAL CENTER USE ONLY

FROM: (Optional) USARF DEPT OF ARMY WASH D C SMOCKEN EXT 6535	SECURITY CLASSIFICATION UNCLASSIFIED
ACTION TO: MR CHARLES J MAXWELL 912 BARR STREET FORT WAYNE INDIANA	ACTION PRIORITY FOR INFORMATION
	PRIORITY
	<input checked="" type="checkbox"/> ORIGINAL MESSAGE REFERS TO ANOTHER MESSAGE IDENTIFICATION CLASSIFICATION

INFORMATION TO:

GEORGE CHAVES " II

FINAL INTERMENTS ARE NOW BEING MADE IN PERMANENT UNITED STATES
MILITARY CEMETERIES OVERSEAS. THE REMAINS OF YOUR LATE SON

293 SECOND LIEUTENANT ROBERT J MAXWELL O2 055 830

ARE BEING HELD IN ABOVE GROUND STORAGE PENDING DEPOSITION INSTRUCTIONS FROM YOU. IN ORDER TO COMPLY WITH YOUR WISHES COME IT IS URGENT YOU ANSWER THIS OFFICE WITHIN FIFTEEN DAYS BY COLLECT TELEGRAM IF YOU DESIRE PERMANENT OVERSEAS BURIAL OR RETURN OF REMAINS TO UNITED STATES FOR BURIAL IN A NATIONAL OR PRIVATE CEMETERY. IF REMAINS ARE REQUESTED FOR RETURN TO THIS COUNTRY ENCLOSE NAME OF NATIONAL CEMETERY OR IF REMAINS ARE RETURNED FOR BURIAL IN A PRIVATE CEMETERY NAME AND ADDRESS OF FUNERAL DIRECTOR OR CONSIGNEE TO WHOM REMAINS ARE TO BE CONIGNED END SMITH

JPM

SMITH
Memorial Division
OJMS

March 16-49
DB

SECURITY CLASSIFICATION UNCLASSIFIED	SIGNATURE	AUTHORIZATION
ORIGINATING AGENCY GROUP 293	OFFICIAL TITLE J F VOGL	PAGE OF
MAXWELL ROBERT J O2 055 830 16map89	Captain, QEC, Memorial Division	

ANALYST ACTION REQUEST FORM

Name : Maxwell, Robert J. : Grade : 2nd Lt. : Serial Number : 02055830

This case has been thoroughly analyzed and the following action is to be taken:

Form A to

Mr Charles J Maxwell ^{father}
 912 Barr St
 Fort Wayne
 Ind. Your son

St Marys Episc #2 P. R. G.
 D 9 173

DATE : 15 March 49 : SIGNATURE OF ANALYST : B Melton
 DIVISION : Mem : BRANCH : FC : SECTION : FLC

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UNIT 222

Macell, Robert J.
 22 22 222 222

13 April 1948

Mr. Charles J. Macell
 105 East Eastman
 Fort Wayne, Indiana

Dear Mr. Macell:

Your letter pertaining to the remains of your son, the late Second Lieutenant Robert J. Macell, has come to my attention.

I am gratified to inform you that the Department of the Army will comply with your desire to have the remains of your son rest in a permanent United States Military Cemetery overseas. I can fully understand your desire to have your son's remains rest in the United States Military Cemetery St. Genevieve St. France, however, 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.

I wish to inform you that the remains of your son have been carefully disinterred and moved to the United States Military Cemetery St. Laurent, France, where they are presently resting under the protection of the American Graves Registration Service pending final interment in this cemetery.

All necessary arrangements for burial, military honors and religious services will be completed and provided by the Government. Please rest assured that although you have no responsibilities, every detail will be accomplished with all the reverence and dignity traditional for our honored dead.

Should final interment have been accepted, you will be informed of the exact location of your son's grave and the final details of the burial ceremony will be sent to you.

My thoughts are sympathy in your great loss.

Sincerely yours,

JAMES T. SMITH
 Major, GSC
 Memorial Division

12

373

CORRESPONDENCE ACTION SHEET			
PREVIOUS BURIAL LOCATION (Country and Cemetery)	PLOT	ROW	GRAVE
PRESIDENT BURIAL LOCATION (Country and Cemetery)	PLOT	ROW	GRAVE
St. Mere Eglise #2, France	D	9	173
ADDRESSEE MR. MISS MRS.	ADDRESS (Street, City, State)		
Charles J. Maxwell	606 East Western Fort Wayne, Indiana		
RELATIONSHIP	FATHER		
PARAGRAPHS (Sequence)	ADDITIONAL DATA — MODIFICATIONS		
165-A	son I am gratified to inform you that the Department of the Army will comply with your desire to have the remains of your son rest in a permanent USMC overseas. I can fully understand your desire to have the your son remain rest in the USMC St. Mere Eglise #2, France, however, I must inform you that this cemetery has not been designated as a permanent ABC for our heroic dead of World War II. I wish to inform you that the remains of your son have been carefully disinterred and moved to the USMC St. Laurent, France, where they are presently resting under the protection of the ACRS pending final interment in this cemetery.		
113-D	1st para only When final interment has been accomplished you will be informed of the exact location of your son's grave and the flag used during the burial ceremony will be sent to you.		
166-C	cc - control unit FR type fol on cc: *USMC St. Mere Eglise #2, France, Plot D, Row 9, Grave 173*		
ANALYST INITIALS AND DATE	TYPIST INITIALS	REVIEWER INITIALS AND DATE	
4-18-49			

