

70-A1

#3688

9/19.4.4.2

RECEIPT OF REMAINS

DISTRIBUTION CENTER **UTAH GENERAL DISTRIBUTION DEPOT**
OGDEN UTAH

ROUTINE 30 APRIL 1948

REMAINS CONSIGNED TO: **PURDY AND KERR FUNERAL HOME**
409 MAIN STREET
MONROE WASHINGTON

REMAINS OF THE LATE SERGEANT CLIFFORD M HALSTEAD BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT ON TRAIN NUMBER FIVE GREAT NORTHERN RAILROAD DUE TO ARRIVE MONROE WASHINGTON STATION FOUR FORTY EIGHT PM FOURTEEN MAY. REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT STATION UPON ARRIVAL AND THAT YOU IMMEDIATELY PASS THIS INFORMATION ON TO NEXT OF KIN.

REPAIRING
 RECORDS BR
 JUN 7 4 29 PM '48
 MEMORIAL
Steven F. Capasso
 STEVEN F. CAPASSO
 MAJOR ~~ONE~~
 CHIEF AGRD

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

THIS 14 DAY OF May, 19 48
DAY MONTH

S/Sgt. William H. Auth
 WITNESS (Escort)

Purdy and Kerr
 CONSIGNEE
By Purdy and Kerr

n.a. file
Rec. am
12 July 48
Postmaster
6 R

Trans from DC # 14

1

to

DC # 12

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

3508 01960

DATE

15 11 47
DAY MONTH YEAR

NAME

HALSTEAD CLIFFORD M

SERIAL NUMBER

39184233

RANK

SGT

ARM

1

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

BLOSVILLE - CARENTAN

DISPOSITION OF REMAINS

1 9700

CODE

DIST. PT.

PLOT

I

ROW

7

GRAVE

126

COUNTRY

FRANCE

CAUSE OF DEATH

1

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

PURDY AND KERR FUNERAL HOME
409 MAIN STREET
MONROE, WASHINGTON

NAME AND ADDRESS OF NEXT OF KIN

JOYCE E. HALSTEAD (WIFE)
ROUTE #2
MONROE, WASHINGTON

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

Halstead, Clifford M

SERIAL NUMBER

39184233

RANK

Sgt

DATE OF DEATH

Utd

DATE DISINTERRED

16 Dec, 1947

IDENTIFICATION TAG ON

☒ REMAINS☒ MARKER

ORGANIZATION

USAGF

RELIGION

Protestant

IDENTIFICATION VERIFIED BY

JOHN H. CLARK

2nd Lieut QMC

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Uniform

CONDITION OF REMAINS

Advanced Decomposition

OTHER MEANS OF IDENTIFICATION

None

MINOR DISCREPANCIES

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 26 January, 1948

BY

Theodor R. Harrison Jr

CASKET SEALED BY

Theodor R. Harrison Jr

EMBALMER (Signature)

Theodor R. Harrison Jr

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 26 Jan 48 BY H. J. Cummings

JOHN PALYOK JR, 1st Lieut, FA

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

JOHN PALYOK JR, 1st Lieut, FA

SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM	US MC Blossville	TO	Casketing Point "A"-Cherbourg
KIND OF CONVEYANCE	Truck	NAME OF CONVOYER	Sgt Gregorio Augustino
SIGNATURE OF SHIPPER	W. T. DAILEY, Capt, QMC	SIGNATURE OF RECEIVER	E. N. CIAMPO, 1st Lieut, FA
DATE	23Jan48	DATE	23Jan48

2. SHIPPED

FROM	Casketing Point "A"-Cherbourg	TO	Port Unit - Cherbourg
KIND OF CONVEYANCE	Truck	NAME OF CONVOYER	
SIGNATURE OF SHIPPER	E. N. CIAMPO, 1st Lieut, FA	SIGNATURE OF RECEIVER	JOHN E. HENDRY JR, Major, CAC
DATE		DATE	

3. SHIPPED

FROM	Port Unit Cherbourg	TO	NYPOE
KIND OF CONVEYANCE	USAT MC CARLEY	NAME OF CONVOYER	ROBERT V. SCHNEIDER, 1st Lt TC
SIGNATURE OF SHIPPER	JOHN E. HENDRY JR, MAJOR CAC	SIGNATURE OF RECEIVER	
DATE	10 Mar 48	DATE	10 Mar 48

4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	JAMES L. MCKINNON
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	COLONEL, T. C.
DATE		DATE	

