COPY OF INSCRIPTION
TO BE PLACED ON MARKER

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

FLAT BRONZE MARKER

INSCRIPTION: *LATIN CROSS*

JULIUS D FULFORD JR / FLORIDA / PFC 507 PRCHT INF
17 ABN DIV / WORLD WAR II / APRIL 16 1924 JUNE 11 1944

MAIL TO:
R R JERALD
HIERS FUNERAL HOME
OCALA
FOR: FLORIDA

13 DEC 1948

APPLICANT: JULIUS D FULFORD SR
BOX 448
OCALA
FLORIDA

CEMETERY: HIGHLAND MEM PK
OCALA
FLORIDA RAR

907

OQMG FORM 17 DEC. 47 392

ORIGINAL ORDER

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

FLAT BRONZE MARKER

SEP 13 1948

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

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

INSCRIPTION: *LATIN CROSS*

JULIUS D FULFORD JR / FLORIDA / PFC 507 PRCHT INF
17 ABN DIV / WORLD WAR II / APRIL 16 1924 JUNE 11 1944

MAIL TO: R R JERALD
HIERS FUNERAL HOME
OCALA
FLORIDA

FOR:

907

APPLICANT: JULIUS D FULFORD SR
BOX 448
OCALA
FLORIDA

CEMETERY: HIGHLAND MEM PK
OCALA
FLORIDA

RAR

ok
EWH

OQMG FORM 17 DEC. 47 392

APPROVAL AND ACCEPTANCE

SIGNATURE

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

UNITED STATES POSTAGE
PAID
A/C DEPARTMENT OF THE ARMY
CINCINNATI, OHIO

PARCEL POST

CONTENTS: BRONZE MARKER

CONTRACT NO. W 49-056QM 157

ORDER NO. 907

NAME JULIUS D. FULFORD, JR.

OQMG FORM 22 JUL 47 386 GPO 16—52881-2

R. R. Jerald
Hiers Funeral Home
Ocala, Florida

19 DEC 1947

JUL 22 1947 LIST

WW II

DUPLICATE

APPLICATION FOR HEADSTONE OR MARKER

(Please make out and return in duplicate)

BRONZE MARKER

CHECK TYPE REQUIRED (See Instructions attached)

- ☐ UPRIGHT MARBLE HEADSTONE
- ☐ FLAT MARBLE MARKER
- ☐ FLAT GRANITE MARKER
- ☒ BRONZE MARKER (NOTE RESTRICTIONS)

ENLISTMENT DATE: Dec. 30, 1940

DISCHARGE DATE: Killed In Action

SERIAL No.: 14038021

PENSION No.:

EMBLEM (Check one)
- ☐ CHRISTIAN
- ☐ HEBREW
- ☐ NONE

STATE:

RANK: Pfc

COMPANY:

NAME (Last, First, Middle Initial): Fulford, Julius D. Jr.

U. S. REGIMENT, STATE ORGANIZATION, AND DIVISION:

DATE OF BIRTH (Month, Day, Year): April 16, 1924

DATE OF DEATH (Month, Day, Year): June 11, 1947

LOCATION (City and State): Highland Memorial Park Cemetery, Ocala, Florida

NAME OF CEMETERY: Highland Memorial Park

NEAREST FREIGHT STATION (City and State): Ocala, Florida

SHIP TO (I CERTIFY THE APPLICANT FOR THIS STONE HAS MADE ARRANGEMENTS WITH ME TO TRANSPORT THE STONE FROM THE FREIGHT STATION TO THE CEMETERY): Heirs Funeral Home

POST OFFICE ADDRESS OF CONSIGNEE: Ocala, Florida

(SIGNATURE OF CONSIGNEE): Heirs Funeral Home - By R. Gerald

I certify this application is submitted for a stone for the unmarked grave of a veteran.

I hereby agree to assume all responsibility for the removal of the stone promptly upon arrival at destination, and properly place it at the decedent's grave at my expense.

APPLICANT'S SIGNATURE: Julius D Fulford Sr.

DATE OF APPLICATION: June 29, 1948

ADDRESS (Street, City, State):

DO NOT WRITE HERE

FOR VERIFICATION: JUL 15 1948

ORDERED: 29 SEP 1948

B/L: FILE

SHIPPED:

For Ord. 13 SEP 1948

OQMG FORM REV 15 APR 47 623

IMPORTANT—Complete Reverse Side

16—11453-6 GPO

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

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

Date June 29, 1948

Highland Mem. Park - By R. Beasley
(Signature of superintendent, sexton, or caretaker)

16—11453-4

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

ORIGINAL ORDER

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

FLAT BRONZE MARKER

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

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

INSCRIPTION: *LATIN CROSS*

JULIUS D FULFORD JR / FLORIDA / PFC PRCHT INF 17 ABN DIV/
WORLD WAR II / APRIL 16 1924 JUNE 11 1944

MAIL TO: R R JERALD
HIERS FUNERAL HOME
OCALA
FLORIDA

FOR:

FILE 29 SEP 1948

SEP 1 1948

APPLICANT: JULIUS D FULFORD SR
BOX 448
OCALA
FLORIDA

CEMETERY: HIGHLAND MEM PK
OCALA
FLORIDA

RAB

OQMG FORM 17 DEC. 47 382

APPROVAL AND ACCEPTANCE

Julius D Fulford Sr,
SIGNATURE

R R JERALD
HIERS FUNERAL HOME
OCALA
FLORIDA

JULIUS D FULFORD SR
BOX 448
OCALA
FLORIDA

HIGHLAND MEM PK
OCALA
FLORIDA

G-1780

WW II

CERTIFICATE

CLAIM FOR VALID REPATRIATION

(AR 30-1830)

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.