NAME OF RESIDENT (Last, First, Middle)
Maxwell, Robert J.GRADE
2/LtSERIAL NUMBER
02 055 530

REPLY FORM ACTION REQUEST

TO: <i>Corresp. Sec.</i>		FROM: REPLY FORM ACCEPTANCE SECTION FAMILY CORRESPONDENCE BRANCH	
NAME (Last, First, Middle) <i>Maxwell, Robert J.</i>		RAID <i>2nd Lt.</i>	SERIAL NUMBER <i>02055</i>
CENSUS <i>St. Men Equine #2</i>		PLOT <i>D</i>	ROW <i>9</i>
GRAVE <i>173</i>		ADDRESS (Street, City, State) <i>606 E. Main St. Fort Wayne - Ind.</i>	
NEXT OF KIN MR. NAME MS. NAME <i>Charles J. Maxwell</i>		RELATIONSHIP TO DECEASED <i>Father</i>	OPTION SELECTED <i>-1-</i>
		FORMS FORM 349 EXECUTED BY <i>Lve.</i>	

WRITE BOX FOR CORRECTION OR COMPLETION OF REPLY FORM OR ITEMS CHECKED BELOW

- | | |
|---|---|
| <input type="checkbox"/> RELATIONSHIP TO DECEASED | <input type="checkbox"/> SIGNATURE OF BOX |
| <input type="checkbox"/> OPTION DESIRED | <input type="checkbox"/> NOTARIZATION |
| <input type="checkbox"/> NATIONAL OR PRIVATE CEMETERY INTERMENT DESIRED | <input type="checkbox"/> NATIONAL CEMETERY SELECTED IS CLOSED |
| <input type="checkbox"/> COUNTRY (Home/Land) OF DECEASED OR BOX | <input type="checkbox"/> REPLY TO "REMARKS" ON FORM 349 |
| <input type="checkbox"/> NAME AND/OR ADDRESS OF COUSINAGE | <input type="checkbox"/> SPECIAL INSTRUCTIONS |
| <input type="checkbox"/> SECURE DOCUMENTS: <input type="checkbox"/> REMARRIAGE <input type="checkbox"/> BIRTH <input type="checkbox"/> DEATH <input type="checkbox"/> OTHER | |

SPECIAL INSTRUCTIONS

Reply to attach'd. ltr. that it has been accepted for authority for o/s burial. St. Laurent is ^{the} cemetery for final interment.

DATE <i>11 April 1949</i>	CLERK'S SIGNATURE <i>J. DeBour</i>
------------------------------	---------------------------------------

TO: Repatriation Records Branch
Disinterment Directive Section

Date 8 April 1949

FROM: Family Correspondence Branch
Reply Form Acceptance Section

OVERSEAS BURIAL LOCATION:

NAME Maxwell, Robert J. GRADE 2/A SERIAL NO. 02 056 830

CEMETERY St. Marc Eglise #2 FLAT 0 ROW 9 GRAVE 173

THE REMAINS OF THE ABOVE NAMED DECEDENT ARE TO BE INTERRED IN A PERMANENT
CEMETERY OVERSEAS.

AUTHORITY:

Letter dated 28 March 1949 from NOK, the father, Mr. Charles J. Maxwell,
912 Barr Street, Fort Wayne, Indiana, requests permanent burial overseas.

Remains to be interred in St. Laurent, France. Option #1.

T. E. MULLIGAN
Captain, USMC

*File
NAT
11 Apr 49
Disinterment
Rec'd.*

F. Wayne Ford ^{3/28/49}

Smith Mem. Div

Dear Sirs

In regard to remains of
Lieutenant Robert J. Maxwell
02055830. ²⁷³

We decided not to move him

Res

Chas. J. Maxwell

606 E. Masterson
St. Wayne, Ind

4/16/49
Pres. K. O. ...

It was
Emory

At memo #2
D. 9-173



293
2nd Lt. Robert J. Maxwell, CG 599 830
Plot B, Row 9, Grave 473,
United States Military Cemetery
Ste Mare Eglise #2, France

14 January 1940

Mr. Charles J. Maxwell
912 Barr Street
Fort Wayne, Indiana

Dear Mr. Maxwell:

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 Sanitarium," 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 in 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 B, it is advised that no funeral arrangements or other personal arrangements be made until you are further notified by this office.