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	T/Sgt Harold Karnit
SIGNATURE OF SHIPPER	JAMES L. MCKINNON	SIGNATURE OF RECEIVER	
DATE	APR 10 1948	DATE	12 APR

6. SHIPPED

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

7. SHIPPED

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

WUD14 29/28 GOVT NL COLLECT

MONROE WASH MAR 30

UTAH GEN DIST DEPT

ATTN AMERICAN GRAVES REGISTRATION DIV OGDEN UTAH
SATISFACTORY TO HAVE REMAINS OF SGT CLIFFORD M HALSTEAD

39184233 DELIVERED TO PURDY AND KERR FUNERAL HOME 409

MAIN ST MONROE WASHINGTON PER YOUR TELEGRAM MARCH 29.

JOYCE E HALSTEAD.

39184233 409 29.

803A MAR 31.

UASFD. OGDEN, UTAH

MAR 31 9 09 AM 1948

TELEGRAPH OFFICE

McCarty

MESSAGEFORM		MESSAGE CENTER No.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT	
CALLS V	STA. SER. No. NR	PRECEDENCE	TRANSMISSION INSTRUCTIONS	ORIGINATOR	DATE-TIME GROUP
ACTION	INFORMATION		EXEMPT	OPERATING SIGNALS	GROUP COUNT GR AGRD
SPACE ABOVE FOR SIGNAL CENTER ONLY					
FROM: (Originator) UTAH GENERAL DISTRIBUTION DEPOT OGDEN UTAH			SECURITY CLASSIFICATION		
ACTION TO: • JOYCE E HALSTEAD • ROUTE # 2 • MONROE WASHINGTON			PRECEDENCE FOR ACTION INFORMATION		
			DL		
			☐ ORIGINAL MESSAGE		
INFORMATION TO:			REFERS TO ANOTHER MESSAGE IDENTIFICATION CLASSIFICATION		
THIS HEADQUARTERS HAS BEEN ADVISED THAT THE REMAINS OF LATE SERGEANT CLIFFORD M HALSTEAD ARE ENROUTE TO THE UNITED STATES RECORDS OF THIS OFFICE INDICATE YOU WISH REMAINS DELIVERED TO PURDY & KERR FUNERAL HOME 409 MAIN ST MONROE WASH PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION MONROE WASHINGTON UPON ARRIVAL WE REGRET IT IS NOT POSSIBLE AT THIS TIME TO GIVE YOU A DEFINITE DELIVERY DATE HOWEVER THREE DAYS PRIOR TO SHIPMENT FROM THIS DEPOT YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF RAIL ROUTING AND SCHEDULED TIME REMAINS WILL ARRIVE AT RAILROAD STATION HE WILL BE REQUESTED TO PASS THIS INFORMATION TO YOU SO THAT YOU MAY MAKE FUNERAL ARRANGEMENTS REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT WITHIN 48 HOURS OF DATE OF THIS MESSAGE PLEASE CONFIRM BY TELEGRAM COLLECT TO UTAH GENERAL DISTRIBUTION DEPOT ATTENTION AMERICAN GRAVES REGISTRATION DIVISION OGDEN UTAH ABOVE DELIVERY INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS PLEASE BE ADVISED THAT IT WILL NOT BE POSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER THE EXPIRATION OF THE 48 HOUR PERIOD YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATION TO MAKE ARRANGEMENTS PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM					
SECURITY CLASSIFICATION			AUTHORIZATION		
ORIGINATING AGENCY			SIGNATURE STEVEN F CAPASSO MAJOR CMG		
SYMBOL	DATE-TIME GROUP 29 MAR 1948	OFFICIAL TITLE CHIEF AGRD		PAGE	OF

NY-005-R

INSPECTION CHECKLIST
(FOR USE AT DISTRIBUTION CENTER)

NAME HALSTEAD, Clifford M.RANK Sgt. SERIAL NUMBER 39184233NEXT OF KIN Joyce E. HalsteadADDRESS Route #2
Monroe, WashingtonShipping Case- General Appearance
(Check ONLY Discrepancies)CONDITION OF THE SHIPPING CASE (Check one)
☒ Satisfactory ☐ UnsatisfactoryFINISH (Exterior) ☒

FINISH (Interior)

HANDLES

HANDLE BOLTS

STENCILLING- NAMEPLATE

REMARKS *panels soiled and
scuffed.
mouldings slightly chipped
on side panels!*CASKET - General Appearance
(Check ONLY Discrepancies)CONDITION OF CASKET (Check one)
☐ Satisfactory ☐ UnsatisfactoryFINISH (Exterior) ☒