210-352

GEORGE GREEN A. SUMMA
CAPTAIN, QMC., U.S.A.,
Jul 1948
Atlanta, Ga.
Sta. No. 541

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
Fulford, Julius D. Jr.	Pfc	14058021	AGF

I certify that the sum of $ 75 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
HIGHLAND MEMORIAL PARK	OCALA	FLORIDA

INSTRUCTIONS TO PERSON SIGNING THIS FORM

1. Fill in as required and sign ~~four~~ 5 copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR.
2. Return ~~four~~ 5 copies to:

AGR DIVISION
ATLANTA GENERAL DISTRIBUTION DEPOT, U. S. ARMY
ATLANTA, GEORGIA

SIGNATURE OF CLAIMANT: Julius D Fulford Sr.

ADDRESS OF CLAIMANT (City, Street or RFD, and State): Box 448 OCALA, FLORIDA

RELATIONSHIP TO DECEDENT	DATE
FATHER	6-3-48

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 #75.00

SIGNATURE OF CLAIMANT

Atlanta, Ga.

ADDRESS OF CLAIMANT (City, Street or RFD, and State)

Paid on Voucher 361 Mo. Fin. Dept.

Check No. 60876

RELATIONSHIP TO DECEDENT	DATE

QMC FORM 1238
23 OCT 47

REPLACES WD AGO FORM R-5507, QMC FORM R-5048 AND QMC FORM R-5066, WHICH ARE OBSOLETE.

EXPLANATION OF PART A - CIVILIAN OR PRIVATE CEMETERY

1. When the remains are delivered for interment in a civilian or private cemetery, you are responsible for paying all interment expenses. In this connection, you are entitled to the allowance mentioned in paragraph 2 below.

2. An amount not to exceed $75 is allowed by the government toward actual interment expenses when final interment of the remains is in a private or civilian cemetery. No allowance is authorized toward interment expenses when interment is in a national or post cemetery.

3. The $75 maximum allowance by the government toward interment expenses includes but is not limited to the payment of one or more of the following items: hearse hire from the railroad station to your home, the funeral home, church, cemetery, or any other place designated by you; vault; church services; newspaper notices; transportation for friends and relatives to and from cemetery; and the services of a funeral director.

4. Reimbursement by the government is made only to the person who paid from his personal funds the expenses of or incident to interment in a private or civilian cemetery. Receipted bills are not required to accompany this form. Any expenses over and above the $75 maximum must be borne by the person who incurred or paid the additional expenses.

EXPLANATION OF PART B - NATIONAL OR POST CEMETERY

1. When the remains are delivered to you at government expense prior to burial in a national or post cemetery, you are responsible for all additional expenses necessary to deliver the remains from that point to the national or post cemetery grave site. However, you may be entitled to an allowance for the cost of transporting the remains from your home to the national or post cemetery grave site subject to the conditions outlined in paragraph 2. below.

2. Reimbursement of transportation expenses is allowed only when the cost to the government to deliver the remains to you is LESS than what it would have cost the government to deliver the remains direct to the national or post cemetery of final interment. However, the amount which you may be allowed (the difference between cost of delivery to you and cost of delivery by the government direct to the national or post cemetery) may not exceed the amount actually expended by you to deliver the remains to the cemetery grave site. WHETHER OR NOT YOU WILL BE GRANTED AN ALLOWANCE IS DEPENDENT UPON AN AUDIT OF THIS REQUEST. IN ANY EVENT YOU WILL BE NOTIFIED OF ANY ALLOWANCE DUE YOU BY THE OFFICE TO WHICH THIS FORM IS SENT.

3. Reimbursement by the government will be made only to the person who paid from his personal funds for transporting the remains to the national or post cemetery grave site.

4. No interment expense allowance is authorized since interment is made ultimately in a national or post cemetery.

3378-QMTTS-Camp Lee, Va.-12-22-47-100M

RECEIPT OF REMAINS

DISTRIBUTION CENTER ~~ATLANTA GENERAL DISTRIBUTION DEPOT~~
ATLANTA, GEORGIA 5-27-48
~~DELIVER AND REPORT~~
ANY CHARGES

ROUTINE

REMAINS CONSIGNED TO: J. MILES HIERS FUNERAL HOME
OCALA, FLORIDA

REMAINS OF THE LATE PFC. FULFORD, JULIUS D., JR 14038021

BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT

ON TRAIN NUMBER 3, SOUTHERN RAILROAD

LEAVING ATLANTA 9:55 PM 2 JUNE

AND DUE TO ARRIVE OCALA, FLORIDA 10:49 AM 3 JUNE ON SAL # 7

REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT STATION UPON ARRIVAL AND

THAT YOU IMMEDIATELY PASS THIS INFORMATION ON TO NEXT OF KIN

JOHN N. PRUITT
LT. COLONEL, QMC

TRANSPORTATION CORPS BRANCH
10 23 AM '48
MILITARY DIVISION

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

THIS 3 DAY OF JUNE MONTH, 19 48

T/3 Charles N. Bales
WITNESS (Escort)

Robert P Jerald Jr.
CONSIGNEE

J. MILES HIERS FUNERAL HOME

#2

File
Mail
Received Completed
16 June 48

QMC FORM 15 NOV 46 1193

16—52073-1 U. S. GOVERNMENT PRINTING OFFICE

MMM

1

DISINTERMENT DIRECTIVE

SECTION A— NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER: 3508 01661

DATE: 15 (DAY) 02 (MONTH) 48 (YEAR)

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH (DAY / MONTH / YEAR)
FULFORD JULIUS D JR	14038021	PFC	1	

CEMETERY		DISPOSITION OF REMAINS (CODE / DIST. PT.)
BLOSVILLE - CARENTAN	1	4200 / 05

PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
B	5	86	FRANCE	2

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
J. MILES HIERS
OCALA, FLORIDA

NAME AND ADDRESS OF NEXT OF KIN
JULIUS D. FULFORD, SR.(FATHER)
BOX 448
OCALA, FLORIDA

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
FULFORD, Julius D,Jr	14038021	Pfc	11 JUNE 44	4 FEB 48

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY (NAME AND TITLE)
[X] REMAINS [ ] MARKER	USAGF	UTD	JOHN H. CLARK, 2/Lt, QMC.