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

Sincerely,

THOMAS B. LARSEN
Major General
The Quartermaster General

Encls.

Jan 15 2 02 PM '40
U.S. ARMY
MAIL & RECORDS BRANCH

F.R. - 144000
44 40
B21

Roder

9/10
1877
242 Maxwell, Robert J. (02055800)



STATE OF MISSISSIPPI
Certificate of Marriage
LOWNOES COUNTY

I, J. C. Cookburn, Clerk of the Circuit Court of said County and State and Custodian of the Marriage Records thereof do hereby certify that the said Marriage Records show that on the
 2nd day of December 1908

Book 02 **The Rites of Matrimony**

Page No. 247 were celebrated between

Mr. Willie S. Palmer and

Mrs. Louisa Maxwell

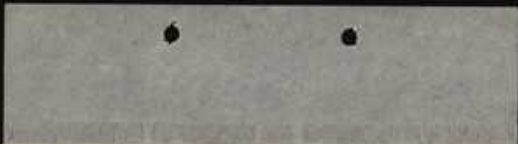
By J. C. Cookburn, Minister

Given under my hand and seal of said Court, this 2nd day of Dec. 1908

J. C. Cookburn, Circuit Clerk

Handed to Maxwell, Robert J.
6-2055800

File
11/10/08
Cook



REQUEST FOR DISPOSITION OF REMAINS

NAME OF DECEASED, NAME, SERVICE NUMBER, GRADE AND REGISTERED PLACE OF BIRTH

204
2nd Lt. Robert J. Maxwell, CG 095 830Plot B, Row D, Grave 173
United States Military Cemetery
De Waver Exline Rd, France

23 September 1947

DO NOT WRITE ABOVE THIS LINE

A	C
B	D

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

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

PART I

1. 1. Mrs. Louise Maxwell, Mother (Please indicate relationship to the deceased by placing an "X" in the proper box.)

- WIFE SPOUSE 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, I HEREBY ADVISE YOU TO DECLINE 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 _____

LOCATION OF CEMETERY SELECTED

4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____
- (Please indicate if you own religious premises 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

14 JAN 1948

Capt. Mulligan
D.L.B.

FORM 10-6207 345 MILITARY

PAGE 1

PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY

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

I, THE _____ AS THE NEXT OF KIN OF THE DECEASED
(PLEASE PRINT 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 I OF THIS FORM. THE FOLLOWING PERSON, TO THE BEST OF MY KNOWLEDGE, IS THE NEXT OF KIN TO WHOM THIS FORM SHOULD BE DIRECTED:

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

(DATE)

(SIGNATURE) (STREET AND NUMBER)

(NAME PRINTED OR TYPED) (CITY AND STATE)

DL

OFFICE OF THE QUARTERMASTER GENERAL
MEMORIAL DIVISION

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

Date 1/7/48 1947

2nd Lt. 294 Maxwell, Robert J. 03055830
Rank Name Serial No.

LOI to be sent to:

Grove Location:

Mr. Mrs. Miss	<u>Mr. Chas. J. Maxwell</u>	<u>St. Mary's</u>	<u>2</u>	<u>7</u>	<u>France</u>
	Base	Cemetery			
	<u>212 Bass Street</u>	<u>A</u>	<u>9</u>	<u>173</u>	
	Street	Plot	Row	Graves	
	<u>Fort Wayne</u>				
City					
<u>Indiana</u>					
State					

FILE

14 JAN 1948

ROGERS

11/14/48
NAT
M...

2nd Lt. Capt. Phillips

2nd Lt. Robert J. Maxwell, O2 025 830
 Plot B, Row 9, Grave 173,
 United States Military Cemetery
 Ste More Eglise #8, France

23 September 1947

Mrs. Vera Louise Maxwell
 RFD #1, Box 111
 Caladonia, Mississippi

Dear Mrs. Maxwell:

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 select Option B, 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.
 (1)

QW027 783
Maxwell, Robert J.
SN 02 055 230

Address Reply To
THE QUARTERMASTER GENERAL
Attention: Memorial Division

29 October 1946

Mrs. Vera L. Maxwell
Route #2, Box 111
Caledonia, Mississippi

Dear Mrs. Maxwell:

Your letter concerning your husband, the late Second Lieutenant Robert J. Maxwell, has been received in this office.

A notation has been made on the official records of this office that it is your desire to have the remains of your husband rest in a United States Military Cemetery overseas.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

JAMES L. FRENZ
Major, GSC
Assistant

RECEIVED
BRANCH
OCT 29 4 01 PM '46

62127 5-11-46
MAIL ROOM

Palmdale, Calif.

Oct 22, 1946

War Dept.
Office of the Quartermaster General
Washington 25, D.C.

