

293 REACOCK, JAMES W. (33 436 044) Pvt. (INF.) FRANCE (PA.)

44 mm

Declassified in accordance with D.O. 13526

QMGH 293

Heacock, James W.
SN 33 436 044

4 August 1949

Mrs. Mary Heacock
RFD No. 4
Greenville, Pennsylvania

Dear Mrs. Heacock:

Reference is made to the order form covering the inscription to appear on a Government flat marble marker for the grave of the late James W. Heacock.

A recheck of the official record has been made and the date of death will be shown on the marker as JUNE 6 1944.

Your application has been placed in line for ordering and the inscription will be shown as approved. The letters "BSM - PH" have been added after the period of war to indicate this veteran was awarded the Bronze Star Medal and the Purple Heart Medal.

Sincerely yours,

NORMAN S. WIGGS
Lt Col, GIC
Memorial Division

thb

Aug 4 2 10 PM '49
MAIL ROOM

15 JUN 1949 LIST

WW II

DUPLICATE

CHECK TYPE REQUIRED <i>(See Instructions attached)</i>		APPLICATION FOR HEADSTONE OR MARKER <i>(Please make out and return in duplicate)</i>		
<input type="checkbox"/> UPRIGHT MARBLE HEADSTONE	ENLISTMENT DATE	SERIAL No.	EMBLEM (Check one)	
<input checked="" type="checkbox"/> FLAT MARBLE MARKER	March 29 1943	33436044	<input checked="" type="checkbox"/> CHRISTIAN	
<input type="checkbox"/> FLAT GRANITE MARKER	DISCHARGE DATE	PENSION No.	<input type="checkbox"/> HEBREW	
<input type="checkbox"/> BRONZE MARKER			<input type="checkbox"/> NONE	
NAME (Last, First, Middle Initial)	STATE	RANK	COMPANY	
293 HEACOCK, James W.		Pvt.		
DATE OF BIRTH (Month, Day, Year)	DATE OF DEATH (Month, Day, Year)	U. S. REGIMENT, STATE ORGANIZATION, AND DIVISION		
Jan 6 th 1925	June 6 th 1944	USAGF		
NAME OF CEMETERY	LOCATION (City and State)	FILE 16 AUG 1949		
Delaware OD	Greenville Penna			
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)	NEAREST FREIGHT STATION (City and State)			
Mrs Mary Heacock	Greenville Penna			
(SIGNATURE OF CONSIGNEE)	POST OFFICE ADDRESS OF CONSIGNEE			
	R. F. D. #4 Greenville Pa			
DO NOT WRITE HERE		I certify this application is submitted for a stone for the unmarked grave of a veteran.		
FOR VERIFICATION	JUN 9 1949	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.		
ORDERED		Mrs. Mary Heacock June 29 1949		
N/L		APPLICANT'S SIGNATURE DATE OF APPLICATION		
SHIPPED		ADDRESS (Street, City, State)		
		R. F. D. #4 Greenville Penna.		

FOR ORD. 5 AUG 1949

OQMG FORM 623
REV 6 JUL 48

IMPORTANT—Complete Reverse Side

16-11453-7 GPO

6-30-49 A60II Adv cem D.D. Aug 25c PH

DUPLICATE

APPLICATION FOR HEADSTONE OR MARKER

CHECK TYPE REQUESTED

<input type="checkbox"/> GRAVE HEADSTONE <input type="checkbox"/> GRAVE MARKER <input type="checkbox"/> GRAVE MONUMENT <input type="checkbox"/> GRAVE MONUMENT WITH ARCHWAY <input type="checkbox"/> GRAVE MONUMENT WITH BALUSTRADE <input type="checkbox"/> GRAVE MONUMENT WITH COLUMN <input type="checkbox"/> GRAVE MONUMENT WITH PILLAR <input type="checkbox"/> GRAVE MONUMENT WITH TOWER <input type="checkbox"/> GRAVE MONUMENT WITH WALL <input type="checkbox"/> GRAVE MONUMENT WITH FENCE <input type="checkbox"/> GRAVE MONUMENT WITH GATE <input type="checkbox"/> GRAVE MONUMENT WITH PORCH <input type="checkbox"/> GRAVE MONUMENT WITH STAIRS <input type="checkbox"/> GRAVE MONUMENT WITH TERRACE <input type="checkbox"/> GRAVE MONUMENT WITH WALKWAY <input type="checkbox"/> GRAVE MONUMENT WITH DRIVEWAY <input type="checkbox"/> GRAVE MONUMENT WITH FOUNTAIN <input type="checkbox"/> GRAVE MONUMENT WITH GARDEN <input type="checkbox"/> GRAVE MONUMENT WITH PATH <input type="checkbox"/> GRAVE MONUMENT WITH PLANTING <input type="checkbox"/> GRAVE MONUMENT WITH STATUE <input type="checkbox"/> GRAVE MONUMENT WITH URN <input type="checkbox"/> GRAVE MONUMENT WITH VASE <input type="checkbox"/> GRAVE MONUMENT WITH BENCH <input type="checkbox"/> GRAVE MONUMENT WITH TABLE <input type="checkbox"/> GRAVE MONUMENT WITH CHAIR <input type="checkbox"/> GRAVE MONUMENT WITH BED <input type="checkbox"/> GRAVE MONUMENT WITH COFFIN <input type="checkbox"/> GRAVE MONUMENT WITH CASKET <input type="checkbox"/> GRAVE MONUMENT WITH SHROUD <input type="checkbox"/> GRAVE MONUMENT WITH BURIAL <input type="checkbox"/> GRAVE MONUMENT WITH INTERMENT <input type="checkbox"/> GRAVE MONUMENT WITH CREMATION <input type="checkbox"/> GRAVE MONUMENT WITH URN <input type="checkbox"/> GRAVE MONUMENT WITH VASE <input type="checkbox"/> GRAVE MONUMENT WITH BENCH <input type="checkbox"/> GRAVE MONUMENT WITH TABLE <input type="checkbox"/> GRAVE MONUMENT WITH CHAIR <input type="checkbox"/> GRAVE MONUMENT WITH BED <input type="checkbox"/> GRAVE MONUMENT WITH COFFIN <input type="checkbox"/> GRAVE MONUMENT WITH CASKET <input type="checkbox"/> GRAVE MONUMENT WITH SHROUD <input type="checkbox"/> GRAVE MONUMENT WITH BURIAL <input type="checkbox"/> GRAVE MONUMENT WITH INTERMENT <input type="checkbox"/> GRAVE MONUMENT WITH CREMATION	NAME OF DECEASED GRAVE NO. CEMETERY CITY STATE COUNTY ZIP CODE	DATE OF DEATH PLACE OF DEATH GRAVE NO. CEMETERY CITY STATE COUNTY ZIP CODE	CHECK TYPE REQUESTED <input type="checkbox"/> GRAVE HEADSTONE <input type="checkbox"/> GRAVE MARKER <input type="checkbox"/> GRAVE MONUMENT <input type="checkbox"/> GRAVE MONUMENT WITH ARCHWAY <input type="checkbox"/> GRAVE MONUMENT WITH BALUSTRADE <input type="checkbox"/> GRAVE MONUMENT WITH COLUMN <input type="checkbox"/> GRAVE MONUMENT WITH PILLAR <input type="checkbox"/> GRAVE MONUMENT WITH TOWER <input type="checkbox"/> GRAVE MONUMENT WITH WALL <input type="checkbox"/> GRAVE MONUMENT WITH FENCE <input type="checkbox"/> GRAVE MONUMENT WITH GATE <input type="checkbox"/> GRAVE MONUMENT WITH PORCH <input type="checkbox"/> GRAVE MONUMENT WITH STAIRS <input type="checkbox"/> GRAVE MONUMENT WITH TERRACE <input type="checkbox"/> GRAVE MONUMENT WITH WALKWAY <input type="checkbox"/> GRAVE MONUMENT WITH DRIVEWAY <input type="checkbox"/> GRAVE MONUMENT WITH FOUNTAIN <input type="checkbox"/> GRAVE MONUMENT WITH GARDEN <input type="checkbox"/> GRAVE MONUMENT WITH PATH <input type="checkbox"/> GRAVE MONUMENT WITH PLANTING <input type="checkbox"/> GRAVE MONUMENT WITH STATUE <input type="checkbox"/> GRAVE MONUMENT WITH URN <input type="checkbox"/> GRAVE MONUMENT WITH VASE <input type="checkbox"/> GRAVE MONUMENT WITH BENCH <input type="checkbox"/> GRAVE MONUMENT WITH TABLE <input type="checkbox"/> GRAVE MONUMENT WITH CHAIR <input type="checkbox"/> GRAVE MONUMENT WITH BED <input type="checkbox"/> GRAVE MONUMENT WITH COFFIN <input type="checkbox"/> GRAVE MONUMENT WITH CASKET <input type="checkbox"/> GRAVE MONUMENT WITH SHROUD <input type="checkbox"/> GRAVE MONUMENT WITH BURIAL <input type="checkbox"/> GRAVE MONUMENT WITH INTERMENT <input type="checkbox"/> GRAVE MONUMENT WITH CREMATION
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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)

H R Meyer

(Signature of superintendent, sexton, or caretaker)

Date June 2 1949

16-11453-4

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

DO NOT WRITE HERE

REMARKS

REMARKS

REMARKS

REMARKS

FORM 100-1 (Rev. 1-1-48)

CORRESPONDENCE ACTION SLIP

NAME <i>James W. Hancock</i>		SERIAL NUMBER <i>33436044</i>	INITIALS <i>CS</i>	DATE <i>7/22/49</i>
NAME OF DECEDENT	ADDRESS	IDENTIFYING DATA	LETTER TO: <i>appli</i> <i>D/D will be</i> <i>shown June 6, 1944</i> <i>also</i> <i>BSM - PH were</i> <i>awarded - will be</i> <i>shown</i> FILE <i>R.F.</i> 16 AUG 1949 <i>Best</i> JUL 22 1949	
BRONZE	NO UPRIGHT GRANITE	CONSIGNEE		
DISHONORABLE-DRAFT	NOT PERMANENTLY INTERRED	NOT RECOVERED		
CEMETERY REGULATIONS	AGO	MARINE		
NAVY	COAST GUARD	VETERANS ADMINISTRATION		
STATE PENSION	AUTHORIZED INSCRIPTION	ADDITIONAL INSPECTION		
APPLICATION FOR PROOF	NO AGENT	NO STATION		
DUE TO DISTANCE	UNCLAIMED	BROKEN		
DAMAGED	CERTIFICATE IN LIEU	LOST		
FOREIGN	TRUCK	RESHIPMENT		

DDMG FORM 393
22 DEC 47

47 35086

ORIGINAL ORDER

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

FLAT MARBLE MARKER

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

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

INSCRIPTION: LATIN CROSS

JAMES W HEACOCK / PENNSYLVANIA / PVT 502 PRCHT INF 101 ABN
DIV / WORLD WAR II / JAN 6 1925 JUNE 13 1944

SHIP TO: MRS. MARY HEACOCK
R.F.D. #4
GREENVILLE
PENNSYLVANIA

R. R. STATION:

BSM-PH

6 ✓

FOR:

R. R. STATION:

FILE 16 AUG 1949
Boyd

APPLICANT:

JUN 21 1949

CEMETERY:

DELAWARE
GREENVILLE
PENNSYLVANIA

LFH

QGMG FORM
Rev. 1 NOV. 45 312a

APPROVAL AND ACCEPTANCE _____

SIGNATURE _____

CORRESPONDENCE ACTION SLIP

NAME		SERIAL NUMBER	INITIALS	DATE
<i>Seacock James H</i>		<i>33436044</i>	<i>Ehd</i>	<i>6-30-49</i>
NAME OF DECEDENT	ADDRESS	IDENTIFYING DATA	LETTER TO: <i>AGO II</i> <i>w/ Copy of Appl. ltr.</i> <i>Please advise</i> <i>correct date</i> <i>of death</i> <i>any rec of PH.</i> FILE 16 AUG 1949 <i>Boyd</i> SUN 29 1949	
BRONZE	NO UPRIGHT GRANITE	CONSIGNEE		
DISHONORABLE-DRAFT	NOT PERMANENTLY INTERRED	NOT RECOVERED		
CEMETERY REGULATIONS	AGO	MARINE		
NAVY	COAST GUARD	VETERANS ADMINISTRATION		
STATE PENSION	AUTHORIZED INSCRIPTION	ADDITIONAL INSPECTION		
APPLICATION FOR PROOF	NO AGENT	NO STATION		
DUE TO DISTANCE	UNCLAIMED	BROKEN		
DAMAGED	CERTIFICATE IN LIEU	LOST		
FOREIGN	TRUCK	RESHIPMENT		

DDMG FORM 393
22 DEC 47

47 25086

June 2 5th 1949
NFT
E. Book
June 30 1949
J. B. B.