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Uniform

CONDITION OF REMAINS: Advanced decomposition

OTHER MEANS OF IDENTIFICATION: None

MINOR DISCREPANCIES *1*: JR. does not appear on ID tag.

REMAINS PREPARED AND PLACED IN CASKET

DATE 9 March 48 BY H. F. Pergande

CASKET SEALED BY: H. F. Pergande

EMBALMER (*Signature*): Henry F. Pergande

CASKET BOXED AND MARKED

DATE 9 MAR 48 BY H.B. Ryder

SHIPPING ADDRESS VERIFIED BY: 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 Palyok Jr

JOHN PALYOK,JR,1/Lt.,FA.

SIGNATURE OF GRS INSPECTOR

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

QMC FORM REV 15 MAR 46 1194

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM	TO
USMC, Blosville	Casketing Point A, Cherbourg
KIND OF CONVEYANCE: Truck	NAME OF CONVOYER: Cpl. Gregory
SIGNATURE OF SHIPPER: Theodore O'Murray, T.O. MURRAY, Capt., QMC — DATE: 31MAR48	SIGNATURE OF RECEIVER: Ell Ciampo, E.N. CIAMPO, 1/Lt., FA — DATE: 31 MAR 48

2. SHIPPED

FROM	TO
Casketing Point A, Cherbourg	Port Unit, Cherbourg
KIND OF CONVEYANCE: Truck	NAME OF CONVOYER: Benz
SIGNATURE OF SHIPPER: Ell Ciampo, E.N. CIAMPO, 1/Lt., FA — DATE:	SIGNATURE OF RECEIVER: John E. Hendry, JR, MAJOR, CAC — DATE:

3. SHIPPED

FROM	TO
CHERBOURG PORT UNIT	NYPE
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 48	SIGNATURE OF RECEIVER: Joseph Carroll — DATE: APR 26 1948

4. SHIPPED

FROM	TO
	NYPE
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER — DATE	SIGNATURE OF RECEIVER: JAMES L. McKINNON, for COLONEL, T.C., PORT TRANSPORTATION OFFICER — DATE: MAY 7 1948

5. SHIPPED

FROM	TO
NYPE	DC #5
KIND OF CONVEYANCE: Train	NAME OF CONVOYER: Arthur Batoyles, Sgt
SIGNATURE OF SHIPPER: JAMES L. McKINNON, COLONEL, T.C., PORT TRANSPORTATION OFFICER — DATE: MAY 9 1948	SIGNATURE OF RECEIVER: Lieutenant Sgt QMC — 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

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 5-27-48

SECURITY CLASSIFICATION

ga

PRECEDENCE FOR ACTION | INFORMATION

☐ ORIGINAL MESSAGE

REFERS TO ANOTHER MESSAGE — IDENTIFICATION | CLASSIFICATION

ACTION TO: DELIVER AND REPORT ANY CHARGES

- J. MILES HIERS FUNERAL HOME
- OCALA, FLORIDA

INFORMATION TO:

REMAINS OF THE LATE PFC. JULIUS D. FULFORD, JR. 14038021

BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT

ON TRAIN NUMBER 3, SOUTHERN RAILROAD

LEAVING ATLANTA 9:55 PM 2 JUNE

AND DUE TO ARRIVE OCALA, FLORIDA ~~[illegible]~~ 10:49 AM 3 JUNE ON SAL # 7

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

JOHN M. PRUITT
LT. COLONEL, QMC

SECURITY CLASSIFICATION

AUTHORIZATION — SIGNATURE

ORIGINATING AGENCY — SYMBOL # 2 | DATE-TIME GROUP | OFFICIAL TITLE | PAGE OF

WD AGO FORM 11-168 15 JUN 1945 — This form supersedes WD AGO Form 11-168, 23 Aug 44, and WD AGO Form 801, 12 Mar 43, which are obsolete.

16—45801-1 U. S. GOVERNMENT PRINTING OFFICE

WESTERN UNION

WESTERN UNION

WESTERN UNION

COMMUNICATIONS CENTER
RECEIVED

MAY 4 10 48 AM '42

ATLANTA GEN. DIST. DEPOT

WU A108 RX 26 COLLECT OCALA FLO MAY 4 907A

ATLANTA GENL DISTRIBUTION DEPOT

GRAVES REGISTRATION DIVN ATLA

NO CHANGE TO BE MADE IN DELIVERY INSTRUCTIONS HAVE REMAINS

OF PFC JULIUS D FULFORD, JR DELIVERED TO J MYLES HIERS

FUNERAL DIRECTOR OCALA, FLA

JULIUS D FULFORD SR.

LV

MESSAGEFORM

MESSAGE CENTER No.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT

CALLS	STA. SER. No.	PRECEDENCE	TRANSMISSION INSTRUCTIONS	ORIGINATOR	DATE-TIME GROUP
V	NR				/23

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 CHARGES

- JULIUS D. FULFORD SR
- BOX 448
- OCALA, FLORIDA

PRECEDENCE FOR ACTION | INFORMATION

☐ ORIGINAL MESSAGE

REFERS TO ANOTHER MESSAGE IDENTIFICATION | CLASSIFICATION

INFORMATION TO:

THIS HEADQUARTERS HAS BEEN ADVISED THAT THE REMAINS OF LATE PFC JULIUS D FULFORD JR ARE ENROUTE TO THE UNITED STATES PD RECORDS OF THIS OFFICE INDICATE YOU WISH REMAINS DELIVERED TO J MILES HIERS FUNERAL DIRECTOR OCALA 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

C

ORIGINATING AGENCY

SYMBOL	DATE-TIME GROUP	SIGNATURE / OFFICIAL TITLE	PAGE 1 OF

WD AGO FORM 15 JUN 1945 11-168 This form supersedes WD AGO Form 11-168, 23 Aug 44, and WD AGO Form 801, 12 Mar 43, which are obsolete.