Dear Sir,

In regard to your letter of August
6, 1946 concerning the burial location
of my husband 2nd Lt. Robert J. Maxwell
#57 D. 2165830.

I have discussed the matter with
his Mother and in the desire of
both of us that his remains be
left where it is.

Thanking you very much for
the information.

Sincerely,

 Mrs. Robert J. Maxwell

[Faint, illegible handwritten text covering the majority of the page]



RECORDS BRANCH
DEC 24 4 47 PM '46
MEMPHIS, TENN

Mrs. Vera L. Maxwell, request that the remains^{of}
of her husband, the late Second Lieut. Robert J.
Maxwell, ANS O2 O55 830, remains in a U. S. Military
Cemetery overseas.

Request made on 22 Oct. 1946

MEMO FOR
Maxwell, Robert J.

By B Maxwell, Robert J.

6 August 1945

Mrs. Vera L. Maxwell
Rural Free Delivery #2, Box 111
Caledonia, Mississippi

Dear Mrs. Maxwell:

The War Department is most desirous that you be furnished information regarding the burial location of your husband, the late Second Lieutenant Robert J. Maxwell, A.S.N. O-S 025 830.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Ste. Marie Eglise #2, plot D, row 9, grave 173.

This cemetery is located twenty miles southeast of Charbourg, 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,

Y. B. LARKIN
Major General
The Quartermaster General

263

Handwritten notes:
100-2-34111
100-2-34111

14

UNITED STATES GOVERNMENT

FORM

NO.

173

ADDRESS St. Mark's Hotel, St. Francis St. Francis 173NAME Maxwell, Robert J. DATE Jan 18, 1964 (1-20-5430)Type of tin (relationship) WifeName Maxwell, Vera J.Street 270 St. Ann St.City / State Galveston, Miss.Original Serial Renewal DATE 7/31/64 Name of Person Annex D. Carroll
(First) (Last)Photo Fee No

967

FD-100 (Rev. 1-25-60)

RESTRICTED
REPORT OF BURIAL
TM 10-430 AND AA 35-1813

SERIAL 14590
29 June 1954
Date

493 Wagonell Robert J 2 Lt. 0-355330

Last Name First Initial Suffix Social No.

France 325 Blvd. 27 St. Wash.

City State Zip

2000-27 June 1954 Stn. Ward-Bellows St W.D.

Date and Date of Burial Name of Cemetery Name of Coordinate of Location

173 9 0 0

Cause Number Row Number File 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?

RESTRICTED

What means of identification were buried with the body?

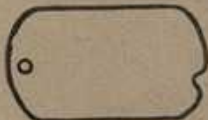
Previously buried in Mason Cemetery
Plot A Row 1 Grave 9

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

Who is buried on:

Decedent's Right:	<u>William</u>	<u>3177028</u>	Rank	Organization	<u>174</u>
	Name	Social No.			Cause No.
Decedent's Left:	<u>Wend</u>	<u>32083501</u>	Rank	Organization	<u>173</u>
	Name	Social No.			Cause No.

Signature of Person, Rank and if possible Organization of person furnishing above data, when other than official reporting burial.



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

Emergency Address _____ Name _____

Address _____

Religion C

List any Personal Effects Found on Body and Disposition of same:

REMOVED FROM "MILITARY RECORDS"

Plot A, Row 1, Grave 9, Mason Cemetery (491064)

W.D. Wagonell
Signature of Officer or other person reporting burial

Verified by U.S.S. Officer

File
5-24-45
AED

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

REPORT OF DEATH

DATE 19 Aug 1944

FULL NAME Maxwell, Robert J.		ARMY SERIAL NUMBER 0-2 055 830		GRADE 2nd Lt		
HOME ADDRESS New York City, New York		ARM IN SERVICE Infantry		DATE OF BIRTH 25 Sept 14		
PLACE OF DEATH European Area		CAUSE OF DEATH Injuries received in action		DATE OF DEATH 11 Jun 44		
STATION OF DISEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 21 Oct 43		LENGTH OF SERVICE FOR PAY PURPOSES		
EMERGENCY ADDRESSES (NAME, RELATIONSHIP & ADDRESS)				YEAR MONTH DAY		
Mrs. Vera Louise Maxwell, wife, R.F.D. #2 Box 111 Caledonia, Miss.						
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)						
Vera Louise Maxwell, wife, R.F.D. #2 Box 111 Caledonia, Miss. Patricia Jo Maxwell, daughter, same address Jeanette Maxwell Maxwell, mother, 912 Barr St. Fort Wayne Indiana *						
INVESTIGATION MADE	IN LINE OF DUTY	OWN MISDEMEANOR	WAS DISEASED ON DUTY STATUS	AUTHORIZED ABSENCE	IN FUTURE 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