Office of Quartermaster General

FILE 19 AUG 1949
Post

Dear Sir.

In regards to letter enclosed the first
word we did receive was that my son had
died of June 13 = 1944 of wounds. But later
we received a second Purple Heart also citation
from President Truman both stating that due
to some latest records that had been accessed
he had died June 6th this Purple Heart was
signed 14th day of February 1947 By Secretary
of War, and as I remember the letter asked
us to disregard the former one as this one
was correct. I thought I had the letter but
just cant seem to place my hands on it
at present time was going to send it to you, but am
unable to locate it. Sec of War signature was Robert P. Tate
as near as I can make it out if I can be of any
further service will gladly do so.

Mrs Mary Haerck

encl 2



[Faint, illegible handwritten text, possibly bleed-through from the reverse side of the page.]

RECEIVED
JUN 28 1949

3ms

33436044 - 1

att

TCHYP:GR 201.22

22 June 1949

Mrs. Mary Heacock
RFB #4
Greenville, Pa.

293
Heacock, James W. (Pat.)⁽⁶⁻²⁾

Dear Mrs. Heacock:

I received your letter of 9 June concerning the manner in which Cpl. Norman L. McKee conducted himself while escorting the remains of your son, the late Pvt. James W. Heacock.

It is indeed gratifying to me to know that the officers and enlisted men selected for escort duty are performing their missions in a manner that reflects credit to the Armed Services and gives the next of kin comfort and consolation.

The officers and enlisted men selected for this highly sensitive and critical mission are chosen from the entire services. They are chosen from the highest type military personnel and are given a special course of instruction to qualify them for this most important duty.

The Government of the United States is most grateful to the next of kin for the supreme sacrifice made by their loved ones. The officers and enlisted men consider it an honor and privilege to escort the remains of their fallen comrades to their final resting place.

I will commend Cpl. McKee for the superior manner in which he has accomplished his escort duty and will give him a copy of your fine letter.

Sincerely yours,

G. H. BARE
Colonel, QMC
Chief, AGR Division

FILE
21 JUL 1949
REPAIRATION
BRANCH

TCNYP:GR 201.22

22 June 1949

SUBJECT: Commendation

THRU: U. S. Army Liaison Officer
Distribution Center #1, NYPECommanding Officer
Detachment #5
Brooklyn Army Base, New York

TO: Cpl. Norman L. McKee, RA 11 072 966

1. On 24 May you were honored and privileged by being selected to perform a mission of great trust, that of escorting the last mortal remains of a fallen comrade, the late Pvt. James W. Heacock, home to his next of kin and final resting place. I know that you fully realize the importance of such an assignment. The manner in which you performed this duty has reflected great credit upon you personally and upon the military service in general.

2. The mother of the late Pvt. Heacock has written me a letter in which she has expressed her great appreciation for the superior manner in which you carried out this delicate and sensitive task, and her gratitude for your considerate and sympathetic understanding. It gives me great pleasure and pride to forward this letter to you for your personal file.

3. This unsolicited letter could only have been prompted by duty performed in an exemplary manner and I desire to commend you for a performance which prompted praise from individuals with whom you came in contact under trying conditions.

4. A copy of this commendation will be placed in your service record.

1 Insl
ltr fr NOK
dtd 9 June 49

G. H. BARR
Colonel, CME
Chief, AGR Division

Colonel George H. Bare

Dear Sir:

Please accept my sincere thanks in the wonderful way in which you returned my son's body to me. (Pvt. James W. Heacock)

It is certainly a wonderful work you are doing there is no words to express my sincere thanks for all the comfort it has brought me, and also want to thank you for selecting such a wonderful boy to escort my son home. He was Sgt. Norman L. McKee. He certainly brought a whole world of comfort to my whole family. I don't know just what he said or done for my other son. But after he was out and talked with him the first Eve. He was quite a different Boy. He seemed so much comforted.

It certainly was wonderful to have the Sgt. to take over so completely as if he had been in the home for life. I am sure I don't know how we could possibly of gotten through our trying days without his great help and comfort. We have all come to think of him as one of our family and sure hope we didn't impose on him too much. There is not words enough to express our thanks to Sgt. and you all for everything. Thanking you all again,

Sincerely,

Mrs. Mary Heacock and Family

ORIGINAL

RECEIPT OF REMAINS

HEADQUARTERS, NYPE

DISTRIBUTION CENTER DISTRIBUTION CENTER #1, AGRS ROUTINE

58th ST & 1st AVE, BROOKLYN, NEW YORK

REMAINS CONSIGNED TO:

W KENNETH BAIRD FUN'L HOME

14 LOUISA AVE

GREENVILLE MERCER PA

REMAINS OF THE LATE

AB
PVT JAMES W HEACOCK

ACCOMPANIED BY AN

ESCORT ARE SCHEDULED TO LEAVE

JERSEY CITY

ON TRAIN

NUMBER 5

ERIE

RAILROAD AT

SEVEN THIRTY PM EST

ON TUESDAY 24 MAY

AND DUE TO ARRIVE AT

GREENVILLE

AT EIGHT NINETEEN AM EST

ON

WEDNESDAY 25 MAY

PLEASE ARRANGE TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL AND PLEASE

NOTIFY THE NEXT OF KIN OF THE DATE AND TIME OF ARRIVAL.

ESCORT: CPL NORMAN L. MCKEE

RA 11 072 966

DET 5 1300 ASU

G. H. BARE

COLONEL, QMC

I, the undersigned, do hereby acknowledge receipt of the remains of the above-named deceased

this 25 day of May, 1949
(Day) (Month)

FILE
8 JUN 1949
REGISTRATION
BRANCH
MEM. DIV.

Jo
Cpl. Norman L. McKee A.F.F.
(Witness (Escort))

17-11072966 Det. #5

Baird Funeral Home
(Consignee)

W.K. Baird (owner)

RAJ *gab*1
DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 3586 01830	DATE 15 03 49 DAY MONTH YEAR		
NAME HEACOCK JAMES W	SERIAL NUMBER 33436044	GRADE PVT	ARM 1	RACE 1	RELIGION 1
CEMETERY ST MERE EGLISE 2 FRANCE	PLOT V	ROW 6	GRAVE 107	DISPOSITION OF REMAINS 3200 07 CODE DIST. CTR.	

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE W. KENNETH BAIRD, FUNERAL HOME 14 LOUISA AVE GREENVILLE, MERCER, PENNSYLVANIA	NAME AND ADDRESS OF NEXT OF KIN MRS. MARY HEACOCK (MOTHER) RFD #4 GREENVILLE, PENNSYLVANIA
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SECTION C — DISINTERMENT AND IDENTIFICATION

NAME HEACOCK, JAMES W.	SERIAL NUMBER 33436044	GRADE UTD	DATE OF DEATH	DATE DISTINTERRED 11 May 1948
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION USAGF	RELIGION PROTESTANT	IDENTIFICATION VERIFIED BY E. E. CASTELLARIN Embalmer NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Paratrooper Uniform	CONDITION OF REMAINS Tibia fractured. Advanced decomposition.
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OTHER MEANS OF IDENTIFICATION None

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.) None
--

REMAINS PREPARED AND PLACED IN CASKET transfer case

DATE 13 May 1948	BY E. E. CASTELLARIN
------------------	----------------------

CASKET SEALED BY M. H. MC WHORTER	EMBALMER (Signature) E. E. CASTELLARIN
--------------------------------------	---

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY All markings, tags and plates verified by:
-------------------------	---

DATE 15/7/48	BY JOE A. SOLIS	ROBERT E. HOWARD, 1st Lt, INF.
--------------	-----------------	--------------------------------

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

REMARKS AND SPECIAL INSTRUCTIONS I certify that the entries on this form are true copies of the entries on (ROBERT E. HOWARD, 1st Lt, INF.) of the persons whose names are typed hereon. John Palyok H of	SIGNATURE OF AGRS INSPECTOR
---	-----------------------------

RECORD OF CONSIGNEE INVAILED

13-49

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC STE MERE EGLISE #2		TO CASKEPING POINT "B" SAINT LAURENT	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER PFC. GIBBS	
SIGNATURE OF SHIPPER W. T. DAILEY, Capt. OMC.	DATE 14/5/48	SIGNATURE OF RECEIVER D. A. MAC KENZIE, Capt. INF.	DATE 14/5/48

2. SHIPPED

FROM CASKEPING POINT "B" SAINT LAURENT		TO CHERBOURG PORT UNIT	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER plus Palyok jr	
SIGNATURE OF SHIPPER D. A. MAC KENZIE, Capt. INF.	DATE	SIGNATURE OF RECEIVER JOHN PALYOK JR, 1st Lt. FA.	DATE

3. SHIPPED

FROM CHERBOURG PORT UNIT		TO NYPOE	
KIND OF CONVEYANCE USAT HAITI VICTORY		NAME OF CONVOYER DELBERT E. PRICE MAJOR OMC	
SIGNATURE OF SHIPPER JOHN PALYOK JR, 1st Lt, FA.	DATE 26/4/49	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE

4. SHIPPED

FROM		TO NYPE	
KIND OF CONVEYANCE		NAME OF CONVOYER LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE MAY 4 1949

5. SHIPPED

FROM NYPE		TO DCA#01	
KIND OF CONVEYANCE TRAILER		NAME OF CONVOYER H. O. YOUNG CAPTAIN	
SIGNATURE OF SHIPPER W. PRINCH LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER	DATE 5/6/49	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 1949

6. SHIPPED

FROM KEMMELH		TO MAY 6 1949	
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

INSPECTION CHECKLIST
(FOR USE AT DISTRIBUTION POINT)