16—45801-1 U. S. GOVERNMENT PRINTING OFFICE

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
				3 GR

SPACE ABOVE FOR SIGNAL CENTER ONLY

SECURITY CLASSIFICATION

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

ACTION TO:

PRECEDENCE FOR
ACTION | INFORMATION

☐ ORIGINAL MESSAGE

REFERS TO ANOTHER MESSAGE
IDENTIFICATION | CLASSIFICATION

INFORMATION TO:

DESIRED CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER THE EX-
PIRATION 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 SYMBOL	DATE-TIME GROUP	SIGNATURE / OFFICIAL TITLE	PAGE 2 OF

WD AGO FORM 11-168, 15 JUN 1945 — This form supersedes WD AGO Form 11-168, 23 Aug 44, and WD AGO Form 801, 12 Mar 43, which are obsolete.

16—45801-1 U. S. GOVERNMENT PRINTING OFFICE

0-6-268 NX108

INSPECTION CHECKLIST

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

Name	Rank	Serial Number
Fulford, Julius D. Jr.	Pfc	14038021

Source	Consignee
Blosville - Carentan	J. Miles Hiers Funeral Director Ocala, Florida

SHIPPING CASE - General Appearance (Check ONLY Discrepancies)	Condition of Shipping Case (Check One) ☐ Satisfactory ☑ 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) ☐ Satisfactory ☐ Unsatisfactory
Finish (Exterior)	Remarks
Handles and Fastenings	
Stenciling - Nameplate	
Cam Locks (Sealing)	
Odor or Moisture	

ROUTED THROUGH

Mortuary Operating Room	Repair Shop
Condition of Remains ☐ Satisfactory ☐ Unsatisfactory	Casket Repaired Yes ☐ No ☐
R	Casket Exchanged Yes ☐ No ☑
PTH	Shipping Case Repaired Yes ☑ No ☐
	Shipping Case Exchanged Yes ☐ No ☑
	Remarks repaired + painted

Time	Date	Signature of Mortician	Time	Date	Signature of Inspector
			317	5-14-48	R.S. Ruddell

Remarks

QMC Form
Rev 1 Jan 47 R-5024 Local Reproduction Authorized

BUDGET BUREAU No. 49-R277.

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Pfc Julius D. Fulford, Jr., 14 038 021
Plot B, Row 5, Grave 86,
United States Military Cemetery
Bloeville, France

5 November 1947

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

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

PART I

I, Julius D. Fulford
(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

Highland Memorial Park Cemetary Ocala, 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.)*

Yes Correct

Copied to Jan 48
Gallagher

DEC 16

OQMG FORM 14 NOV 1946 345 MILITARY

16—8418-1

PART I (*Continued*)

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

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

LAST NAME	FIRST NAME		MIDDLE INITIAL
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	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			
J. Miles Hiers			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
	Ocala, 65	Marion County	Florida
EXPRESS OFFICE (*Nearest railroad passenger station*)	TELEGRAPH ADDRESS		TELEPHONE No.
Ocala, Florida	Ocala, Florida		688

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
Fulford	Carrie	Lee	Mother
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
Box 448	Ocala,	Marion	Florida

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.

Julius D Fulford Sr. — (SIGNATURE OF NEXT OF KIN)

Julius D. Fulford (father) — (NAME PRINTED OR TYPED)

Box 448 — (STREET AND NUMBER)

Ocala, Florida — (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 12th day of November, 19 47, at city (or town) of Ocala, county of Marion, and State (or Territory or District) of Florida

Rebecca Anthony — (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

Notary Public, Dade Co. Fla. — (OFFICIAL TITLE)

My com. expires 4-17-49

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

16—50411-1

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

_____ (DATE)

_____ (SIGNATURE)

_____ (STREET AND NUMBER)

_____ (NAME PRINTED OR TYPED)

_____ (CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTIONS

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

U. S. GOVERNMENT PRINTING OFFICE

Pfc Julius D. Fulford, Jr., 14 038 021
Plot B, Row 5, Grave 86,
United States Military Cemetery
Blosville, France

5 November 1947

Mr. Julius Fulford

Ocala, Florida

Dear Mr. Fulford:

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,

Incls.

THOMAS B. LARKIN
Major General
The Quartermaster General

kag

C. J. No. 3026

Marriage License

CENTRAL BUREAU OF VITAL STATISTICS

State of Florida, Marion County

To any Minister of the Gospel, or any Officer Legally Authorized to Solemnize the Rite of Matrimony:

Whereas, *Application having been made to the County Judge of* Marion *County, of the State of Florida, for a license for marriage, and it appearing to the satisfaction of said County Judge that no legal impediments exist to the marriage now sought to be solemnized,*

These are Therefore, *To authorize you to unite in the*

Holy Estate of Matrimony

Eugene Clifton Clevenger and Christina Adamson Fulford

and that you make return of the same, duly certified under your hand, to the County Judge aforesaid.