*Beneficiaries Con't'd

Charles J. Maxwell, father, same address as above

COPIES FURNISHED:		
G. S. C.	F. S. I.	F. S. U. S. A.
G. S. M. S.	S. F. S.	ARMY OFFICE BUREAU
G. S. C.	VEV. ADMIN.	CASUALTY BRANCH FILE
		A. S. S. C. FILE

 BATTLE NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR

J. A. Marshall

ADJUTANT GENERAL

9 SEP 1944 FILE

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

129091

REPORT OF DEATH

DATE 19 Aug 1944

FULL NAME <u>Maxwell, Robert J.</u>		SERIAL NUMBER <u>4632</u> O-2 055 830		GRADE 2nd Lt	
HOME ADDRESS New York City, New York		ARMY OR SERVICE Infantry		DATE OF BIRTH 25 Sept 14	
PLACE OF DEATH European Area		CAUSE OF DEATH Injuries received in action		DATE OF DEATH 11 Jun 44	
THEATER OF OPERATIONS European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 21 Oct 43		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS	
DEPENDENT ADDRESSES (NAME, RELATIONSHIP & ADDRESS) Mrs. Vera Louise Maxwell, wife, R.F.D. #2 Box 111 Caledonia, Miss.					
DEPENDENT (NAME, RELATIONSHIP & ADDRESS) Vera Louise Maxwell, wife, R.F.D. #2 Box 111 Caledonia, Miss. Patricia Jo Maxwell, daughter, same address Jeanette Maxwell Maxwell, mother, 912 Barr St. Fort Wayne Indiana *					
INVESTIGATION MADE		IN LINE OF DUTY		OWN MISDEADLY	
YES	NO	YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN PAYING PAY STATUS	
YES	NO	YES	NO	YES	NO
				X	
WAS PAY STATUS (SPECIFY BELOW)					
YES	NO	YES	NO	YES	NO



ADDITIONAL DATA AND/OR STATEMENT

*Beneficiaries Con'td

Charles J. Maxwell, father, same address as above

COPIES FURNISHED		
<input type="checkbox"/>	F. I. L.	F. O. U. R. A.
<input type="checkbox"/>	S. F. S.	ARMY EFFECTS BUREAU
<input type="checkbox"/>	YET. ADMIN.	CASUALTY BRANCH FILE
<input type="checkbox"/>		A. G. OF FILE

 BATTLE NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR

J. A. Marshall

ADJUTANT GENERAL

SAVE



ARMY SERVICE FORCES
 KANSAS CITY QUARTERMASTER DEPT.
 301 HANCOCK AVENUE
 KANSAS CITY 1, MISSOURI

IN REPLY REFER TO 129,071JRM:VGS:ely
 March 9, 1945

Dear Mrs. Maxwell:

The Army Effects Bureau has received some additional property of your husband, Lieutenant Robert J. Maxwell.

These effects, contained in one carton, are being forwarded to you. If delivery is not made within thirty days from this date, please notify us 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 officer's legal residence.

Extending every sympathy, I am

Sincerely yours,

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

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Effects of:
Name End. Lt. Robert J. Maxwell
ASN 0-3086830
Case No. 129,091-3
St. 764

Mrs. Yarn Louise Maxwell
Route 2, Box 111
Osceola, Mississippi

W. H. ...

DATE March 8, 1945
Campbell

R. J. ...
FBI: Effects controller

REMARKS:
Include Bureau Check
Acct. No. _____
Amount _____
Include "valuable" item
Ship "valuable" item(s)

Senders O.I.
Note discrepancy in _____
Film removed
Diary removed
Laundry removed

ROUTING:

Accounting Branch
Warehouse Division
Filer Branch, Adm. Div.

101 Carton
75
3.25
10

REMARKS:

Franked _____
Est. Exp. Wgt. _____
Est. Frt. Wgt. _____
No. of packages _____

MAR 9 1945

MAR 11 1945

ADDITIONAL REMARKS

8 pairs socks

CONTAINS

NUMBER

DATE

STWBL

QTY/WT

I certify that the above listed items were
all in the container inventoried by me.

INVENTORY CLERK

SUPERVISOR

S. J. HICORD

NAME

MAXWELL, ROBERT J. LT

RAY	FALLET	BOX	TALLY
46	15		6513
TYPE OF PKG.	WHOLE SPACE	INVENTORIED	
BOX			

EX. 98 Form 44

Page 1 of 2

INVENTORY OF EFFECTS

(See AR 600-200)

Maxwell, Robert J. O-2055850

(LAST NAME) (FIRST NAME) (MIDDLE INITIAL) (ARMY OR AIR NUMBER)

late of 2nd Lt., 529th Glider Inf.