1015

NAME <i>Heacock, James W</i>	RANK <i>Pvt</i>	SERIAL NUMBER <i>33436044</i>
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NEXT OF KIN	ADDRESS
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SHIPPING CASE - General Appearance (Check ONLY Discrepancies)	CONDITION OF SHIPPING CASE (Check one) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY
FINISH (Exterior) FINISH (Interior) HANDLES HANDLE BOLTS STENCILING - NAMEPLATE <i>HEALTH PERMIT # NY-028-R</i>	REMARKS <i>OK</i>

CASKET - General Appearance (Check ONLY Discrepancies)	CONDITION OF CASKET (Check one) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY
FINISH (Exterior) HANDLES AND FASTENINGS STENCILING - NAMEPLATE CAM LOCKS (Sealing) ODOR OR MOISTURE	REMARKS <i>OK</i>

ROUTED THROUGH

<input type="checkbox"/> MORTUARY OPERATING ROOM	<input type="checkbox"/> MORTUARY REPAIR SHOP
CONDITION OF REMAINS <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	CASKET REPAIRED <input type="checkbox"/>
NECESSARY DISINFECTION (Explain)	CASKET EXCHANGED <input type="checkbox"/>
	SHIPPING CASE REPAIRED <input type="checkbox"/>
	SHIPPING CASE EXCHANGED <input type="checkbox"/>
REMARKS	

TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTING OFFICER <i>W. Newmark</i>
------	------	------------------------	------	------	--

REMARKS

IF SHIPPING CASE DOES NOT REQUIRE REPLACEMENT, REMOVE STENCIL FROM INSIDE CASE AND DESTROY. IF CASE IS TO BE REPLACED, RE-STENCIL WITH STENCIL FOUND INSIDE CASE, THEN DESTROY STENCIL.

RECEIVED
GREENWICH MEAN TIME (Z)

MAY 3 14 24 1949

SIGNAL CENTER
HQ. NYPL. BROOKLYN, N.Y.

WU A146 27 DL COLLECT

GREENVILLE PENN MAY 3 337P

G H BARE, COL QMC

DISTRIBUTION CENTER OF EMBARKATION AN ANSWER BROOKLYN NY
RECEIPT TELEGRAM MAY 2 1949. RE REMAINS PVT JAMES
W HEACOCK PLEASE DELIVER AS PER YOUR RECORDS TO W
KENNETH BAIRD 14 LOUISA AVENUE GREENVILLE PENNSYLVANIA

MARY HEACOCK

2 1949 14 LOUISA

924A..

IN 4146 ST JC COLLECT

GREENVILLE PENN MAY 3 1949

G W TAYLOR, COL. GMC

DISTRIBUTION CENTER OF EDUCATION AN ANSWER BROOKLYN NY

RECEIVED TELEGRAM MAY 3 1949. RE REMAINS PVT JAMES

W HEACOCK PLEASE DELIVER AS PER YOUR RECORDS TO W

KENNETH AID 14 LOUISA AVENUE GREENVILLE PENNSYLVANIA

LARRY HEACOCK

5-1949 14 LOUISA

2544..

DISTRIBUTION CENTER #1
NEW YORK PORT OF EMBARKATION
BROOKLYN, NEW YORK

RECEIVED I certify that this message is an official
business and that its transmission with a
lower precedence, or by air mail, regular
mail, or scheduled messenger would be pre-
judicial to the public interest.

1949 APR 30

MARY HEACOCK
RFD #4
GREENVILLE PA

James McCarthy
JAMES McCARTHY
Major, TC
Admin O, AGR Div.

HAITI

PLEASE BE ADVISED THE REMAINS OF THE LATE PVT JAMES W HEACOCK
ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED
TO W KENNETH BAIRD 14 LOUISA AVE GREENVILLE MERCER PA

WE CANNOT GIVE A DEFINITE DELIVERY DATE. IT IS EXPECTED THAT AN INTERVAL OF
SEVERAL WEEKS WILL ELAPSE BEFORE DELIVERY CAN BE EFFECTED. YOUR FUNERAL DIRECTOR
WILL BE NOTIFIED BY TELEGRAM THREE DAYS PRIOR TO DELIVERY GIVING DATE AND TIME
REMAINS WILL ARRIVE AT RAILROAD STATION. PLEASE INSTRUCT FUNERAL DIRECTOR TO
ACCEPT REMAINS AT RAILROAD STATION ON ARRIVAL. HE WILL BE REQUESTED TO INFORM
YOU SO YOU MAY MAKE FINAL FUNERAL ARRANGEMENTS. REMAINS WILL BE ACCOMPANIED BY
MILITARY ESCORT. SUGGEST YOU ARRANGE WITH LOCAL PATRIOTIC OR VETERANS' ORGANIZA-
TION IF YOU DESIRE MILITARY HONORS AT FUNERAL. PLEASE CONFIRM ABOVE DELIVERY
INSTRUCTIONS WITHIN FORTY EIGHT HOURS OF RECEIPT OF THIS MESSAGE BY TELEGRAM
COLLECT TO DISTRIBUTION CENTER ONE, NEW YORK PORT OF EMBARKATION OR SUBMIT NEW
INSTRUCTIONS. WE REGRET IT WILL BE IMPOSSIBLE TO COMPLY AT GOVERNMENT EXPENSE
WITH CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER EXPIRATION OF THE FORTY EIGHT
HOURS. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM.

D.O.G (REV)

RELEASED TO W J
1 MAY 49

G. H. BARE
COL, QMC

813

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REPATRIATION
SECROS BRANCH

JUN 27 12 39 PM '49

DIVISION

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517

31 May 49

HEADQUARTERS
NEW YORK PORT OF EMBARKATION
American Graves Registration Division
1st Avenue & 58th Street
Brooklyn, N. Y.

THE FOLLOWING REPORT WILL BE COMPLETED BY ALL ESCORTS WHO ACCOMPANY REMAINS OF DECEASED PERSONNEL FROM THIS HEADQUARTERS TO THEIR FINAL DESTINATION.

UPON RETURN TO THE AMERICAN GRAVES REGISTRATION DIVISION, NYEP, THIS REPORT WILL BE DELIVERED BY THE ESCORT TO THE ESCORT CONTROL OFFICER FOR APPROVAL

1. Norman L. MM # 1107296 accompanying the
(Name, rank, serial number of escort)
remains of Pvt. James M. Heacock 33436044
(Name, rank, serial number)
2. Departed AGRD, NYEP, on 24 May 1949 at 12:45 hours
(date)
for Greenville, Me., Pa. by train
(destination - city and state) (Gov't vehicle or train)
If train, give hour of departure from New York City and station
Jersey City, N. J. 19:50 Arrived at
Greenville, Pa. on 25 May 1949 at 19:15 hours
(destination) (date)
3. First contact was made with undertaker on 25 May 1949 at 09:20 hours
(date)
4. First contact was made with next of kin Mrs Mary Heacock
(Name)
R.F. D. #4 Greenville Pa. on 25 May 1949 at 09:30 hours
(address) (date)
5. I did/~~did not~~ attend the funeral services.
6. The funeral was held at 14:10 hours, on 28 May 1949
7. Escort's presence is/~~is not~~ desired at funeral services _____

Mrs Mary Heacock. Mother

8. Burial honors were ~~were not~~ provided at the funeral.

9. Burial honors were not provided because _____
_____ X _____ X _____ X

10. Burial honors were provided by _____
Greenville Pa. Veterans Council

11. Flag was presented to mother - Mrs. Mary Heacock.

12. The next of kin ~~did~~ did not bring up the subject of identity of the remains.

13. Private home - R.F.D. # 4 Greenville Pa.
(Name, address of Hotel and length of stay where billeted)

14. Departed Greenville Pa. by train on 28 May 1949
(Govt. vehicle or train) (date)

at 20:14 hours Arrived at AGRD, NYFD on 29 May 1949
(date)

at 09:30 hours.

15. REMARKS (Unusual occurrences): _____

16. RECEIPT OF TWENTY-ONE (21) ROUNDS OF BLANK AMMUNITION IS ACKNOWLEDGED
(IF NO BLANKS WERE ISSUED WRITE "NONE") _____

D.C. Baughman Cpl. Norman L. McKee RA-11072966
Name of Receiver (Name, Rank, Serial Number of Escort)

Greenville Pa. Veterans Council Organization Det. # 5 1300 1754.
(Organization)

5-28-49 29 May 1949
Date Received Date

QHSH 293

Heacock, James W.
SN 33 436 044

6 July 1949

SUBJECT: Medal and Date of Death

TO: The Adjutant General
Rec. Adm. Ctr., Demob. Rec. Br. WW II
4300 Goodfellow Boulevard, Bldg. 105
St. Louis, Missouri

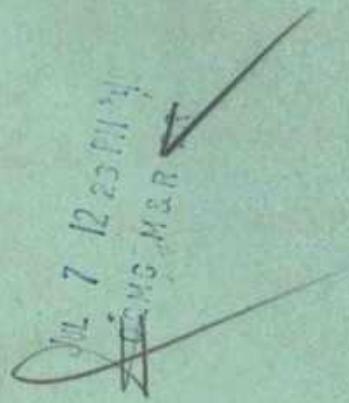
1. The inclosed application for a flat marble marker and a letter from the applicant are forwarded with the request this office be informed if the late James W. Heacock was awarded the Purple Heart Medal; also, to ascertain the correct date of death.
2. It is requested the application and letter be returned with the above information.

FOR THE QUARTERMASTER GENERAL:

2 Incls
1 appl
2 ltr

NORMAN S. WIGGS
Lt Col, QMC
Memorial Division

sw *gws*



 Jul 7 12 23 PM '49
 WIGGS M.C.R.

176049

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

(Read Explanation on Reverse Side before completing form)

DATE

5-31-1949

NAME OF DECEDENT (Last, First, Middle Initial)		BRANCH OF SERVICE	TO BE FILLED IN BY CLAIMANT
HEACOCK JAMES W		AGF	A. <input checked="" type="checkbox"/> INTERMENT EXPENSES (Civilian or Private Cemetery) B. <input type="checkbox"/> TRANSPORTATION EXPENSES (National or Post Cemetery)
RANK OR GRADE	SERIAL NO.		
PVT	33436044		

INSTRUCTIONS TO PERSONS SIGNING THIS FORM

1. This form is NOT to be signed by Funeral Director.
2. Fill in as required and sign four copies.
3. Check Box "A" or Box "B" above, not both.
4. Check Box "A" when interment is in a civilian or private cemetery.
5. Check Box "B" when remains are delivered to home or other place prior to burial in a national or post cemetery.

PAID

<p style="text-align: center; font-size: small;">FILL IN THIS STATEMENT IF BOX "A" IS CHECKED</p> <p>I certify that the sum of \$75.60 was paid by me from personal funds in connection with the interment of the remains of the above-named decedent in the cemetery indicated below:</p> <p>NAME: DELAWARE</p> <p>CITY OR COUNTY: MERCER Co.</p> <p>STATE: PA.</p> <p style="font-size: small;">RETURN FOUR COPIES TO</p>	<p style="text-align: center; font-size: small;">FILL IN THIS STATEMENT IF BOX "B" IS CHECKED</p> <p>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: (City, town, or place from which remains were shipped)</p> <p>TO: (Name and Location of National or Post Cemetery)</p> <p style="font-size: small;">SIGNATURE OF CLAIMANT</p> <p>MRS MARY HEACOCK</p> <p style="font-size: small;">ADDRESS (Street number or RFD, City and State)</p> <p>RFD #4 GREENVILLE - PA</p> <p style="font-size: small;">RELATIONSHIP TO DECEDENT</p> <p>MOTHER</p>
---	---

REMARKS

J. C. Kovarik
Col., F. D.
Brooklyn, N. Y.

JUN 1949

Sym. 210-344
Sta. 825

PART A

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.