HANDLES AND FASTENINGS

STENCILING - NAMEPLATE

CAM LOCKS (Sealing) ☒

ODOR OR MOISTURE

REMARKS *Angle Ring scuffed and chipped.
Cam-heads chipped
one (1) cam fastener broken
foot end.
Finial Rt. side head end scuffed.*

ROUTED THROUGH

☐ MORTUARY OPERATING ROOM☒ MORTUARY REPAIR SHOP

CONDITION OF REMAINS

☐ Satisfactory ☐ UnsatisfactoryCASKET REPAIRED ☒CASKET EXCHANGED ☐SHIPPING CASE REPAIRED ☐SHIPPING CASE EXCHANGED ☐

NECESSARY DISINFECTION (Explain)

REMARKS

OK outgoing

TIME DATE SIGNATURE OF MORTICIAN

TIME DATE SIGNATURE OF INSPECTING
OFFICER*4:10 PM 4/27/48 M. Penultone*

Final Inspection by:

Date:

*B Foulger wep**4/28-'48**Shipped 12 May 1948. m.B*

CERTIFICATE

(AR 30-1230)

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.

W.W. B.
 E. G. B. A.
 Lt. Col., F.D., F.O.U.S.A.
 Utah Gen. Dist. Depot
 Ogden, Utah
 212,017

MAY 1948

PART A - CIVILIAN OR PRIVATE CEMETERY

REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT Clifford M. Halstead	GRADE SOT	SERIAL NUMBER 39184233	COMPONENT USA
I certify that the sum of \$ <u>75.00</u> was paid by me from personal funds in connection with the interment of the remains of the above named decedent in the below named cemetery.			
INSERT NAME OF CEMETERY Monroe Memorial Park	CITY OR COUNTY Monroe	STATE Wash.	
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:		SIGNATURE OF CLAIMANT <i>Joyce Halstead</i> ADDRESS OF CLAIMANT (City, Street or RFD, and State) Route #2 Monroe, Washington RELATIONSHIP TO DECEDENT Wife DATE May 16, 1948	

PART B - NATIONAL OR POST CEMETERY

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

 OMC FORM 1236
 23 OCT 47

 REPLACES WD AGO FORM R-5507, OMC FORM R-5245
 AND OMC FORM R-5055 WHICH ARE OBSOLETE.

Reproduced by Auburn General Depot, U.S. Army.

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 directly in a national or post cemetery.

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Sgt. Clifford M. Halstead, 39 184 233
 Plot I, Row 7, Grave 126,
 United States Military Cemetery
 Bloisville, France

15 September 1947

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, Joyce E. Halstead

(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

Monroe Cemetery, Monroe Washington

(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 Monroe Wash.
 (FOREIGN COUNTRY) (LOCATION OF CEMETERY SELECTED)

- ☐ 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____
 (LOCATION OF NATIONAL CEMETERY SELECTED)
 (Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)
☒ YES ☐ NO

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

None

AD Processed 21 Nov 47 Dant

Coded 27 Oct 47
Haltogher

OQMG FORM 14 NOV 1946 345 MILITARY

16-50411-1

PAGE 1

OCT 20 1947

bix
lms

PART I (Continued)

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

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

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

OR

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

FULL NAME OF FUNERAL DIRECTOR			
Purdy & Kerr Funeral Home			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
409 Main St.	Monroe	Snohomish	Washington
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	TELEPHONE No.	
Great Northern Depot	Monroe Wash	2456	

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
Halstead	Nellie	no	Mother
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
3104 Everett Ave.,	Everett	Snohomish	Washington

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.

Joyce E. Halstead
(SIGNATURE OF NEXT OF KIN)
Joyce E. Halstead
(NAME PRINTED OR TYPED)

Rt # 2
(STREET AND NUMBER)
Monroe Wash.
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 1st day of October.

19 47, at city (or town) of Monroe, county of Snohomish, and State (or Territory or

District) of Washington.

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

James E. Hamilton
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Notary Public.
(OFFICIAL TITLE)

II—RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

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

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

_____ (SIGNATURE OF NEXT OF KIN)	_____ (DATE)
_____ (NAME PRINTED OR TYPED)	_____ (STREET AND NUMBER)
_____	_____ (CITY AND STATE)

PART III

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

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

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

_____ (SIGNATURE)	_____ (DATE)
_____ (NAME PRINTED OR TYPED)	_____ (STREET AND NUMBER)
_____	_____ (CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTIONS

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



Sgt. Clifford M. Halstead, 39 184 233
 Plot I, Row 7, Grave 126,
 United States Military Cemetery
 Bloisville, France

15 September 1947

Mrs. Joyce E. Halstead

Monroe, Washington

Dear Mrs. Halstead:

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

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

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

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

Sincerely,

THOMAS B. LARKIN
 Major General
 The Quartermaster General

Incls.

msh

MAILED & RECORDED
 15 SEP 1947

SPQYG 293
Halstead, Clifford M.