(GRADE)

(ORGANIZATION OR UNIT OF SERVICE)

who died on the 11th day of June 1944

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

NUMBER	ARTICLES	* Package Numbers
1	Misc. Snapshots	
	Large Photograph	
	Misc. Air Mail Envelopes	
	Misc. Letters	
1	Rosary	
9	Souvenir Coins	
1	Reg'tl Crest Pin	
1	Rosary	
2	Campaign Ribbons	
1	Watch	
5	Collar Insignias	
7	Crossed Rifle Insignias	
4	Sets 2nd Lt. Bars	
1	Cp Watch	
1	Shoulder Patch	

*To be filled in only in case of shipment in box or container.

CLASS II—Other effects

NUMBER	ARTICLES
	<u>DUFFLE BAG</u>
1	Pr. Shorts
2	Hankkerchiefs
1	Pr. Socks
2	Pr. Sinks
1	Pr. Green TROUSERS
1	Blouse
1	Ebaki Shirt
1	Pr. Slippers
1	Pr. Shoes

W. O. A. S. Form No. 54

July 1, 1943

CLASS II - Continued

NUMBER	ARTICLES
2	Opa, O.D.
	<u>SADDLED BAG NO. 1</u>
2	Khaki Shirts ✓
4	Khaki Trousers ✓
1	O.D. Overcoat ✓
2	Suits Fatigues ✓
2	O.D. Shirts ✓
1	Blouse ✓
1	Fr. Green Trousers ✓
1	Combat Jacket ✓
1	Field Jacket ✓
2	Fr. Gloves ✓
1	Scarf ✓
1	Belt ✓
4	Fr. Socks ✓
3	Handkerchiefs ✓
1	Cotton Undershirt ✓
1	Fr. Shoes ✓
	Money } Specie - \$ _____
	} Notes - \$ _____

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

_____ of the same and degree of relationship, if next representative

or beneficiary named by the deceased, as next

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

Witness my hand and seal this _____ day of _____, 19____

(Signature)

*Printed and words not applicable.

G.O. P.O. & S.A.T. 1900-11

Page 2 of 2

INVENTORY OF EFFECTS

(Use AN 500 100)

Maxwell, Robert J. O-2075850

(Last name) (First name) (Middle initial) (Army serial number)

late a 2nd Lt., 205th Glider Inf.

who died on the 11th day of June 1944

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

NUMBER	ARTICLE	* Package Number
	BARRACKS BAO NO. 2	
1	Short Coat	
15	Cotton Undershirts	
8	Pr. Socks	
2	Khaki Shirts	
7	Towels	
5	Wool Undershirts	
1	Wool Undershirts	
6	Wool Undershirts	
	Handkerchiefs	
16	Pr. Socks	
1	Pillow Case	
2	Pr. Shoes	
2	Pr. Legging	
1	Teckle	
1	Pr. Scissors	
1	Razor	
1	Pencil	
4	Golf Balls	

*To be filled out only in case of shipment to War Relocation Authority

CLASS II—Other effects

NUMBER	ARTICLE

118376

file
1/24/52

U. S. GOVERNMENT BILL OF LADING
ANNOUNCEMENT

WW-822294

CAR INITIALS AND NO.

NAME OF RETAIL TRANSPORTATION

COMPANY ST. LOUIS--SAN FRANCISCO RY. CO.

STOP TAG CAR AT

FOR

WEIGHT OF THE TRANSPORTATION EQUIPMENT
NAMES ARE SUBJECT TO CHANGING
NAMES FOR THE REASON OF THE PUBLIC
PROPERTY INSURANCE RECORDS AS APPEAR
AND SHOULD BE KEPT AND CHANGING
CONTRACTS AND SALES CONTRACTS TO BE FOR
WEIGHT TO BE KEPT BY THE SAID COM-
PANY AND CONTRACTING PARTIES WHO DO NOT
RECORD IN SAID BOOKS AND WHO DO NOT
HOW TO SAID COMMISSION.

CONSIGNEE NOTIFY:

MRS. VERA LOUISE HAMELL

ROUTE 2, BOX 111

CALEDONIA, MISSISSIPPI

MOBILE SPRING, MISSISSIPPI

FRISCO--

NAME OF OFFICE OF ORIGIN

WAS

ORIGIN OF SHIPMENT TO BE KEPT BY THE GOVERNMENT OF THE UNITED STATES
ORIGIN OF SHIPMENT TO BE KEPT BY THE GOVERNMENT OF THE UNITED STATES

PACKAGES

NO. (CONT.)

1 CT.

1 CT.

DESCRIPTION OF ARTICLES
AND OTHER CLASSIFICATION OF SHIPMENT & OTHER
CLASSIFICATION & OTHER INFORMATION

NON-MILITARY
PERSONAL EFFECTS

(CASE #129091) TOTAL WT.

RELEASED VALUATION AT LOWEST RATE

AUTHORITY FOR SHIPMENT:

A.V. #112 AND W.D. CIRCULAR #173,
14 SEPTEMBER 1944

REMARKS

ORIGIN

#1

#2

ACTUAL

WEIGHT

15

100

ESTIMATE OF FREIGHT DOLLARS

DOLLARS

Contract No. or
Invoice No. or
or other authority for shipment

U. S. & FOREIGN
RAILROADS IN CONTRACT

INDUSTRY OF
SHIPPING DIVISION, M. F. CISTON, CHGO, U.S.A.A.T.O.