Witness, *my name as County Judge, and the seal of said Court, at the Courthouse in* Ocala, Florida, *this* 14th *day of* May, *A. D. 19* 47

THIS LICENSE NOT VALID AFTER June 14th 1947

(County Judge's Seal) D. R. Smith, *County Judge*

CERTIFICATE OF MARRIAGE

I Certify, *that the within named* Eugene Clifton Clevenger *and* Christina Adamson Fulford *were by me, the undersigned, duly united in the Holy Estate of Matrimony, by the authority of the within License. Done this* 10th *day of* May, *A. D. 19* 47, *at* Bride's Home, Ocala, *Florida*

Witness Elbert Cochrane

Witness Mildred Cochrane

Rev. Marcus D. Drake
SIGNATURE AND TITLE OF MINISTER OR LEGALLY AUTHORIZED OFFICER

Anthony, Florida
ADDRESS

Returned this 19th *day of* May, *A. D. 19* 47, *and recorded in Marriage Book* 13, *page* 369

D. R. Smith, *County Judge.*

FORM V. S. NO. 49

293 Julius D Fulford JR 14 038 021 PFC.

MAT Fld 17 Oct 47

IN THE COUNTY JUDGE'S COURT, MARION COUNTY, FLORIDA

STATE OF FLORIDA, }
COUNTY OF MARION. } SS.

I, D. R. Smith, County Judge in and for the County of Marion, State of Florida, do hereby certify that the foregoing is a true and correct copy of **Marriage License and Marriage Certificate of Eugene Clifton Clevenger and Christina Adamson Fulford.**

as the same now appears of record and on file in said Court.

I FURTHER CERTIFY that the said County Judge's Court is a Court of Record, with an official seal, and that the Judge of said Court is a custodian of the records and the seal of said Court; that said Court has original Jurisdiction of the settlement of the estates of decedents and minors, to order the sale of real estate of decedents and minors, to take probate of wills, to grant letters, testamentary, administration and guardianship, and to discharge the duties usually pertaining to Courts of Probate; that said Court has no Clerk of Record, but the duties usually performed by a Clerk of Record are performed by the Judge of said Court; that the signature below subscribed is the signature of the sole and the Presiding Judge of said Court; that the seal hereto affixed is the seal of said Court; and that this attestation is in due form and by proper officer according to the laws of the State of Florida.

IN WITNESS WHEREOF: I have hereunto set my hand and the seal of the County Judge's Court, at Ocala, this the **11th.** day of **October**, A. D. 194**7**

D. R. Smith

County Judge, Marion County, Florida

D L

193 Fulford, Julius D1403802

BUDGET BUREAU No. 49-R277.

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Pfc. Julius D. Fulford, Jr., 14 038 021
Plot B, Row 5, Grave 86,
United States Military Cemetery
Bloesville, France

9 September 1947

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

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

PART I

I, _____ (PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

☐ WIDOW ☐ WIDOWER ☐ SON OVER 21 YEARS OLD ☐ DAUGHTER OVER 21 YEARS OLD

☐ FATHER ☐ MOTHER ☐ BROTHER OVER 21 YEARS OLD ☐ SISTER OVER 21 YEARS OLD

☐ RELATIONSHIP OTHER THAN ABOVE (*Specify*) _____

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

☐ 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS.

☐ 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY

_____ (NAME AND LOCATION OF CEMETERY)

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

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

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

☐ YES ☐ NO

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

NONE

OCT 1 1947 MEMORIAL DIVISION QUARTERMASTER CORPS RECEIVED

FILE
19 NOV 1947

PRayes

16—50411-1

OQMG FORM 14 NOV 1946 345 MILITARY

PAGE 1

Nov L. O. I. SENT NOV 5 1947 RCG

PART I (*Continued*)

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

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

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

OR

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

FULL NAME OF FUNERAL DIRECTOR			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
EXPRESS OFFICE (*Nearest railroad passenger station*)	TELEGRAPH ADDRESS		TELEPHONE No.

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

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

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

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

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

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

(NAME PRINTED OR TYPED) (CITY AND STATE)

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

(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

(OFFICIAL TITLE)

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

16—50411-1

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 _____ (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	FIRST NAME	MIDDLE INITIAL
[redacted] Fulford	[redacted] Julius	[redacted] D.
RELATIONSHIP TO THE DECEASED	[redacted] father	
NUMBER AND STREET	CITY OR TOWN	STATE OR COUNTRY
[redacted] c/o Post Office	[redacted] Ecala	Florida

October 14, 1944 (DATE)

Christina A. Clevenger (SIGNATURE)

c/o Anthony Lams Inc. (STREET AND NUMBER)

CHRISTINA A. CLEVENGER (NAME PRINTED OR TYPED)

Anthony, Florida (CITY AND STATE)

16—50410-1

ADDITIONAL REMARKS AND INSTRUCTIO

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

U. S. GOVERNMENT PRINTING OFFICE

Pfc. Julius D. Fulford, Jr., 14 038 021
Plot B, Row 5, Grave 86,
United States Military Cemetery
Blosville, France

9 September 1947

Mrs. Christian Fulford
Route #4, Box 70
Ocala, Florida

Dear Mrs. Fulford:

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,

8 Incls.

THOMAS B. LARKIN
Major General
The Quartermaster General

wd

293 Fulford, Julius D. Jr.

Basic ltr, OQMG, QMGMM 293, Subject: Date of Death and Date of Burial, dated 19 May 1947.

RRE 293 (Fulford, Julius D., Jr. - 14 038 021) 1st Ind.

Hq, American Graves Registration Command, European Theater Area, APO 58, U S Army, 9 June 1947.

TO: The Quartermaster General, Washington 25, D.C.

Records this theater for subject deceased were amended in compliance with letter referred to in paragraph 1, basic communication, to reflect Date of Death as 11 June 1944. Date of Burial has been arbitrarily changed to agree with official Date of Death.