PART B

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.

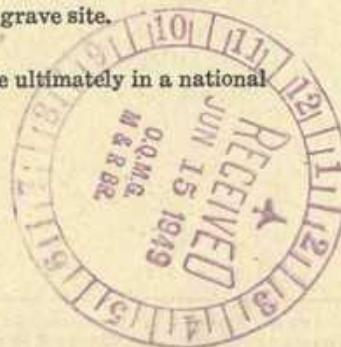
3. Reimbursement by the Government will be made only to the person who paid from his personal funds for transporting the remains to the national or post cemetery grave site.

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

JUN 3 4 16 PM 1949

OUT

IN



REQUEST FOR DISPOSITION OF REMAINS

L 7449 *over 2000*

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

DATE:

Pvt James W. Heacock, 33 436 044
Plot V, Row 6, Grave 107,
United States Military Cemetery
Ste. More Eglise #2, France

26 January 1949

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, MRS. MARY HEACOCK (Please indicate relationship to the deceased by placing an "X" in the proper box.)
(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

- WIDOW
- WIDOWER
- SON OVER 21 YEARS OLD
- DAUGHTER OVER 21 YEARS OLD
- FATHER
- MOTHER
- BROTHER OVER 21 YEARS OLD
- SISTER OVER 21 YEARS OLD
- RELATIONSHIP OTHER THAN ABOVE (Specify) _____

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

- 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS.
- 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY
DELEWARE CEMETERY MERCER Co. PENNSYLVANIA
(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

XX Proc. 3-18-49

Blen

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	TELEGRAPH ADDRESS	TELEPHONE No.
EXPRESS OFFICE (Nearest railroad passenger station)		

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			
W. KENNETH BAIRD, FUNERAL HOME			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
14 LOUISA AVE.	GREENVILLE	MERCER	PA.
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	TELEPHONE No.	
GREENVILLE, PA	GREENVILLE, PA	290	

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
HEACOCK	LAWRENCE	-	FATHER
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
RFD # 4	GREENVILLE	MERCER PA	PA

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.

Mrs Mary Heacock (SIGNATURE OF NEXT OF KIN) RFD #4 (STREET AND NUMBER)
MRS. MARY HEACOCK (NAME PRINTED OR TYPED) GREENVILLE, PA (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 25 day of Feb., 1949, at city (or town) of Greenville, county of Mercer, and State (or Territory or District) of Penna.

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

E. J. Wagenman
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
 NOTARY PUBLIC
 My Commission Expires (OFFICIAL TITLE), 1949

PART II - RELINQUISHMENT OF DISPOSITION AUTHORITY

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

I, THE _____, AS THE NEXT OF KIN OF THE DECEASED

(PLEASE INSERT RELATIONSHIP)

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

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

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

(SIGNATURE OF NEXT OF KIN)

(DATE)

(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

(SIGNATURE)

(DATE)

(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.

Lined area for additional remarks and instructions.



RECORDS DIVISION

MAR 8 11 24 AM '49

REPAIRS RECORDS BRANCH



Heacock, James W., SN 33 436 044
Plot V, Row 6, Grave 107,
USMC Sta. Mere Eglise #2, France

9 February 1949

Mrs. Mary Heacock
Rural Free Delivery #4
Greenville, Pennsylvania

Dear Mrs. Heacock:

Your letter pertaining to the remains of your son, the late Private James W. Heacock, has come to my attention.

Since your son's widow relinquished her prior disposition authority on a previous "Request for Disposition of Remains" form, this office recognized you as the next of kin and person authorized to direct disposition of your son's remains. Your instructions as recorded on the Disposition Form when returned to this office will be complied with.

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

Sincerely yours,

JAMES F. SMITH
Major, GSC
Memorial Division

JFS

FEB 9 1 37 PM '49
OQMCM&R/DR

TWO FEB 9 1949
U.S. ARMY
MEMORIAL DIVISION
WASHINGTON, D.C.

MR/2 3/4/49 345-Rec'd - 15 mm-44-5.30 PM mmg

72c
v. m. c.
3

Handbook, James W., 21 33 120 QM
1747 V. Ave. E. Room 107,
Lancaster, Penna. 17303

Mr. Harry Hancock
Postal Free Delivery #1
Pottsville, Pennsylvania

Dear Mr. Hancock:

Your letter pertaining to the receipt of your son, the late Private
James W. Hancock, has come to my attention.

Since your son's widow relinquished her prior disposition
authority on a previous "Request for Disposition of Remains" form, this
office recognized you as the next of kin and person entitled to direct the
disposition of your son's remains. Your instructions as recorded on
the Disposition form when returned to this office will be complied with.

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

Sincerely yours,

JAMES F. SMITH
Major, GSC
Residual Division



FEB 9 9 31 AM '49
COMM-FBI

175

Handwritten notes at the bottom of the page, including a date "FEB 9 1949" and other illegible markings.

CORRESPONDENCE ACTION SHEET

PREVIOUS BURIAL LOCATION (Cemetery and Country)	PLOT	ROW	GRAVE
PRESENT BURIAL LOCATION (Cemetery and Country)	PLOT	ROW	GRAVE
ADDRESSEE MR. Mrs. Mary Heacock MISS MRS.	ADDRESS (Street, City, State) Rural Free Delivery #4 Greenville, Pa.		
RELATIONSHIP Mother			

NAME OF DECEDENT (Last, First, Middle)
Heacock, James M.

PARAGRAPHS (Sequence)	ADDITIONAL DATA — MODIFICATIONS
165A	<p>Since your son's widow was previously relinquished her prior disposition authority on a previous "Request for Disposition of Remains" form, this office recognized you as the nok and person authorized to direct disposition of your son's remains. Your instructions as recorded on the Disposition Form when returned to this office will be complied with.</p> <p>Please complete and return the "Request for Disposition of Remains" form at your earliest convenience in order that official action may be taken to comply with your desires.</p>

GRADE

Part

SERIAL NUMBER

33036, 044

ANALYST INITIALS AND DATE
Emb - 8 Oct 49

TYPIST INITIALS

REVIEWER INITIALS AND DATE

Greenville Penna P. O. 17

Major James F Smith G.M.
Memorial Division

Kind Sir:

In regards to the Remains of my Son.

Pvt James W. Hancock 33 436 044
293

I have at hand your letter stating the next of kin
Before I go ahead with further Plans. Please advise
me first if his wife has not made any Plans.
She has received all information several times and
asked her what she was going to do about it and
last summer she said she had not made up
her mind. and I am sure if she has not made
any Plans as yet that since she has remained
she would but want to be sure if she has made
any before I go out and make arrangements to
bring money and talk to my funeral director but
not be too nice for 2 people to make Plans for
ones loved one. she is living in Cleveland
yet as far as I know her name
Ethel Hancock (Vinci) Please advise me at once

Sincerely

Mrs Mary Hancock
Greenville Pa P. O. # 4

RECEIVED
 FEB 8 1949
 FAMILY CORRESPONDENCE
 MAIL DIV.
 RECEIVED

RECEIVED
 FEB 7 1949
 U.S. AIR MAIL
 RECEIVED

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REQUEST FOR NEW LETTER OF INQUIRY

TO LETTER OF INQUIRY SECTION REPATRIATION RECORDS BRANCH		FROM FR accept #4	
NAME OF DECEDENT (First, Middle, Last) JAMES W. HEACOCK		GRADE PVT	SERIAL NUMBER 33436044
CEMETERY WPA Cemetery #2		GRAVE LOCATION PLOT ROW 6 GRAVE 107	
LETTER OF INQUIRY TO BE SENT TO: MRS. MARY HEACOCK		RELATIONSHIP MOTHER	
STREET RFD #4		CITY AND STATE GREENVILLE, PA	

AUTHORITY FOR LETTER OF INQUIRY AND REMARKS

Widow has relinquished disposition rights 26 May 1948 in Form 345 sent to her on 2 April 1948.

New LOI SENT 26 JAN 1949

to Mother

File
NAT
26 Jan 49
BU m
G. L. C.
P. C.

DATE 14 Jan 49	CLERK'S SIGNATURE C. L. C.
-------------------	-------------------------------

293
Pvt James W. Heacock, 33 436 044 *ms*

26 January 1949

Plot V, Row 6, Grave 107,
United States Military Cemetery
Ste. More Eglise #2, France

Mrs. Mary Heacock
Rural Free Delivery #4
Greenville, Pennsylvania

Dear Mrs. Heacock:

The records in this office have been amended to show you as the next of kin of the above-named decedent, and the person authorized to request disposition of the remains.

There are inclosed informational pamphlets regarding the Return of World War II Dead Program, including a Disposition Form on which you may indicate your wishes in this matter. Upon receipt of the properly completed form, you may be assured that the Department of the Army will attempt to comply with your wishes as indicated thereon.

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.

It is urged that you complete the "Request for Disposition of Remains" form, and return it to this office without delay in order that prompt action may be taken toward the final disposition of the remains. A self-addressed envelope which requires no postage is inclosed for your convenience.

Sincerely yours,

JAMES F. SMITH
Major, GMC
Memorial Division

8 Incls. *ms*

PAJ

SPECIAL DELIVERY

New L.O.J. SENT 26 JAN 1949 to Mother
BM.

THE AMERICAN NATIONAL RED CROSS

EASTERN AREA

Form HS-343
March 1948

TO: Repatriation Records Branch
Disinterment Locator Section
Office of the Quartermaster General
Department of the Army
Washington 25, D. C.

DATE: June 8, 1948

FROM: Director, Home Service

HEACOCK, James W., Pvt., 33 436 044
Plot V, Row 6, Grave 107
SUBJECT: United States Military Cemetery
Ste. Mere Eglise #2, France

Your Reference: QMG MR 293

Next of kin: Mrs. Ethel Heacock, wife
Old Address: Rural Free Delivery #4
Greenville, Pennsylvania
New Address: 2307 Prospect Avenue
Cleveland, Ohio

In compliance with your request of April 2, 1948 for an investigation in connection with the disposition of the remains of this deceased serviceman, we submit the following information:

1. OQMG Form 345 X was submitted by Mrs. Ethel Heacock, wife
(Name) (Relationship)

_____ will be submitted.

on May 26, 1948
(Date)

2. _____ has relinquished disposition authority.
(Name)
_____ has remarried.
_____ is deceased.
_____ is incompetent.
3. _____ We have been unable to locate.

REMARKS: Please see our progress report of April 27, 1948. Note wife's new address given above. Cleveland, Ohio chapter encountered difficulty in reaching the wife but interviewed her as shown above. It is our understanding that the wife listed in section II the name of the mother, Mrs. Mary Heacock, Route #4, Greenville, Pennsylvania.