18 March 1946

Mrs. Joyce E. Halstead

Moorce, Washington

Dear Mrs. Halstead:

The War Department is most desirous that you be furnished the burial location of your husband, the late Sergeant Clifford M. Halstead, A.S.N. 39 184 233.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery, Bloisville, France, plot I, row 7, grave 126.

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

MAR 18 4 10 PM '46

O.C.M.G.
MAIL & RECORDS BRANCH

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

I-126-7

RESTRICTED
REPORT OF BURIAL

7330

Reburial

TM 10-630 AND AR 30-1815

Reburial

4 July 1944

Date

150

Halstead, Clifford M.

Last Name

First

Initial

Rank

39184233

Serial No.

Unknown

506 Para Infly

101st Airborne

Unit

Organization

France

6 Jun 44 Unknown

KIA

Place of Death

Date of Death

Cause of Death

Reburial 1000

4 July 1944

Blossville

France

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

126

7

I

Temp

Grave Number

Row Number

Plot Number

Type of Marker

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

If No Identification Tags

How were remains identified?

Reinterred from Heisville Cemetery.

What means of identification were buried with the body?

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

Who is buried on:

Deceased's Right: Konter, Ambrose F. 36285481 101st Airborne 127

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left: French, Scotts 11068425 101st Airborne 125

Name

Serial No.

Rank

Organization

Grave No.

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



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

Emergency Addressee Unknown

Name

Religion P

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

None

REBURIAL

Previously buried in Heisville Cemetery

Plot H Row 2 Grave 17

Signature of Officer or other person reporting burial

HQ. 508. 22/9/43. 380M/8/15210

Verified by G.R.S. Officer

H.A. Chandler 2nd Lt.

QMC

12 FEB 1945

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.:

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.

TOOTH CHART

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

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

Characteristics:

Other Data:

GRAVES REGISTRATION
FORM NO. 1
(Revised 1 Sept. 1943)**REPORT OF BURIAL**

TM 10-630 AND AR 30-1815

Halstead **Clifford** **M** **Sgt** **39184233**
 Last Name First Initial Rank Serial No.
Hq 1 Bn **506 Proct Inf** **101 AB Division**
 Unit Organization
France **6-6-44** **KIA**
 Place of Death Date of Death Cause of Death
2100 8 June 1944 **Hixville** **358925**
 Time and Date of Burial Name of Cemetery Name or Coordinates of Location
17 2 **A** **Cross**
 Grave Number Row Number Plot Number Type of Marker

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

If No Identification Tags

How were remains identified?

What means of identification were buried with the body?

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

Who is buried on:

Deceased's Right:

Campas, James G.

Name

Serial No.

Rank

Organization

18

Grave No.

Deceased's Left:

Fountain, Bryce L.

Name

Serial No.

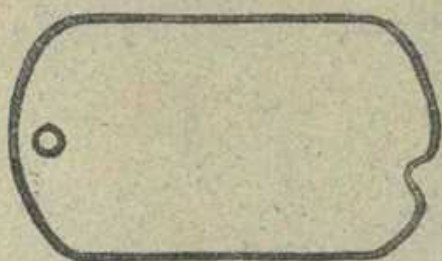
Rank

Organization

16

Grave No.

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



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

Emergency Addressee

Name

Address

Protestant

Religion

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

No personal effects
 Signature of Officer or other person reporting burial
R. O. LINKER, Capt., QMC. DGRSO.

Verified by G.R.S. Officer

HQ. 905. 22/9/43. 380M/8/15219

File 2.2.
12 FEB 1945

Other Data: -

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE JFH/mbb 4635
WASHINGTON 25, D. C.

REPORT OF DEATH DATE 29 June 1944

FULL NAME Halstead, Clifford M		ARMY SERIAL NUMBER 39 184 233	GRADE sgt										
HOME ADDRESS Marysville, Washington		ARM OR SERVICE Infantry	DATE OF BIRTH 7 Mar 1919										
PLACE OF DEATH France		CAUSE OF DEATH killed in action		DATE OF DEATH 6 June 44									
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 25 July 1942	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS 1 10 12										
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Joyce E. Halstead (wife) Monroe, Washington													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Knut Adolph Halstead (father) 3104 Everett Ave., Everett, Wash. Nellie Irene Halstead (mother) 3104 Everett Ave., Everett, Wash.													
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	

ADDITIONAL DATA AND/OR STATEMENT

On parachutist pay.