FOR THE COMMANDING GENERAL:

JOSEPH E. McCLUSKEY
1st Lt., Inf
Actg Asst Adj Gen

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

IN REPLY REFER TO QMGMM 293
Fulford, Julius D., Jr.
SN 14 038 021

19 MAY 1947

SUBJECT: Date of Death and Date of Burial

TO: Commanding General
American Graves Registration Command
European Area
APO 58, c/o Postmaster
New York, New York

1. Reference is made to letter this office dated 25 April 1947, Subject: Burial Records, file QMGMR 314.6 Graves Registration (European, U. S. Misc.).

2. WD AGO Form 52-1, Report of Death for Julius D. Fulford, Jr., 14 038 021, indicates Date of Death as 11 June 1944. Report of Burial on file for decedent indicates Date of Death as 7 June 1944, Date of Burial as 8 June 1944, and interment in the United States Military Cemetery, Blosville, France, Plot-B, Row-5, Grave-86.

3. Request clarification as to correct Date of Death and correct Date of Burial.

FOR THE QUARTERMASTER GENERAL:

Martin G. Riley

MARTIN G. RILEY
Major, QMC
Memorial Division

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

IN REPLY REFER TO
ORDER 292
Mulford, Julius D., Jr.
SN 14 039 021

19 MAY 1947

SUBJECT: Date of Death and Date of Burial

TO: Commanding General
American Graves Registration Command
European Area
APO 58, c/o Postmaster
New York, New York

1. Reference is made to letter this office dated 25 April 1947, Subject: Burial Records, file QMGRE 314.6 Graves Registration (European, U. S. Misc.).

2. WD AGO Form 55-1, Report of Death for Julius D. Mulford, Jr., 14 039 021, indicates Date of Death as 11 June 1944. Report of Burial on file for deceased indicates Date of Death as 7 June 1944, Date of Burial as 8 June 1944, and interment in the United States Military Cemetery, Nonville, France, Plot-B, Row-3, Grave-86.

3. Request clarification as to correct Date of Death and correct Date of Burial.

FOR THE QUARTERMASTER GENERAL:

MARTIN G. RILEY
Major, QMC
Memorial Division

QMGMR 293
Fulford, Julius D., Jr.
SN 14 038 021

19 MAY 1947

SUBJECT: Date of Death and Date of Burial

TO: Commanding General
American Graves Registration Command
European Area
APO 58, c/o Postmaster
New York, New York

1. Reference is made to letter this office dated 25 April 1947, Subject: Burial Records, file QMGMR 314.6 Graves Registration (European, U. S. Misc.).

2. WD AGO Form 52-1, Report of Death for Julius D. Fulford, Jr., 14 038 021, indicates Date of Death as 11 June 1944. Report of Burial on file for decedent indicates Date of Death as 7 June 1944, Date of Burial as 8 June 1944, and interment in the United States Military Cemetary, Blosville, France, Plot-B, Row-5, Grave-86.

3. Request clarification as to correct Date of Death and correct Date of Burial.

FOR THE QUARTERMASTER GENERAL:

MARTIN G. RILEY
Major, QMC
Memorial Division

enj

AIR MAIL

QMGMR 314.6
Graves Registration
(European-U.S. Misc.)

25 APR 1947

SUBJECT: Burial Records

TO: Commanding Officer
American Graves Registration Command
European Area
APO 887, c/o Postmaster
New York, New York

1. Request the burial reports and grave markers for the following decedents, interred in the United States Military Cemetery, Blosville, France, be changed to read as underscored:

NAME	RANK GRADE	SERIAL NO.	DATE OF DEATH	ORGANIZATION	PLOT	ROW	GRAVE
293 Fulford, Julius D., Jr.	Pfc	14 038 021	11 June 44	- - -	B	5	86
Fuqua, John T.	Pvt	35 898 540	23 July 44	Co K, 358 Inf Regt. 90 Inf Div.	T	4	75
Furnish, Loren H.	Pvt	35 806 973	- - -	Co G 12th Inf Regt. 4th Inf. Div.	Y	10	196

2. The records of this office have been reverified with the records of The Adjutant General, War Department, and have been found to be correct as indicated above.

FOR THE QUARTERMASTER GENERAL:

MARTIN G. RILEY
Major, QMC
Memorial Division

AIR MAIL

AIR MAIL

QMGMR 314.6
Graves Registration
(European - U. S. Misc.)

7 APR 1947

SUBJECT: Burial Records

TO: Commanding Officer
American Graves Registration Command
European Theater Area
APO 887, c/o Postmaster
New York, New York

1. Request the burial reports and grave markers for the following decedents interred in the United States Military Cemetery Blosville, France be changed to read as follows:

NAME	RANK GRADE	SERIAL NO.	DATE OF DEATH	ORGAN.	PLOT	ROW	GRAVE
Francis, Donald B.	Cpl.	12 138 600	7 Jun 44	Co. "G" 506 Prcht. Inf. Rgt. 101 Arbn. Div.	J	2	30
Fulford, Julius D. Jr.	Pfc.	14 038 021	11 Jun 44	Co. "D" 507 Prcht. Inf. 17 Arbn. Div.	B	5	86
Furciniti, Gerardo A.	Pvt.	32 943 956	15 Oct 44	Co. "E" 8 Inf. Rgt. 4 Inf. Div.	Y	4	62
Fuschillo, Richard	Pvt.	6 100 245	9 Jul 44	Btry "B" 324 F.A. Bn. 83 Inf. Div.	G	3	51

2. The records of this office have been reverified with the records of The Adjutant General, War Department, and have been found to be correct as indicated above.