Pauline A. Rogers
(Mrs.) PAULINE A. ROGERS
Director, Home Service
Eastern Area

12441
033048

SECRET
NO FOREIGN DISSEM

TO: DIRECTOR, CENTRAL INTELLIGENCE AGENCY
FROM: [Illegible]

DATE: [Illegible]

CLASSIFICATION: [Illegible]

CONTROL: [Illegible]

EXEMPTION: [Illegible]

APPROVAL: [Illegible]

[Illegible]

[Illegible]

[Illegible]



[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

THE UNITED STATES GOVERNMENT

THE AMERICAN NATIONAL RED CROSS

EASTERN AREA

Form HS-343
March 1948

TO: Repatriation Records Branch
Disinterment Locator Section
Office of the Quartermaster General
Department of the Army
Washington 25, D. C.

DATE: April 27, 1948

FROM: Director, Home Service

HEACOCK, James W., Pvt., 33 436 044
SUBJECT: Plot V, Row 6, Grave 107
United States Military Cemetery
Ste. Mere Eglise #2, France

Your Reference: QMG MR 293

Next of kin: Mrs. Ethel Heacock, wife
Old Address: Rural Free Delivery #4
Greenville, Pennsylvania
New Address: See Remarks

In compliance with your request of April 2 for an investigation in connection with the disposition of the remains of this deceased serviceman, we submit the following information:

1. OQMG Form 345 _____ was submitted by _____, _____
(Name) (Relationship)

_____ will be submitted.

on _____
(Date)

2. _____ has relinquished disposition authority.

(Name)

_____ has remarried.

_____ is deceased.

_____ is incompetent.

3. _____ We have been unable to locate.

REMARKS:

There will be a delay in reply as the wife has reportedly moved from Pennsylvania to 2307 Prospect Avenue, Cleveland, Ohio. Our latter chapter has been asked to verify this and to comply with your request. We shall report to you later.

*file now
30 apr 48
5 sh...
to...*

New L.O.I. SENT 26 JAN 1949

*To Mr...
CM*

Pauline A. Rogers
(Mrs.) PAULINE A. ROGERS
Director, Home Service
Eastern Area

12441
033048

100-100000
100-100000

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100-100000

REQUEST FOR DISPOSITION OF REMAINS

R 6/3/48
alt

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

DATE:

Pvt James W. Heacock, 33 436 044 (AR 31)
Plot V, Row 6, Grave 107,
United States Military Cemetery
Ste. Mere Eglise #2, France

2 April 1948

DO NOT WRITE ABOVE THIS LINE

A		C	
B		D	

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

PART I

I, _____ (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.)

FILE
Name: M Jones
Action: MTH 49
Date: 1-1-49
Acceptance Section
Family Corps. Branch

Incl #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
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			
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.)

Handwritten notes and lines for remarks.

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 _____

*NOTE.—Page 4 is part of the notarial attestation. (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS) (OFFICIAL TITLE)

ADDITIONAL REMARKS AND INSTRUCTIONS

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



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

In Reply Refer To RR Bx: QMG 293 Heacock, James W., Pvt., 33 436 044
Plot V, Row 6, Grave 107
United States Military Cemetery
Ste. Mere Eglise #2, France *zul*

2 April 1948

P R I O R I T Y

Mrs. Pauline A. Rogers, Home Service Director
Eastern Area, American Red Cross
615 North Saint Asaph Street
Alexandria, Virginia

Dear Mrs. Rogers:

The Next of Kin of the above captioned deceased wife
(relationship)

Mrs. Ethel Heacock, Rural Free Delivery #4, Greenville, Pennsylvania
(name) (address)

has failed to return a Form 345 indicating disposition instructions for the remains.

It is respectfully requested that the attached OQM Form 345 be properly accomplished by the Next of Kin and legal documents obtained through assistance of your representative if appropriate, be furnished this office. In the event you are unable to secure disposition instructions from the Next of Kin, it is further requested that a statement of the action taken by your representative be furnished this office for use as a basis for final disposition of remains of the decedent.

It is recommended that in contact with the Next of Kin mentioned above, they first be queried as to whether or not they have submitted the appropriate forms, as it may have been mailed to this office since receipt by you of this request.

Sincerely yours,

JOHN O. HYATT
Colonel, US
Memorial Division

2
Incls.
101
reg
APR 6 2 37 PM '48
OQMG M&R BR

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

QMCMF 293
Heacock, James W.
SN 33 436 044

5 December 1947

Mrs. Ethel Heacock
R. F. D. #4
Greenville, Pennsylvania

Dear Mrs. Heacock:

Your letter pertaining to the remains of your husband, the late Private James W. Heacock, has come to my attention.

Present laws do not provide authority for Government assistance in connection with visits to overseas cemeteries. Should legislation be enacted authorizing such pilgrimages at Government expense, the Department of the Army, or such other agency as may be made responsible for this activity, will take the necessary steps to carry out the program outlined by Congress.

Although permanent American Military Cemeteries have been definitely designated, none will be completed before several years have elapsed. Meanwhile, the Department of the Army cannot authorize any request for permission to visit a temporary United States Military Cemetery during the exhumation, casketing and relocation of remains in accordance with the Program for the Return of World War II Dead.

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

Sincerely yours,

RICHARD B. COOMBS
Major, QMC
Memorial Division

RECEIVED
MEMORIAL DIVISION
DEC 5 4 05 PM '47
RECORDS BRANCH

DEC 0 9 54 AM
O. O. M. C.
MAIL & RECORDS BRANCH

[Handwritten signature]

ARC sent 2/2/48

B

December 1, 1947

Gentlemen:

In Answer to your letter which I just received regarding my husband, ~~Put. James W. Heacock, 33436044.~~

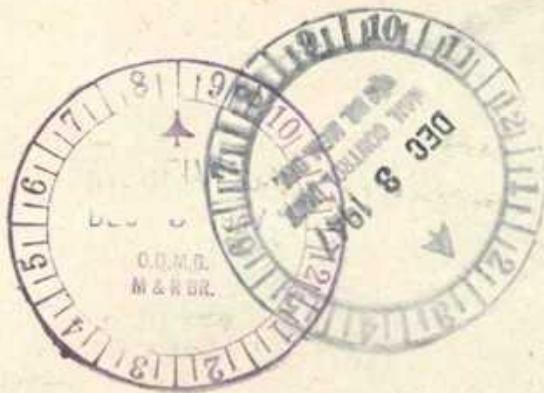
I have talked with his parents regarding whether or not we should have him returned to the States or leave him where he is. My mother-in-law, Put. Heacock's mother would like to leave him where he is, if a trip could be arranged to France for her and I. She feels she would like to see his grave and I agree with her. I would like to know what the chances are of such a trip being arranged. If possible at all, we would like to go in the spring of 1948. And also what our expenses would be and what necessities we should take with us.

I would appreciate it if you would answer as soon as possible

As we are very anxious to know the Details.

Thank you very much.

Mrs. Estel Heacock
R.F.D. #4
Greenville, Pennsylvania



407

Pvt. James W. Heacock, 33 436 044
Plot V, Row 6, Grave 107,
United States Military Cemetery
Ste. Mere Eglise #2, France

26 September 1947

Mrs. Ethel Heacock
Rural Free Delivery #4
Greenville, Pennsylvania

Dear Mrs. Heacock:

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.

851
OCT 2 8 51 AM '47
MAIL ROOM

nuw LOJ. SENT 26 JAN 1949 to *W. H. H. H.*
RM

ARC sent 29/1/48
904

CORRECTIONS AND ADDITIONS TO BURIAL REPORTS AS TAKEN FROM AG CAS CAPN
CEMETERY ST. MERE EGLISE #2 PLOT V ROW 6 GRAVE 107

NAME : *gry* HEACOCK, JAMES W
RANK : PVT
ASN : 33 436 044
ORGANIZATION : 502 PARA INF REGT
DATE OF DEATH : 6 JUNE 44
PLACE OF DEATH : ---
CAUSE OF DEATH : ---

ml

MEMORIAL DIVISION
FEB 28 10 31 PM '47
RECORDS SECTION AND
RECORDS BRANCH

* and/or WD AGO Form 0365 15 Jan 47

T.C. 14/2/47
(Signature)

FILE
5 MARCH 47
L. J. [unclear]

CORRECTIONS AND ADDITIONS TO BURIAL REPORTS AS TAKEN FROM AG CAS CARD
CEMETERY: **ST.MERE EGLISE #2** PLOT **V** ROW **6** GRAVE **107**

NAME : **HEACOCK JAMES W**
RANK : **PVT**
ASN : **33 436 044**
ORGANIZATION : **502 PARA INF REGT**
DATE OF DEATH : **6 JUNE 44**
PLACE OF DEATH : **---**
CAUSE OF DEATH : **---**
* and/or WD AGO Form 0365 15 Jan 47

RECORDS SECTION
MEMORIAL DIVISION
FEB 28 10 31 PM '47

T.C.14/2/47

(Signature)

21 August 1946

Mrs. Ethel Heacock
Rural Free Delivery #4
Greenville, Pennsylvania

Dear Mrs. Heacock:

The War Department is most desirous that you be furnished the latest information regarding the burial location of your husband, the late Private James W. Heacock, A.S.N. 33 436 044.

The records of this office disclose that his remains were originally interred in a temporary cemetery established near the place where he met his death, but were later moved to a more suitable site where constant care of the grave can be assured by our Forces in the field.

The records further disclose that his remains are now interred in the U. S. Military Cemetery Ste. Mere Eglise #2, plot V, row 6, grave 107, located twenty miles southeast of Cherbourg, France. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

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

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

293

Aug 21 5 07 PM '46
3046
RECORDS DIV.

vd

EWZ

SPQXG 293
Heacock, James W. - Pvt.
ASN 33 436 044

Address Reply to THE
QUARTERMASTER GENERAL.

28 November 1944.

Mrs. Mary Heacock,
R. F. D. #4,
Greenville, Pa.

Dear Mrs. Heacock:

Your letter of recent date has been forwarded to this office by The Adjutant General for necessary action in connection with the return of the remains of your son, the late Private James W. Heacock.

You may be assured, that a notation has been made on the official records of this office that it is your desire to have the remains of your son returned to the United States for final interment, if possible, after the war. All expenses incident to the preparation and shipment of the remains to the place thus designated by the legal next of kin will be borne by the Government.

In a letter from this office dated 2 November 1944 you were advised that as soon as security regulations permitted, you would be notified of the geographical location of your son's grave.

Information submitted to this office reveals that the remains of your son were interred as one of our honored dead in a respectful and reverent manner. The cemetery is known as the United States Military Cemetery, St. Martin, France. The remains are in Grave 27, of Row 2, Plot A. An Army Chaplain conducted an appropriate ceremony at the grave and a temporary marker with a fitting inscription thereon has been erected. The cemetery is under the immediate supervision of our military authorities.

Please accept my sincere sympathy and condolence in the loss of your son.