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G. A. O.	VET. ADMIN.	ARMY EFFECTS BUREAU
O. M. G.	OFF. FIS. DIR.	

Battle

BY ORDER OF THE SECRETARY OF WAR:
John T. Winn

ADJUTANT GENERAL

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

BATTLE CASUALTY REPORT

NAME		SERIAL NUMBER		GRADE	ARM OR SERVICE	REPORTING THEATRE
HALSTEAD CLIFFORD M		39184233		SGT	INF	ETO
PLACE OF CASUALTY	DATE OF CASUALTY			FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER
	DAY	MONTH	YEAR			
FRANCE	06	JUN	44	J	KIA	101

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 JOYCE E HALSTEAD			WIFE
NO. AND NAME OF STREET		CITY	COUNTY	STATE
3104 EVERETT AVENUE		EVERETT	WASHINGTON	

REMARKS:

☐ CORRECTED COPY

22 JUN 44 JAT

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

CASUALTY BRANCH FILE ATTACHED ☐ OR CHARGED TO ☐ DATE ☐

PREVIOUSLY REPORTED NO ☒ YES ☐ (AS INDICATED BELOW):

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

REPORT NOT VERIFIED ☐ NO FORM 43 ☐ NO CAS. BR. FILE ☐ CHECKED BY *W. Jones* REVIEWED BY *W. Jones*

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

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

DISTRIBUTION *2-65*

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- ☐ ASST. CHIEF OF STAFF, G-1
- ☐ BUREAU OF PUBLIC RELATIONS
- ☐ CASUALTY PAY RECORDS BR., O.F.D.
- ☐ CHIEF OF ARM OR SERV. CONCERNED
- ☐ CHIEF OF STAFF
- ☐ CHRONOLOGICAL UNIT, CAS. BR.
- ☐ CHIEF, P.O.W. BR., M.I.S., W.D.G.S.

- ☐ CHIEF, WAR BOND DIVISION
- ☐ CHIEF, WAR BOND OFFICE
- ☐ C.G., ARMY GROUND FORCES
- ☐ C.G., SERVICE COMMAND
- ☐ DIR. OF SPECIAL SERVICES DIV.
- ☐ DIRECTOR, W.A.C.
- ☐ ENLISTED BRANCH, A.G.O.
- ☐ FINANCE OFFICER, U. S. ARMY, WASH., D.C.
- ☐ MACHINE RECORDS BRANCH, A.G.O.
- ☐ OFFICE OF DEPENDENCY BENEFITS

- ☐ OFFICERS BRANCH, A.G.O.
- ☐ P.O.W. INFO. BUREAU, O.P.M.G.
- ☐ SEAMEN'S RECORDS & WELFARE UNIT U.S.C.G.
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- ☐ THE ADJUTANT GENERAL
- ☐ U. S. EMPLOYEE'S COMPENS. COMM.
- ☐ WAR SHIPPING ADMINISTRATION
- ☐ WILLS UNIT, CASUALTY BRANCH

1 JUL 1944 FILE

ma

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

REPORT OF DEATH

DATE 29 June 44

FULL NAME Halstead, Clifford M.		ARMY SERIAL NUMBER 39 184 233	GRADE Sgt			
HOME ADDRESS Marysville, Washington		ARM OR SERVICE Infantry	DATE OF BIRTH 7 Mar 19			
PLACE OF DEATH France	CAUSE OF DEATH Killed in action		DATE OF DEATH 6 June 44			
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 25 July 42	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS 1 10 12			
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Joyce E. Halstead (Wife) Monroe, Washington						
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Knut A. Halstead (Father) 3104 Everett Ave., Everett, Washington Nellie I. Halstead (Mother) Same as above.						
INVESTIGATION MADE?	IN LINE OF DUTY	OWN MISCONDUCT	WAS DECEASED ON DUTY STATUS	AUTHORIZED ABSENCE	IN FLYING PAY STATUS	OTHER PAY STATUS (SPECIFY BELOW)
YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
X	X	X	X			X