FOR THE QUARTERMASTER GENERAL:

MARTIN G. RILEY
Major, QMC
Memorial Division

AIR MAIL

SPQXG 293
Fulford, Julius D

7 March 1946

Mrs. Christian Fulford
Box 70 Route #4
Ocala, Florida

Dear Mrs. Fulford:

The War Department is most desirous that you be furnished the burial location of your husband, the late Private First Class Julius D. Fulford, Jr., A.S.N. 14 038 021.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery, Blosville, France, plot B, row 5, grave 86.

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

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

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

kbt

LMS

RESTRICTED

Graves Registration Form No. 1 (Revised Sept. 1943)

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

9289

6/16/44 Date

Last Name	First	Initial	Rank	Serial No.
Fulford JR.	Julius	D.	Pfc	14038021

Unit	Organization
Co "D"	507 Para. Inf. 17TH ABN DIV

6/11/44

Place of Death	Date of Death	Cause of Death
France		KIA

Time and Date of Burial	Name of Cemetery	Name or Coordinates of Location
6/8/44	Blosville	France

Grave Number	Row Number	Plot Number	Type of Marker
86	5	B X	Peg

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

If No Identification Tags
How were remains identified?

B.I.T.

What means of identification were buried with the body?

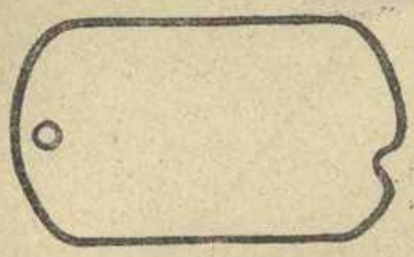
Slip Of Paper

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

Who is buried on:

	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Right:	Carmichael	18075835	Unknown	82 A/B Div	X87
Deceased's Left:	Henle	37149188	Unknown	82 A/B Div	X89

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



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

Emergency Addressee Unknown
Name

Unknown
Address

Religion Unknown

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

None

Edwin Miller FEB 8 1945

Signature of Officer or other person reporting burial

Edwin H. Miller
Verified by O.R.S. Officer

MQ. 508. 22/9/43. 380M/8/15219

Inc #19

IF DECEASED UNIDENTIFIED

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

Height:
Weight:
Color of Eyes:
Color of Hair:
Race:

Laundry Marks:
Number of Rifle:
Wear Glasses?
Is Tooth Chart Attached?

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

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

Left Hand: Thumb, 1, 2, 3, 4

Right Hand: Thumb, 1, 2, 3, 4

TOOTH CHART

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

Deceased's Right — Deceased's Left

Indicate: missing natural teeth by X; crowns by ○; fillings by □; Bridges by ○ linking anchor teeth; replacements by artificial teeth X

Characteristics: _____

Other Data: _____

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

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 21 July 1944

LFP/lvo 4633

FULL NAME	ARMY SERIAL NUMBER	GRADE
2/3 Fulford, Julius D. Jr.	14 038 021	PFC
HOME ADDRESS	**ARM OR SERVICE**	**DATE OF BIRTH**
Ocala, Florida	Infantry	16 Apr 22
PLACE OF DEATH	**CAUSE OF DEATH**	**DATE OF DEATH**
France	Killed in action	11 Jun 44
STATION OF DECEASED	**DATE OF ENTRY ON CURRENT ACTIVE SERVICE**	**LENGTH OF SERVICE FOR PAY PURPOSES**
European Area	30 Dec 1940	YEARS 3 / MONTHS 4 / DAYS 23

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mrs. Christian Fulford, wife, Box 70, Route 4, Ocala, Florida

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Christian A. Fulford, wife, Box 70, Route 4, Ocala, Florida
Mrs. Carrie Fulford, Mother, Gen. Del, Ocala, Florida.
Julius D. Fulford, Sr., father, Gen. Del., Ocala, Florida.

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			X	X					X	X*	

ADDITIONAL DATE AND/OR STATEMENT

*On parachute pay.

Time lost under AW 107 - 19 days.

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

[X] BATTLE

[ ] NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

John T. Winn

John T. Winn ADJUTANT GENERAL

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

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 21 July 1944

LFP/lvo 4633

FULL NAME	ARMY SERIAL NUMBER	GRADE
343 Fulford, Julius D. Jr. (Cpl)	14 038 021	PFC
HOME ADDRESS	**ARM OR SERVICE**	**DATE OF BIRTH**
Ocala, Florida	Infantry	16 Apr 22
PLACE OF DEATH	**CAUSE OF DEATH**	**DATE OF DEATH**
France	Killed in action	11 Jun 44
STATION OF DECEASED	**DATE OF ENTRY ON CURRENT ACTIVE SERVICE**	**LENGTH OF SERVICE FOR PAY PURPOSES** (YEARS / MONTHS / DAYS)
European Area	30 Dec 1940	3 / 4 / 23

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mrs. Christian Fulford, wife, Box 70, Route 4, Ocala, Florida

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Christian A. Fulford, wife, Box 70, Route 4, Ocala, Florida
Mrs. Carrie Fulford, Mother, Gen. Del, Ocala, Florida.
Julius D. Fulford, Sr., father, Gen. Del., Ocala, Florida.

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			X	X					X	X*	

ADDITIONAL DATE AND/OR STATEMENT

*On parachute pay.

Time lost under AW 107 - 19 days.