For The Quartermaster General:

Sincerely yours,

R. P. HARBOLD,
Colonel, Q.M.C.,
Assistant.

cbj

GRAVES REGISTRATION SECTION
CCP
Nov 29 9 49 AM '44
MEMORIAL DIVISION

MAD/jb

OK

WAR DEPARTMENT
ARMY SERVICE FORCES

TRANSMITTAL SHEET

2 October 1944

TO	Dir., Memorial Division, OCMG, Room 1007, Tempo C., Washington, D.C.		
	(Service, division, or organization)		(Location)
DESCRIPTION OF ATTACHED COMMUNICATION	(Branch or unit)		(Attention)
	Heacock	TAG	19 Sep 44
	(Originator)	(Addressee)	(Date)
FROM	Remains		
	AGPC-G 201 Heacock, James W.		
FROM	Casualty Branch, A.G.O., Investigation and Correspondence Section, Family Relations Sub section, Room 3707, Munitions Building 79040		
	(Service, division, or organization)	(Location)	(Telephone)

1. For necessary action.
2. Private James W. Heacock, 33,436,044, died on 13 June 1944 in France as a result of wounds received in action.
3. Writer has ~~xxx~~ been advised of this reference.

For the Chief, Casualty Branch:

H. Stiebel

3 Incl
Copies of ltr dtd 19 Sep 44
Copy of reply dtd 2 Oct 44

Harold L. Stiebel
Major, A. G. D.



OCT 4 11 48 AM '44
MEMORIAL DIVISION

*B.R. charged out
10/23/44
charged to baby*



Address: J. Edgar Hoover
 Dept. of Justice

TO: SAC, NEW YORK
 FROM: SAC, BOSTON
 SUBJECT: [Illegible]

TO:	SAC, NEW YORK	10
FROM:	SAC, BOSTON	10
SUBJECT:	[Illegible]	[Illegible]

STANDARD FORM NO. 64
 U.S. GOVERNMENT PRINTING OFFICE: 1944

MAD/jb

AGPC-G 201 Heacock, James W.
(19 Sep 44) 33,436,044

2 October 1944.

Mrs. Mary Heacock,
Rural Free Delivery #4,
Greenville, Pennsylvania.

Dear Mrs. Heacock:

Reference is made to your recent letter in which you requested further information regarding your son, the late Private James W. Heacock.

It would please me greatly if I were able to furnish you a detailed account of the circumstances surrounding the death of your son; however, the official report received in this office stated only that he died on 13 June 1944 in France as the result of wounds received in action on 6 June 1944. There is no indication that he was wounded a second time. No further details were given. I am sure you will understand that in order to service casualty reports expeditiously and furnish essential information in all cases, it has been found necessary to omit detailed items and include only the ultimate facts. You may be assured that in the event an additional report is received, your son's wife will be informed without delay.

With reference to your inquiry regarding the return of Private Heacock's remains to the United States, a copy of your letter is being referred to the Director, Memorial Division, Office of the Quartermaster General, Washington 25, D. C., for a direct reply, since that official has jurisdiction over such matters.

My heartfelt sympathy is extended again in your bereavement.

Sincerely yours,

J. A. ULIC
Major General,
The Adjutant General.

C
O
P
YGreenville, Penna R.F.D.#4.
Sept 19, 1944

Dear Sir

In regards to my son who gave his life in France.

AG 201 Heacock, James W. PC-NETOLL3 am asking if after this terrible war is over if it will be possible for me to have my Son's Body Brought Back to this country and what Precedeture I will have to go thru also would like to have some information How Much it will cost me one working now and would like to have some knowledge just how much i will have to save any information that you can give me will certainly be more than appreciated. Also care you give me any information of his wounds. And was he wounded the second time He is my (baby) you see My other Son is stationed over their and got in touch with the Boy who gave my Son James first aid when He was hit and says My Son was only wounded in the leg when he gave him first aid and thought he surely must of been hit the second time getting Back from the lines. Would certainly appreciate any information you can give me as these are hard things for us Mothers to bear too.

Thanking you again

Mrs. Mary Heacock

Greenville, Pa

R.F.D. #4.

C
O
P
Y

Greenville, Penna R.F.D.#4.
Sept 19, 1944

Dear Sir

In regards to my son who gave his life in France.
 AG 201 Heacock, James W. PC-NET0113 am asking if after this terrible war
 is over if it will be possible for me to have my Son's Body Brought Back
 to this country and what Precedature I will have to go thru also would
 like to have some information How Much it will cost me one working now
 and would like to have some knowledge just how much i will have to save
 any information that you can give me will certainly be more than appreciated.
 Also care you give me any information of his wounds. And was he wounded
 the second time He is my (baby) you see My other Son is stationed over
 their and got in touch with the Boy who gave my Son James first aid when
 He was hit and says My Son was only wounded in the leg when he gave him
 first aid and thought he surely must of been hit the second time getting
 Back from the lines. Would certainly appreciate any information you can
 give me as these are hard things for us Mothers to bear too.

Thanking you again

Mrs. Mary Heacock
 Greenville, Pa
 R.F.D. #4.

GRAVE REGISTRATION
Form No. 1
(Revised 1 Sept. 1943)

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

8308
11 June 44

Date

Heacock	James	W	Pvt	33436044	23
Last Name	First	Initial	Rank	Serial No.	
101st Air Borne		502 PARA. INF. REGT			
Unit		Organization			
Boudianville	8 June 44			KIA	
Place of Death	Date of Death			Cause of Death	
1900 10 June 44	St Martin			St Martin, France	
Time and Date of Burial	Name of Cemetery			Name or Coordinates of Location	
27	A				
Grave Number	Row Number	Plot Number		Type of Marker	

Disposition of Identification Tags: Buried with body Yes No Attached to Marker Yes No
 Identification buried in can attached to body.
 If No Identification Tags
 How were remains identified? Identified by WD AGO Form No. 28 (Soldiers Pay Book) and markings in clothing. Both checked with letters found on body.

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:	Colt	0-363413	1st Lt	101st A/B	28
	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	Kermode	32765697	Pvt	101st A/B	26
	Name	Serial No.	Rank	Organization	Grave No.

Signature of 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 _____

Religion _____

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

- 1 WDAGO #28
- 1 Purse
- 200 Francs
- 5 Shillings

34 OCT 1944 FILE
 Link.

Harry Dubois 1st Lt
 Signature of Officer or other person reporting burial

Harry Dubois 1st Lt
 Verified by O.R.S. Officer

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.:

4		4
3		3
2		2
1		1
Thumb		Thumb
Left Hand		Right Hand

TOOTH CHART

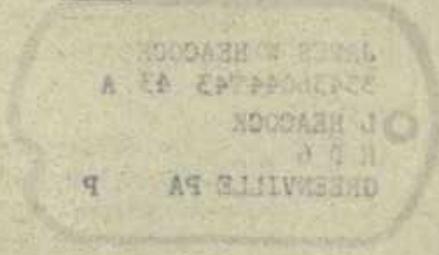
If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.

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

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

Characteristics: _____

Other Data: _____



J. HENSON
GREENVILLE PA
B

SP4 G 293
Heacock, James W.
S.N. 33436044

2 November 1944

Address Reply To THE
QUARTERMASTER GENERAL

Mrs. Mary Heacock,
R.F.D. #4,
Greenville, Pennsylvania.

Dear Mrs. Heacock:

Reference is made to your communication of recent date, request-
ing information concerning your son, the late Private James W. Heacock.

I fully understand how anxious you are for some information re-
lative to the burial place of your son, which might offer some measure
of consolation to you; however security regulations will not permit, at
the present time, more than meager facts. It is with the hope of some
comfort that I may advise you that his remains were temporarily interred
in one of our well established military cemeteries in the area in which
he was serving, with a Protestant ceremony conducted at the grave by an
Army Chaplain. A temporary marker with a fitting inscription thereon
has been erected and the grave properly recorded. The cemetery is under
immediate supervision of our military authorities. As soon as security
regulations will permit the exact geographical location of your son's
burial place to be disclosed, you will be advised.

Please be advised that all expenses incident to preparation
of the remains, return to the United States and shipment to the place
thus designated by the legal next of kin will be borne by the War Depart-
ment.

After the war, when arrangements are made for the remains of
our honored dead to be returned to the United States, this office will
inquire regarding the legal next of kin's wishes as to the final dis-
position of the remains. Steps will be taken at that time to prepare
and ship the remains at Government expense to the place thus designated.

The Adjutant General, Washington, D. C. has complete super-
vision over matters pertaining to the circumstances surrounding the death
of our military personnel, so I have therefore forwarded a copy of your
letter to that official with the request that a further reply be made to
you.

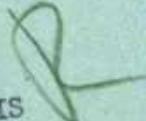
Please accept my sincere sympathy in the loss of your son.

For The Quartermaster General:

Sincerely yours,

MAYO A. DARLINO,
Lt. Colonel, Q.M.C.,
Assistant.

CCP

IS 

SPQXG 293 (Heacock, James W. S.N. 33136044)

1st Ind.

ASG., OQMG., Washington, D. C.

2 November 1944

TO: The Adjutant General, Washington, D. C.

1. Basic communication is forwarded to your office for necessary action to so much thereof as pertains to the circumstances surrounding the death of the late Private James W. Heacock.

2. Attention is invited to a copy of a letter from this office to Mrs. Mary Heacock.

For The Quartermaster General:

MAYO A. DARLING,
Lt. Colonel, Q.M.G.,
Assistant.

CCP

1 Incl.

Copy. For. 2 Nov. 44.

Nov 2 12 09 PM '44
O.Q.M.G.
MAIL & RECORDS BRANCH

NOV 2 9 17 AM '44
MEMORIAL DIVISION

IS

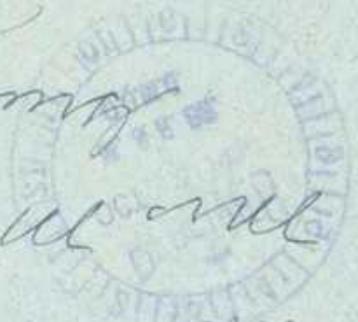
From me in Greenville Penna. R. FD #4
Receiving here Sept 29. 1944.

Dear Sir: I still have another
Yesterday we rec'd a letter from
my Son's Commanding ^{Major} General telling
me By writing you I could receive
details concerning the Place of
Burial of my Son Pvt. James W. Heald
A.S.N 33436044 so any information
Concerning this will certainly be
appreciated also would like details
of How much it will cost me to have
him brought Back as soon as war
is over. and I can. as I certainly want
his Body Back if it takes everything
I can ever get. am working and saving
for that now. as that's all that's
left to work for now

Heald, James W.
SERIAL DIVISION

B. R. Attache
10-25-44
C. B.

Wilmington Pa
R. F. B. 714



Mrs. Mary Newark

How we will have to go about
Bringing him back and all?
that, I still have another
son you think will be in
is in England was in Germany
do want any details I can
also if I may want like to
know something of his present
wounds. as a matter of fact as
Nights engaging every thing you
it as night if I could not get
Nights undelay But I don't
get a couple of his photographs
But it don't do me much good

1. AM 953 0

How we will have to go about
changing this Book and as
that. I shall have another
look over this with the
is in English and in
do want any details I can
also if I may have the
from Secretary of the
would be a matter of
right regarding everything
the right of the
right and they had
get a copy of the
But it is in
any



Deloats: A. B.
11-24-46
S.D.