ADDITIONAL DATA AND/OR STATEMENT

☒ BATTLE ☐ NON-BATTLE

On parachutist pay

FILE
FEB 25 1946
mk

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

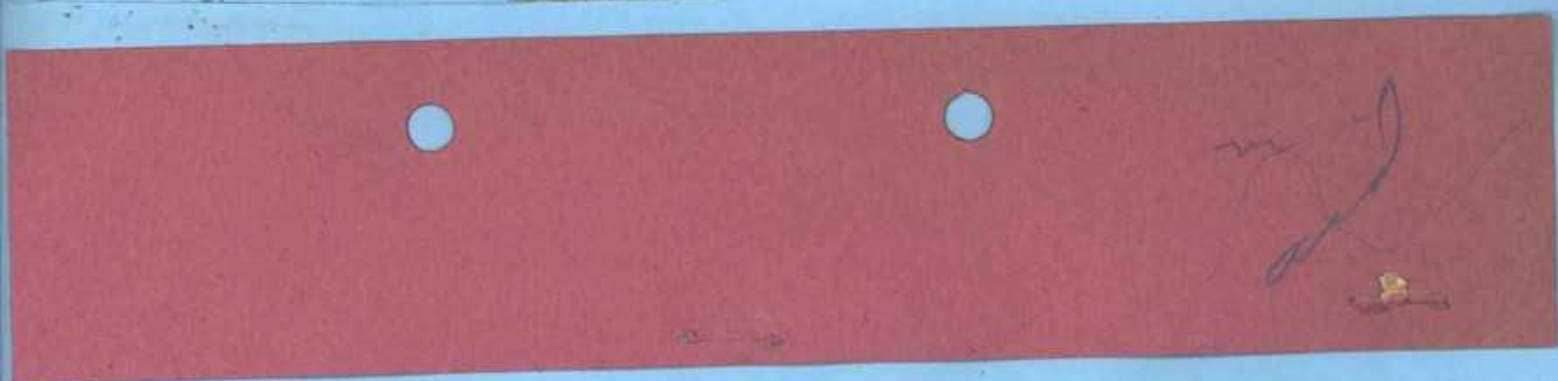
BY ORDER OF THE SECRETARY OF WAR:

S/ J. T. Winn

ADJUTANT GENERAL

WD AGO FORM 52-1
1 FEBRUARY 1945

THIS FORM SUPERSEDES WD AGO FORM 52-1, 1 DECEMBER 1944,
WHICH MAY BE USED UNTIL EXISTING STOCKS ARE EXHAUSTED.



WAR DEPARTMENT
ADJUTANT GENERAL'S OFFICE JPH/mbb 1635
WASHINGTON 25, D. C.

226374

REPORT OF DEATH

DATE 29 June 1944

FULL NAME Halstead, Clifford M		ARMY SERIAL NUMBER 39 184 233	GRADE Sgt			
HOME ADDRESS Marysville, Washington		ARM OR SERVICE Infantry	DATE OF BIRTH 7 Mar 1919			
PLACE OF DEATH France	CAUSE OF DEATH Killed in action		DATE OF DEATH 6 June 44			
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 25 July 1942	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS 1 10 12			
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Joyce E. Halstead (wife) Monroe, Washington						
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Ernie Adolph Halstead (father) 3104 Everett Ave., Everett, Wash. Hollie Irene Halstead (mother) 3104 Everett Ave., Everett, Wash.						
INVESTIGATION MADE? YES NO X NO	IN LINE OF DUTY YES NO X YES	OWN MISCONDUCT YES NO X NO	WAS DECEASED ON DUTY STATUS YES NO X YES	AUTHORIZED ABSENCE YES NO X YES	IN FLYING PAY STATUS YES NO X YES	OTHER PAY STATUS (SPECIFY BELOW) YES NO X YES



ADDITIONAL DATA AND/OR STATEMENT

On parachutist pay.

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S. G. O.	F. B. I.	F. O. U. S. A., WASH., D. C.
G. A. O.	VET. ADMIN.	ARMY EFFECTS BUREAU
Q. M. G.	OFF. FIS. DIR.	