NAME OF TRANSPORTATION COMPANY

ST. LOUIS--SAN FRANCISCO RY. CO.

DATE OF ISSUE OF BILL OF LADING

CENTROPOLIS TRANS.

NUMBER OF PACKAGES

15

100

MEMORANDUM COPY

ARMY SERVICE FORM
 KANSAS CITY QUARTERMASTER DEPT. Case No. 129091-3
 401 Main Street
 Kansas City 2, Missouri Date 4 January 1945

SUBJECT: Report of transactions in disposing of the effects of

Robert F. Maxwell (Decedent)

(Army Service Number)

late a

24-384001

(Organization, Army or Service)

who died

on the 11th day of June, 1944, at

TO : The Adjutant General, War Department 25, European Area

1. Complying with A.W. 112, a Summary Court-Martial, convened at Kansas City, Mo., pursuant to S.O. 223, Hq., SQM 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 \$ _____, of which the sum of \$ _____ 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 \$ _____, which has been paid by the Summary Court-Martial from funds of decedent. (See enclosed 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

16 November 1944, pursuant to Special Orders 223, Headquarters, SQM Depot, dated 25 September 1943, the application or affidavit of

Mrs. Vera Louise Maxwell 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, _____ of _____
 Mrs. Vera Louise Maxwell

(Number, street or avenue) _____ State of
 R. F. D. #2, Box 111 (City, town or village)
 Caledonia

_____ is the _____ of the
 Mississippi (Relationship or Capacity)
 widow

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

(Signature of Summary Court Officer)

(Name, rank, organization)
 JOHN R. HARRIS, Capt. U.S. ARMY
 SUMMARY COURT-MARTIAL



ARMY SERVICE FORCES
 KANSAS CITY QUARTERMASTER DEPT
 ARMY EFFECTS BUREAU
 201 HARBERT AVENUE
 KANSAS CITY 3, MISSOURI

(S-12-15-44)
 JRM:JRB:bob
 November 16, 1944

IN REPLY REFER TO... 129091-S

Mrs. Vera Louise Maxwell
 R.F.D. #2, Box 111
 Caledonia, Mississippi

Dear Mrs. Maxwell:

The Army Effects Bureau has received from overseas two insignia, one note book, and wallet with personal paper belonging to your husband, Lieutenant Robert J. Maxwell.

I am inclosing a check for \$4.05 representing funds which belonged to him.

When delivery has been made, I shall appreciate your acknowledging receipt by signing one copy of this letter in the space provided, and returning it to this Bureau. For your convenience, there is inclosed an addressed envelope which needs no postage.

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 officer'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,

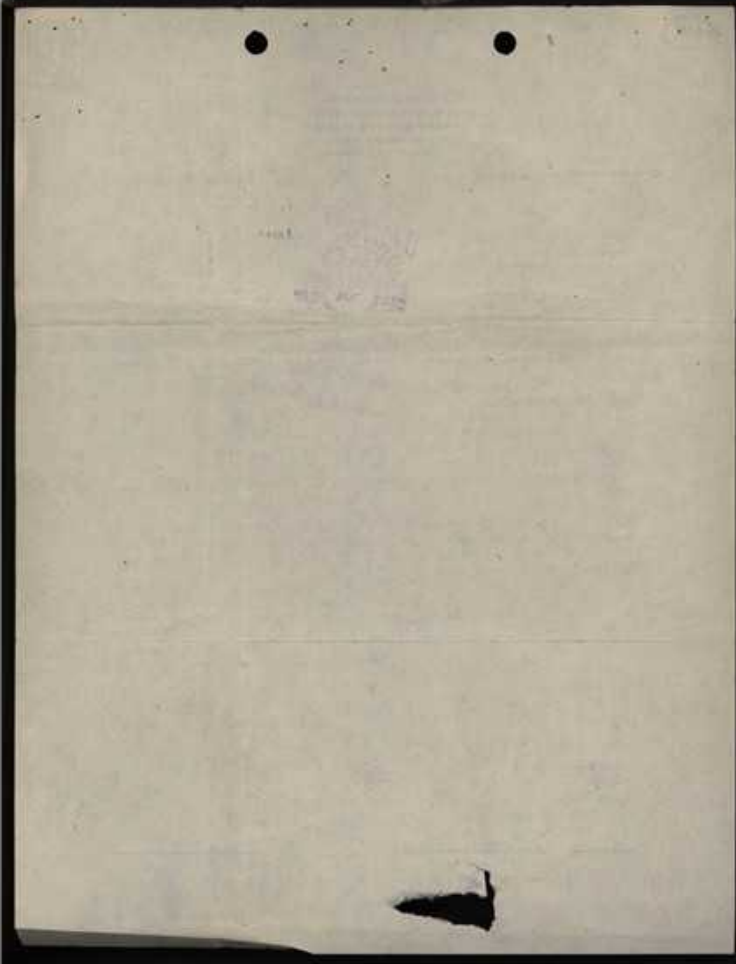
A. L. SMITH
 Administrative Assistant
 Army Effects Bureau