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

[X] BATTLE

[ ] NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

John T. Winn

John T. Winn
ADJUTANT GENERAL

27 JUL 1944 FILE

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

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

177970

REPORT OF DEATH

DATE 21 July 1944

LFP/lvo 4633

FULL NAME	ARMY SERIAL NUMBER	GRADE
Fulford, Julius D. Jr.	14 038 021	PFC
HOME ADDRESS	**ARM OR SERVICE**	**DATE OF BIRTH**
Ocala, Florida	Infantry	16 Apr 22
PLACE OF DEATH	**CAUSE OF DEATH**	**DATE OF DEATH**
France	Killed in action	11 Jun 44
STATION OF DECEASED	**DATE OF ENTRY ON CURRENT ACTIVE SERVICE**	**LENGTH OF SERVICE FOR PAY PURPOSES** (YEARS / MONTHS / DAYS)
European Area	30 Dec 1940	3 / 4 / 23

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mrs. ~~Christian~~ Christina Fulford, wife, Box 70, Route 4, Ocala, Florida

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

~~Christian~~ Christina A. Fulford, wife, Box 70, Route 4, Ocala, Florida
Mrs. Carrie Fulford, Mother, Gen. Del, Ocala, Florida.
Julius D. Fulford, Sr., father, Gen. Del., Ocala, Florida.

ARMY EFFECTS BUREAU RECEIVED JUL 26 1944 KCSMB

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			X	X					X	X*	

ADDITIONAL DATE AND/OR STATEMENT

*On parachute pay.

Time lost under AW 107 - 19 days.

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2. O. Q. M. G.	O. F. D.	ARMY EFFECTS BUREAU CASUALTY BRANCH FILE
G. A. O.	VET. ADMIN.	A. G. 201 FILE

[X] BATTLE

[ ] NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

John T. Winn

John T. Winn

ADJUTANT GENERAL

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

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

—BATTLE CASUALTY REPORT

NAME	SERIAL NUMBER	GRADE	ARM OR SERVICE	REPORTING THEATRE
FULFORD JULIUS D JR	14038021	PFC	INF	ETO

PLACE OF CASUALTY	DATE OF CASUALTY DAY	MONTH	YEAR	FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER
FRANCE	11	JUN	44	J	KIA	116

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	RELATIONSHIP
MRS	CHRISTIAN		FULFORD	WIFE

NO. AND NAME OF STREET	CITY	COUNTY	STATE
BOX 70 ROUTE NUMBER FOUR	OCALA		FLORIDA

REMARKS: ☐ CORRECTED COPY 7 JULY 44 NCR

ARMY EFFECTS BUREAU RECEIVED JUL 13 1944 WMD

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED ✓ FORM 43 ✓ AG 201 REQ ✓ 5 July

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

Teleg. Stubs

REPORT NOT VERIFIED ___ NO FORM 43 ___ NO CAS. BR. FILE ✓ CHECKED BY _____ REVIEWED BY Bruce

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

ACCT. AREA	CASUALTY STATUS	ORIGINAL CAS. DATE DAY	MO.	YR.	MESSAGE NO.	LATEST CAS. DATE DAY	MO.	YR.	REFERENCE AREA	CREW POS.	RESIDENCE STATE	COUNTY	COMP	RACE
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 37

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- ☐ BUREAU OF PUBLIC RELATIONS
- ☐ CASUALTY PAY RECORDS BR., O.F.D.
- ☐ CHIEF OF ARM OR SERV. CONCERNED
- ☐ CHIEF OF STAFF
- ☐ CHRONOLOGICAL UNIT, CAS. BR.
- ☐ CHIEF, P.O.W. BR., M.I.S., W.D.G.S.
- ☐ CHIEF, WAR BOND DIVISION
- ☐ CHIEF, WAR BOND OFFICE
- ☐ C.G., ARMY GROUND FORCES
- ☐ C.G. 4 SERVICE COMMAND
- ☐ DIR. OF SPECIAL SERVICES DIV.
- ☐ DIRECTOR, W.A.C.
- ☐ ENLISTED BRANCH, A.G.O.
- ☐ FINANCE OFFICER, U. S. ARMY, WASH., D.C.
- ☐ MACHINE RECORDS BRANCH, A.G.O.
- ☐ OFFICE OF DEPENDENCY BENEFITS
- ☐ OFFICERS BRANCH, A.G.O.
- ☐ P.O.W. INFO. BUREAU, O.P.M.G.
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- ☐ U. S. EMPLOYEE'S COMPENS. COMM.
- ☐ WAR SHIPPING ADMINISTRATION
- ☐ WILLS UNIT, CASUALTY BRANCH

177970

RTB:AP:wh
January 24, 1946

Mrs. Christena A. Fulford
Route 4, Box 70
Ocala, Florida

Dear Mrs. Fulford:

Reference is made to your letter of January 14, making inquiry regarding the personal effects of your husband, Private First Class Julius D. Fulford, Jr.

The Army Effects Bureau has not yet received any belongings of your husband, nor any other information regarding his effects.

The time that normally is required for effects to reach this Bureau from overseas, is approximately one year. Due to the lapse of time, it is reasonable to assume there were no effects of Private Fulford recovered.

I appreciate your anxiety, and I am indeed sorry to convey this report. However, if this Bureau should receive information indicating the recovery of any personalty of Private Fulford, I shall communicate with you promptly.

Please accept my sympathy in the loss of your husband.

Yours very truly,

HARRY NIEMIEC
2nd Lt., QMC
Chief, Correspondence Branch

177970

INQUIRY CLERK

Route 4, Box 70 B1
Ocala, Florida
January 14, 1945.

Effects Quartermaster
Kansas City, Missouri.

Dear Sir,

I wonder if you could give me any information concerning the personal effects of my late husband, P/C Julius D. Fulford Jr. U.S.N. 1403802l who was killed in action June 11, 1944.

Yours Sincerely,
Mrs. Christenia A. Fulford.

1-24-46
ra

Q. M. C. Form 353 (Old No. 490)
Revised July 26, 1918

LIST OF PAPERS

File under No. _____

U. S. GOVERNMENT PRINTING OFFICE 3—0788

SERIAL NUMBER	FROM—	DATE	TO—	SYNOPSIS

INSTRUCTIONS.—When papers on a subject become numerous they will be numbered serially and brief entries made on this form.