Battle

BY ORDER OF THE SECRETARY OF WAR:
John T. Winn

ADJUTANT GENERAL

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

JRM:RW:rw
Case No. 226374

Date 30 July 1945

SUBJECT: Report of transaction in disposing of the effects of

Clifford M. Halstead, 39184233 late a
(Name of deceased) (Army Serial Number)
Sergeant, Infantry who died
(Grade) (Organization, Army or Service)
on the 6 day of June, 1944, at France

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

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

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

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

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

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

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 25 July 1945, pursuant to Special Orders 228, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Joyce E. Halstead for the effects of the above-named deceased soldier, or person subject to military law, now in the possession of the United States, with other relevant evidence, was duly considered;

Whereupon, this Summary Court-Martial finds that, under the provisions of A.W. 112, Mrs. Joyce E. Halstead of
(Name of person found entitled)
Monroe State of
(Number, Street or Avenue) (City, Town or Village)
Washington, is the widow of the
(Relationship or Capacity)

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

(Signature of Summary Court Officer)

JOHN R. MURPHY, Colonel, Q.M.C.

(Name, Rank, Organization)

SUMMARY COURT MARTIAL

226374

RTB:RW:reh
August 1, 1945

Mrs. Joyce E. Halstead
Monroe, Washington

Dear Mrs. Halstead:

The Army Effects Bureau has received from overseas some personal effects of your husband, Sergeant Clifford M. Halstead.

These effects are being forwarded to you in one carton.

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

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

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

Yours very truly,

P. LL KOOB
1st Lt., GSC
Officer-in-Charge
SJ Unit

28

ARMY SERVICE FORCES
ARMY EFFECTS BUREAUORDER FOR SHIPMENT

Mrs. Joyce E. Halstead

SHIP TO:

Monroe, Washington

Sgt. Clifford M. Halstead

Effects of: 39184233

Name

ASN

226374 D

Case No.

Wt.

DATE 30 July 1945

Bales
FOR: Effects Quartermaster

REMARKS: RTB:R:rw

Enclose Bureau Check

Acct. No. _____

Amount _____

Enclose "Valuables" item

Ship "Valuables" item(s)

Remove G.I.

Note discrepancy in _____

Films removed

Diary removed

Laundry removed

ROUTING:

Accounting Branch

1 Warehouse Division2 Files Branch, Adm. Div.

REMARKS:

Franked

Est. Exp. Chgs. _____

Est. Frt. Chgs. _____

No. of packages _____

1 Ctn
17" Box file
4
8 AUG 1945
Shipping Clerk

PACKAGE DESCRIPTION		ARMY EFFECTS BUREAU INVENTORY		DECEASED MISSING P.O.W. ABANDONED	
#1 etn.		226,374		TALLY NO. 8680	
				INV. DATE 19 July 45	
NAME CLIFFORD HALSTEAD				ORIG. NO. 1 OF PKGS.	
A.S.N. 39184233 RANK				BOX NO.	
				SHEET 1 OF 1 SHEETS	
				ORGANIZATION 506 Pict Inf	
Belt		TOWELS & WASHCLOTHS		WINGS	
BELT, MONEY (NO MONEY)	X	CLOTHING		BAGS, CLOTH OR TRAVEL	
Cloth, Wash		BRACELET IDENT.		BILLFOLD, (NO MONEY)	
Cuffs		Brushes		Case	
Footwear, Pr.		CANERAS		Footlocker	
Glasses, Pr.		Glasses		KIT, SEW, PUT, OR WRITING	
Handkerchiefs		Knives		BOOKS	
Neckwear		Lighters		Books, Address	
Jackets	X	MISC.		Books, Pilot Log	
Overcoats		Pen, Fountain		DIARY (REMOVED FOR DOR)	
Scarfs		Pencil, Mechanical		PIIMS	
Shirts		Pipes		Letters	
Socks, Pr.		RELIGIOUS ARTICLES		Papers, Personal	
Ties		RIBBONS, DECORATION		Photos	
Towels		Rings		Shoe Shine Articles	
Trousers, Pr.		Tobacco		SHORT SHORTER	
Trunks, Pr.		Toilet Articles		SOUVENIRS	
Underwear		WATCH		SOUVENIR MONEY	
				Stationery	
				TESTAMENTS	
				U.S. MONEY (AMOUNT)	
REMARKS no Information checked					
ATTACHMENTS		FORM #54		FORM #100	
C.A.T.	None	WEIGHT	G.I. REMOVED		
WAREHOUSE SPACE	700	13 AUG 1945	SHORTAGE ON REVERSE		
INVENTORIED BY	Cowden	DATE SHIPPED	IDENT. TAGS REMOVED		
PACKED BY	Morwood		DIRTY REMOVED		
CHECKED BY			LOCKED STORAGE		
			LAUNDRY REMOVED		
			FILM REMOVED		

ADDITIONAL REMARKS

SHORTAGES

U.S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

INVENTORY CLERK

SUPERVISOR

G.I. REMOVED

NAME HALSTEAD, CLIFFORD 4233

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

Eff. QM Form 43

INVENTORY OF EFFECTS

(See AR 600-550)