MA 02 0 10

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

BATTLE CASUALTY REPORT

1947 JAN 15 15 30

AG 201	NAME HEACOCK HEACOCK JAMES W ASN 35436044	GRADE PVT HUS	DATE CAS. REPORT RECEIVED
NAME AND ADDRESS OF E. A.	MRS ETHEL HEACOCK RURAL FREE DELIVERY 4 GREENVILLE, PENNSYLVANIA		Ltr DATE SENT 17 Jan 47

THE INDIVIDUAL NAMED BELOW DESIGNATED THE ABOVE 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.

THE SECRETARY OF WAR HAS ASKED ME TO EXPRESS HIS DEEP REGRET THAT YOUR HUSBAND

GRADE	NAME	SERIAL NUMBER	ARM OR SERVICE	REPORTING THEATRE	F OR J STATUS	SHIPMENT NUMBER	
PVT	HEACOCK, JAMES W.	33436044	INF			015046- U-1X	
TYPE OF CASUALTY		PLACE OF CASUALTY		DATE OF CASUALTY			CASUALTY CODE
DIED OF WOUNDS		IN FRANCE		DAY	MONTH	YEAR	
				6	JUN	44	

REMARKS: AG 201 /14 JAN 47/

CORRECTED COPY

MEMO -- SR AND D SUB-SEC, APPROVED -- ACTING OIC GAS SEC, PA BR. PL--NORMAND

FILE

DO NOT SEND TELEGRAM. DRAFT OF LTR WILL BE FURNISHED LTR UNIT.

RECEIVED ADDITIONAL INFORMATION RECEIVED. CORRECTED REPORT OF DEATH ISSUED 20 JANUARY 47 ekm

ACTION BY COMPOSITE SECTION: REPORT VERIFIED FORM 43 *AW* AG 201 REG. DATE

CASUALTY BRANCH FILE REACHED OR CHANGED TO

PREVIOUSLY REPORTED: NO YES (AS INDICATED BELOW)

FILE NO. *Shipment 113* MESSAGE NO. TYPE *DOU* DATE AND AREA *ETO 15 Jan 47* E. A. NOTIFIED *6 July 47*

FORWARDED TO: SPEC. IDEN. C. & P. TELEGRAM LETTER CERTIF. F. REL. CORRES. REPAT. S. R. & D. NON-DE

REPORT NOT VERIFIED NO FORM 43 NO CAS. BR. FILE CHECKED BY *Sonnie 15 Jan 47* REVIEWED BY *Matthews*

DISTRIBUTION "A" *29* COPIES DISTRIBUTION "B" COPIES *mtm*

WD AGG FORM 0365
1 MAY 1945

REVISION OF 1 JAN. 1945 MAY BE USED.

RESTRICTED

8308

GRAVES REGISTRATION FORM No. 1 (Revised 1 Sept. 1948)

REPORT OF BURIAL

2423 August 1944

TM 10-630 AND AR 30-1815

293 HEACOCK, JAMES W. PVT. 33436044

Last Name First Initial Rank

101st Airborne 502 Para Inf Regt

Unit Organization

BOUDAINVILLE, FRANCE 8 June 1944

Place of Death Date of Death Cause of Death KIA

1330 23 August 1944 STE. M. E. # 2

Time and Date of Burial Name of Cemetery Name or Coordinates of Location

107 6

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? Identification buried in can attached to body

REBURIAL

DISINTERRED FROM ST. MARTIN CEMETERY, FRANCE

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

Who is buried on:

Deceased's Right: GOLT 0-363413 1st Lt. 101st Airborne 108

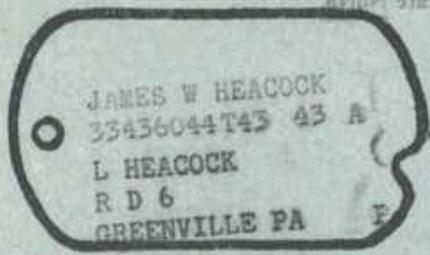
Name Serial No. Rank Organization Grave No.

Deceased's Left: KERMODE 32765697 Pvt. 101st Airborne 105

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 L. HEACOCK

RD 6 GREENVILLE, PA.

Name Address

Religion PROTESTANT

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

NONE

REBURIAL

Previously buried in St. Martin Cemetery

Plot A Row 2 Grave 27

Signature of Officer or other person reporting burial

Lt. M. DUFFY 1st Lt. GRC

Graves Registration Office

Verified by G.R.B. Officer

Signature of Lt. M. Duffy
May 7, 1945
AWA

RESTRICTED

REPORT OF BURIAL 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? Yes No
- Tooth Chart Attached? Yes No

(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.

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

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

Left Hand

1

2

Thumb

Index

Middle

Ring

Pinky

Right Hand

1

2

Thumb

Index

Middle

Ring

Pinky

TOOTH CHART

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.

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

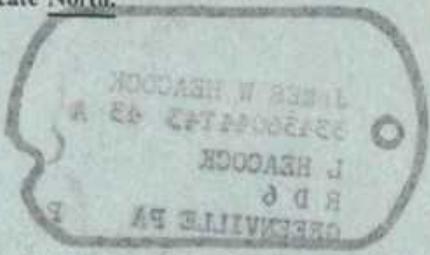
Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by C; holding anchor teeth; replacements by artificial teeth X

Name: _____

Address: _____

Religion: _____

Emergency Address: _____



REBURIAL

Previously buried in Green Valley Cemetery
Plot 2 Row 2 Grave 27

122560

AG P BR NO 505

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

Corrected

REPORT OF DEATH Orig. fwded 22 Jul 44

DATE 20 JANUARY 47 ekm

FULL NAME HEACOCK, JAMES W.		ARMY SERIAL NUMBER 33 436 044		GRADE PVT											
HOME ADDRESS Greenville, Pennsylvania		ARM OR SERVICE Infantry		DATE OF BIRTH 6 Jan 1925											
PLACE OF DEATH European Area		CAUSE OF DEATH Wounds received in action		DATE OF DEATH 6 Jun 1944*											
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 29 Mar 1943		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS											
EMERGENCY ADDRESSEE (Name, relationship, and address) Mrs. Ethel Heacock, Wife, RFD #4, Greenville, Pennsylvania															
BENEFICIARY (Name, relationship, and address) Mrs. Ethel Heacock, Wife, RFD #4, Greenville, Pennsylvania Mrs. Mary Heacock, Mother, RD #4, Greenville, Pa. Mr. Lawrence Heacock, Father RD #4, Greenville, Pa.															
INVESTIGATION MADE		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (Specify below)			
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
												X**			
ADDITIONAL DATA AND/OR STATEMENT												<input checked="" type="checkbox"/> BATTLE		<input type="checkbox"/> NON-BATTLE	

*Corrected to show date of death as 6 Jun 44 previously shown as 13 Jun 44.

**On parachute pay

Evidence of death received in the WD 6 July 44.

CORRECTED COPY

ORDER OF THE SECRETARY OF WAR

4 JAN 1947
FILE

Batt

FORM 25-1

RECEIVED
REGISTRATION AND
RECORDS BRANCH
JAN 23 4 28 PM '47
MEMORIAL DIVISION

COBBECLEL COBY



RECEIVED
JAN 23 1947
RECEIVED

NO.	DATE	DESCRIPTION	AMOUNT	TOTAL
1	1/23/47	MEMORIAL DIVISION	...	...
2	1/23/47	REGISTRATION AND RECORDS BRANCH	...	...
3	1/23/47	...	...	...
4	1/23/47	...	...	...
5	1/23/47	...	...	...
6	1/23/47	...	...	...
7	1/23/47	...	...	...
8	1/23/47	...	...	...
9	1/23/47	...	...	...
10	1/23/47	...	...	...
11	1/23/47	...	...	...
12	1/23/47	...	...	...
13	1/23/47	...	...	...
14	1/23/47	...	...	...
15	1/23/47	...	...	...
16	1/23/47	...	...	...
17	1/23/47	...	...	...
18	1/23/47	...	...	...
19	1/23/47	...	...	...
20	1/23/47	...	...	...

MEMORIAL DIVISION
REGISTRATION AND RECORDS BRANCH

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

Corrected

REPORT OF DEATH Orig. fwded 22 Jul 44

DATE 20 JANUARY 47 ekm

FULL NAME HEACOCK, JAMES W.		ARMY SERIAL NUMBER 33 436 044	GRADE PVT
HOME ADDRESS Greenville, Pennsylvania		ARM OR SERVICE Infantry	DATE OF BIRTH 6 Jan 1925
PLACE OF DEATH European Area	CAUSE OF DEATH Wounds received in action		DATE OF DEATH 6 Jun 1944*
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 29 Mar 1943	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS
EMERGENCY ADDRESSEE (Name, relationship, and address) Mrs. Ethel Heacock, Wife, RFD #4, Greenville, Pennsylvania			
BENEFICIARY (Name, relationship, and address) Mrs. Ethel Heacock, Wife, RFD #4, Greenville, Pennsylvania Mrs. Mary Heacock, Mother, RD #4, Greenville, Pa. Mr. Lawrence Heacock, Father RD #4, Greenville, Pa.			
INVESTIGATION MADE	IN LINE OF DUTY	OWN MISCONDUCT	WAS DECEASED ON DUTY STATUS
YES NO	YES NO	YES NO	YES NO
AUTHORIZED ABSENCE		IN FLYING PAY STATUS	
YES NO		YES NO X	
OTHER PAY STATUS (Specify below)			YES X** NO
ADDITIONAL DATA AND/OR STATEMENT			
			<input checked="" type="checkbox"/> BATTLE <input type="checkbox"/> NON-BATTLE

*Corrected to show date of death as 6 Jun 44 previously shown as 13 Jun 44.

**On parachute pay

Evidence of death received in the WD 6 July 44.

CORRECTED COPY

ORDER OF THE SECRETARY OF WAR
Amundson

24 JAN 1947
ADJUTANT GENERAL
FILE
Bulle

RECEIVED
JAN 19 1947

CONNECTED COPY

RECEIVED
JAN 23 1947
1117

[Faint, mostly illegible text and markings on the document page]

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

REPORT OF DEATH

DATE 22 July 1944
CH/lvo 4633

FULL NAME 2913 Heacock, James W.		ARMY SERIAL NUMBER 33 436 044	GRADE Pvt			
HOME ADDRESS Greenville, Pennsylvania		ARM OR SERVICE Infantry	DATE OF BIRTH 6 Jan 25			
PLACE OF DEATH France	CAUSE OF DEATH Wounds received in action		DATE OF DEATH 13 Jun 44			
STATION OF DECEASED European Area	DATE OF ENTRY ON CURRENT ACTIVE SERVICE 29 Mar 1943	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS 1 2 15				
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Ethel Heacock (wife) RFD #4, Greenville, Pennsylvania						
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Ethel Heacock (wife) RFD #4, Greenville, Pennsylvania Mrs Mary Heacock (mother) RD #4, Greenville, Pa. Lawrence Heacock (father) RD #4, Greenville, Pa.						
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

find

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

BATTLE
 NON-BATTLE

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

293 Heacock, James W. 33436044 Int
A.S.

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Ethel Heacock ✓
R. F. D. #4 ✓
Greenville, Pennsylvania ✓

Pvt. James W. Heacock ✓
Ship To:
33436044 ✓
107499-D ✓

Effects of
Name
ASN
Case No.
Wt.