2 Incls—
 Check
 Envelope

Receipt acknowledged:

Vera Louise Maxwell
 Signature

 Date



ROUTING

1. Accounting Branch ✓
2. Aileen Smith
3. _____
4. _____

Attach following item(s) from
Office Safe: -

Case No. 129091-S bab

Attach Duroso Check:

Account No. 44683 Amount 4.08 ✓

Account No. _____ Amount _____

Payable to

Mrs. Vera Louise Maxwell ✓

Caledonia, Mississippi ✓

W. H. J. J.
(Correspondent)

Check No. 33275

Initials mt

44683

129091

November 17 44

Vera Louise Maxwell

4-03

Four and 03/100

Major C. M. C.
Asst.

Shortage
200 Francs ^{and}
money turned in to
H. G. Collier Capt. F.D.
Sigm # 271901
9 July 1944

1 cent and a short-named item
were not contained in the
package when checked by me.

Ekstrom

Inventory Clerk

Inventory Clerk

H. G. Collier
Supervising Officer

PROPERTY OF EFFECTS
(see AF 620-360)

Maxwell, Robert J. O-2055830
(Last Name) (First Name) (Middle Initial) (Army Serial #)

Rate a 2nd Lt. Airborne, U.S. Army
(Grade) (Organization or Unit or Service)

who died on the 9th day of June 1944

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

Number	Articles	*PAGE# INDEX
	1 Inf. Insignia ✓	
	1 2nd Lt. B.r ✓	
	1 Note Book ✓	
	1 Wallet ✓	

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

CLASS II -- Other effects

Number	Articles
0	200 Francs 0

W.O.A.S.C. Form No. 24
July 1, 1953

Money turned to
C. J. Kelly, Capt 2D
Inf 211541
9 July 1944

Serial No. 0-205500 Name ROBERTA MAXWELL
 Grade SP-4 Rank _____
 Organization U.S. ARMY
 Address _____
 Nearest Relative _____
 Address _____
 Killed in Action Died of Disease _____
 Date 9 JUNE 1944 Hospital _____
 Battle Area FRANCE Information _____
 Place of Burial 807 HIGHER TRAVEL CAMP, GRENELLE, FRANCE
 Point of Coordination 44264
 Description of Body _____

Members Missing _____

Signed _____

ADDITIONAL REMARKS

EXCESSIVE (other than G. I.)

SHORTAGE (See type of demerit award)

SHORTAGES

U. S. ARMY CODED SHORT

SERVICE

DATE

STATION

GRADE

I certify that the above items were not in the inventory
accounted for me.

 SIGNATURE

 GRADE

G. I. REMOVED

MAXWELL, Robert J. 2/11, O-255830

St. Mary Eglise 2 D - 9 - 173

VD AGO Form 65-4

Form 81

MAXWELL, ROBERT J				z/lx		O-285850		
DAY	WALLET	BOX	TOTAL		TYPE AND			
			8045		Q/XYV			
								9-7-60
								APO SH
REF USE RETURN TO 8 JULY 1960								

FORM: STA WARR SERLES 2
D-9-173

RESTRICTED

SUBJECT: Inventory of Personal Effects of: _____ Date _____

MAXWELL Robert J. 2/Lt. C-255830
(Last Name) (First Name) (M) (Rank) (ASN)

TO: OFFICE QUARTERMASTER, Army Effects Bureau, Kansas City, Missouri.

The above individual of _____ (Unit) _____ (Organization)

was reported _____ about _____ 194____
(Deceased, Missing, etc.)

Designated beneficiary if information readily accessible:

NAME: _____ ADDRESS: _____

INVENTORY OF EFFECTS

WD., 100 Form No 65-4
Form 51.

//////////////////Last Item//////////////////

Forwarded to Personal Effects Depot

Money in the amount of _____ has been exchanged
(here identify currency)

for US Treasury check No. _____ amounting to \$ _____

Known bank account in European Theater: _____
(list name of bank account if)

I certify that the above items constitute all effects secured by me belonging to the above named individual and that they were forwarded to the Army Effects Bureau Kansas City, Missouri,

on _____ 194____ through _____
(forwarding agency)

Signed: *Robert J. Maxwell* 1st Lt QMC Depot Quartermaster
(Name) (Rank & Title) (Organization)

AD 570 Form 50, 26 Nov. (List any additional information on reverse side) RESTRICTED