Halstead Clifford 2918422
 (Last name) (First name) (Middle initial) (Army serial number)

late a 506 P. I. T. F.
 (Grade) (Organization or arm or service)

who died on the 6 day of June, 1944

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

NUMBER	ARTICLES	*PACKAGE NUMBER
	Insignia ✓	
	Bract wing ✓	
1		

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

CLASS II—Other effects

NUMBER	ARTICLES	
1	Cap ✓	
1	Scarf ✓	
1	Gloves ✓	

CLASS II—Continued

[illegible]

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 _____
(Give name and degree of relationship; if legal representative)

or beneficiary named by the deceased, so state)

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

Effects, P.M. 400.871
W.D. Carn. 1st Lt.

506th Pelt. *by*
(Station)

(Station)

(Date)

*Strike out words not applicable.

HEADQUARTERS, 506TH PARACHUTE INFANTRY
APO 472, United States Army

226,374

11- Aug. 44.

SUBJECT: Disposition of Effects.

TO : Effects Quartermaster, Warehouse Division, Stanley Warehouse,
U. S. Forces, Liverpool.

1. Disposal of effects made on the following individual:

Name: Halstead Clifford
Grade: Pvt
ASN: 32184233
Organization: 506 Pchd. cnt.
Status: KIA - Date: 6 June 44



2. Personal effects of the above individual transported Via truck to Quartermaster, 101st Airborne Division, for forwarding to Effects Quartermaster, ETOUSA, Warehouse Division, Stanley Warehouse, U. S. Forces, Liverpool.

3. Following items transmitted herewith:

----- Money orders
----- Will
----- Deeds
----- Travelers Checks
----- 3 Copies of A.G.O. Form No. 54

4. Private debtors known:

5. Private Creditors known:

6. Bank in the United Kingdom:

WILLIAM D. CANN
1st Lieut., 506th Parachute Infantry
Personal Effects Officer

CLASS II—Continued

[illegible]

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 _____
(Give name and degree of relationship; If legal representative

or beneficiary named by the deceased, so state)

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

EFFECTS, Q. M. APO 871

Lt Cann
1st. LT. W.D. CANN

506th PRCHT. INF.

(Station)

JULY 5 1944

(Date)

*Strike out words not applicable.

INVENTORY OF EFFECTS

(See AR 600-100)

HALSTED, CLIFFORD, 30184233

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

late a **50314 INF.**
(Grade) (Organization or arm or service)who died on the **6th** day of **JUNE**, 19 **44****CLASS I—Saber, insignia, decorations, medals, campaign badges, watches, manuscripts, and other articles valuable chiefly as keepsakes.**

NUMBER	ARTICLES	*PACKAGE NUMBER
	Insignia	
1	Patch, Blue	



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

CLASS II—Other effects

NUMBER	ARTICLES
1	G.P.
1	SCARF
1	PR. GLOVES

CLASS II—Continued

[illegible]

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 _____
(Give name and degree of relationship; if legal representative)

or beneficiary named by the deceased, so state)

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

EFFECTS, Q. M. APO 871

St Cann.

1st. LT. W.D. CANN

506th PRCT. INS.

(Station)

JULY 5 _____, 19 ~~54~~

(Date)

*Strike out words not applicable.

Hq 505

12677

11677

C O P Y
KCQMD
AEB-wdt

EFFECTS QUARTERMASTER U.K.
DEPOT G-14
United States Army

HGL/jg

15th October, 1944.

SUBJECT: Transmittal of Inventories of Effects.

TO : The Effects quartermaster, Kansas City QM Depot,
601 Hardesty Avenue, Kansas City, Missouri.

1. The attached Inventories have been on hand at this office for 30 days or more; the effects to which they refer have never been received by this office. It is believed the effects may have been erroneously forwarded direct to your office, to the beneficiary; or to the Effects quartermaster in France. In view of the fact that we are unable to contact the Units to ascertain disposition of the effects, and that ultimately all effects will be received by your office, we are forwarding these forms for your records.

2. The method of handling Form 54's at this office is that all Form 54's are checked against effects on hand. Where effects have been received, such forms will be forwarded by letter of transmittal to your office giving information as to the disposition of the effects, and at the expiration of one month, if no effects are received, the forms will be transmitted to your office in accordance with paragraph 1.

R. J. MOULTON.
Lt. Col. QMC.
Effects Q M U.K.

Incls: Inventories and
List in duplicate.