RECEIVED

Ship Via _____ G B/L NO. _____

Date January 6, 1945
N. WHIPPLE:bh

Morrell
For Effects Quartermaster

Note: Second Shipment ✓

PACKAGES SHIPPED

1 pkg

TOTAL 1 WT. _____ Date Shipped JAN 9 1945

REMARKS:

JAN 12 1945

JAN 8 1945

AJ
Shipping Clerk



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

JRM:NW:cly
January 8, 1945

IN REPLY REFER TO: 107,499 W

fc

Mrs. Ethel Heacock
R. F. D. #4
Greenville, Pennsylvania

Dear Mrs. Heacock:

The Army Effects Bureau has received some additional property of your husband, Private James W. Heacock.

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

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

Extending every sympathy, I am

Sincerely yours,

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

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Ship To:

Effects of
Name Pvt. James W. Heacock
ASN 33436044
Case No. 107,499 D
Wt.

Mrs. Ethel Heacock
R. F. D. #4
Greenville, Pennsylvania

Ship Via TRAILER G B/L NO. _____

Date 30 December 1944
JRM:HA:nd B. Hurst
For Effects Quartermaster

PACKAGES SHIPPED

1 pkg

TOTAL 1 WT. _____ Date Shipped JAN 6 1945
Fracked
Est. Exp. Chgs. _____
Est. Frt. Chgs. _____

REMARKS:

JAN 9 1945

JAN 4 1945

4

mp
Shipping Clerk

ARMY EFFECTS BUREAU
INVENTORY

Par 50
Box 228

Sheet 1 of 1 Sheets
Box No. _____

Deceased
Missing _____
P.O.W. _____
Abandoned _____

SHOWN ON TALLY-IN AS Hiscock James ORIGINAL NO. OF PKGS. 111
TALLY-IN NO. 5486 INVENTORY DATE 10-27-44 CASE NO. 107499
EFFECTS OF James W. Hiscock RANK Pvt
A.S.N. 33436044 ORG. 101st a/B

PACKAGE DESCRIPTION:

#1 Package

ARTICLE DESCRIPTION

1- Billfold w/ Letters, Photos
Cards & Insignia

file
g/s

REMARKS: Parents; -

Residence at
R.F.D. 4,
Greenville, Penn.

CAT. Not available

ATTACHMENTS:

1- Form 54
1- GR Label

✓ Correspondence
- Shortage
NO CORRESPONDENCE

SHORTAGE ON REVERSE

G. I. ON REVERSE

mk

STORAGE)
SPACE) 652

SAFE STORAGE _____
VAULT STORAGE _____

WEIGHT
SHIPPED

Inventoried by Edmond

Packed by Wimmer

Shortage

200 - Francs
5 - Shillings

I certify the above named items
were not contained in the
package when checked by me.

E. A. Markel

Inventory Clerk

Inventory Clerk

Grube

Supervising Officer

RECEIVED

RECEIVED ON
APR 10 1953
U. S. DEPT. OF JUSTICE

RECEIVED
APR 10 1953

ROUTING

- 1. ~~A. F. Timms Automatic Typewriter for~~ Fm. 68
- 2. ~~A. F. Timms~~
- 3. Accounting Branch
- 4. Warehouse

Attach following item(s) from Office Safe:

JRM:HA:nd
Case No. 107,499 #

Attach Bureau Check:
 Account No. 41963 Amount \$5.04 *ew*
 Account No. _____ Amount _____

Payable to:
 Ethel Heacock
 R. F. D. #4
 Greenville, Pennsylvania

H. Alexander
 (Correspondent)

Hunt

Check No. 41088
 Initials emh

Pvt. James W. Heacock, husband

41963
 107499

January 3 45

Ethel Heacock

5.04

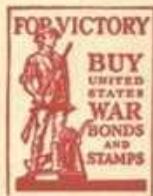
Five and 04/100

Major Q.M.C.
 Asst.

IMMEDIATE ACTION

IN REPLY
REFER TO

WAR DEPARTMENT



O. M. C. Form 356 (Old Form 493)
Approved December 1, 1922

16-25034-2 GPO

IMMEDIATE ACTION



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

IN REPLY REFER TO: #107499 A

JHM:HA:mam
January 2, 1945

Mrs. Ethel Heacock
R. F. D. #1
Greenville, Pennsylvania

Dear Mrs. Heacock:

The Army Effects Bureau has received from overseas some personal effects of your husband, Private James W. Heacock.

I am inclosing a check for \$5.04, representing funds which belonged to him. The remainder of the property is being forwarded to you in one package.

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

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

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

Yours very truly,

A. F. TOMS
Administrative Assistant
Army Effects Bureau

1 Incl--
Check

SHEET <i>1</i> ✓	F <i>1</i> ✓	SHEETS	ARMY EFFECTS BUREAU INVENTORY		DECEASED
BOX NUMBER <i>362-67</i>	ORIGINAL NUMBER OF PACKAGES		1		MISSING
TALLY NUMBER <i>5574</i>	INVENTORY DATE <i>1-1-45</i>	CASE NUMBER <i>107499</i>		P O W	
EFFECTS OF <i>James W. Heacock</i> ✓				RANK <i>Pvt</i> ✓	
A.S.N. <i>33436044</i> ✓		ORGANIZATION <i>unknown</i>			

PACKAGE DESCRIPTION *#1 Pkg.*

CLOTHING	PERSONAL ITEMS	CONTAINERS
<input checked="" type="checkbox"/> BELT ✓	BRACELET, IDENTIFICATION	BAGS, CLOTH
<input checked="" type="checkbox"/> BELT, MONEY (NO MONEY)	BRUSHES	BAGS, TRAVEL
<input type="checkbox"/> CLOTH, WASH	CAMERAS	BILLFOLD (NO MONEY)
<input type="checkbox"/> COATS	GLASSES	CASE, _____
<input type="checkbox"/> FOOTWEAR, PR.	KNIVES	FOOTLOCKER
<input type="checkbox"/> GLOVES, PR.	LIGHTERS	KIT, SEWING
<input type="checkbox"/> HANDKERCHIEFS	MISC. INSIGNIA	KIT, TOILET
<input type="checkbox"/> HEADWEAR	MISC. ITEMS	KIT, WRITING
<input type="checkbox"/> JACKETS	PEN, FOUNTAIN	PAPERS AND MISC.
<input type="checkbox"/> OVERCOATS	PENCIL, MECHANICAL	BOOKS
<input type="checkbox"/> SCARFS	PIPES	BOOKS, ADDRESS
<input type="checkbox"/> SHIRTS	RELIGIOUS ARTICLES	BOOKS, NOTE
<input type="checkbox"/> SOCKS, PR.	RIBBONS, DECORATION	BOOKS, PILOT LOG
<input type="checkbox"/> TIES	RINGS	DIARY (REMOVED FOR DURATION)
<input checked="" type="checkbox"/> TOWELS ✓	TOBACCO	FILMS
<input type="checkbox"/> TROUSERS, PR.	TOILET ARTICLES	LETTERS
<input type="checkbox"/> TRUNKS, PR.	WATCH	PAPERS, PERSONAL
<input type="checkbox"/> UNDERWEAR	WINGS	<input checked="" type="checkbox"/> PHOTOS ✓
<i>2 Stamped envelopes</i> ✓		SHOE SHINE ARTICLES
<i>1 Razor</i> ✓		SHORT SNORTER
		SOUVENIRS
		<input checked="" type="checkbox"/> SOUVENIR MONEY ✓
		STATIONERY
		TESTAMENTS
		<i>.02</i> U.S. MONEY (AMOUNT) ✓

REMARKS: *no information (Rechecked)*

no correspondence

Effect belonging to Gregston, 38345207 found in these effects & set up as additional

C.A.T. *none*

JAN 2 1945

ATTACHMENTS: FORM #54 _____ FORM #100 _____

AD

X Form 11 Heading

WAREHOUSE SPACE <i>934</i>	STORED BY <i>mk</i>	WEIGHT	GI REMOVED
INVENTORIED BY <i>Clarke</i>		<i>JAN 9 1945</i>	SHORTAGE ON REVERSE
PACKED BY <i>Stuffithal Conner</i>	CHECKED BY <i>Eg</i>		IDENT. TAGS REMOVED
			DIARY REMOVED
			LOCKED STORAGE
			LAUNDRY REMOVED
			FILM REMOVED



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

JRM

JRM:HA:nd
December 30, 1944

IN REPLY REFER TO: _____ 107,499 A

Mrs. Mary M. Heacock
R. F. D. #4
Greenville, Pennsylvania

Dear Mrs. Heacock:

This acknowledges your letter of September 16, regarding the personal effects of your son, Private James W. Heacock.

War Department regulations require that the Army Effects Bureau deliver property of this nature first to the legal representative or widow of the soldier. Therefore, the belongings of Private Heacock have been sent to his widow, Mrs. Ethel Heacock, R. F. D. #4, Greenville, Pennsylvania, for proper distribution according to law. This is to advise you of the action taken.

I wish to express my sympathy in the loss of your son.

Sincerely yours,

*file
ND*

A. F. TIMMS
Administrative Assistant
Army Effects Bureau

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

JRM:HA:nd
Case No. 107,499 A
Date 30 December 1944

SUBJECT: Report of transactions in disposing of the effects of

James W. Heacock, 33436044 late a
(Name of deceased) (Army Serial Number)
Private, Infantry who died
(Grade) (Organization, Army or Service)
on the 13 day of June, 1944, at France.

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

1. Complying with A.W. 112, a Summary Court-Martial, convened at Kansas City, Mo., pursuant to S.O. 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 23 December 1944, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Mary M. Heacock 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. Ethel Heacock of (Name of person found entitled) R. F. D. #4, Greenville, State of (Number, Street or Avenue) (City, Town or Village) Pennsylvania, is the Widow of the (Relationship or Capacity) above-named decedent and appears to be entitled to receive his or her effects.

file n.d.

(Signature of Summary Court Officer)
W. F. HEHMAN, Major Q.M.C.
(Name, Rank, Organization)
SUMMARY COURT MARTIAL

107,499 65 Greenville Pa R.F.D.#4.

Sept 15, 1944

Kind Sir: am writing to you
 in regards to my ~~Sons~~ Personal
 Belongings Pvt. James W. Heacock.
A.S.N. 33 436 044 = a Paratrooper
who gave his life in the
invasion of France ~~As~~ according to
 War Department He was wounded 6 of
 June = died 13 of June. in France.
 any of his Personal Belongings I would
 be glad to receive and if there is any
 Charge please advise me or send
 to me C.O.D. which ever you
 prefer waiting your Reply.
 I am his Mother.

Mrs Mary M. Heacock.

Greenville Pa

R.F.D. #4.

File
7/20
File
11/29

2-

File
not

File
not

Serial No. 33436044 Name. HEACOCK JAMES

Grade PVT Rank

Organization

Address

Nearest Relative MR. LAWRENCE HEACOCK (F)

Address #1 GREENVILLE PENN

Killed in Action yes Died of Disease

Date JUNE 14 Hospital

Battle Area Information

Place of Burial St. Martins France

Point of Coordination

Description of Body

Members Missing

Signed Harry Dubrow
ptbmc



CONFIDENTIAL
HEADQUARTERS
BASE CAMP 502D PARACHUTE INFANTRY
APO # 472 U. S. Army

D

8-15-45

107499

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: Heacock, James W.

Grade: Private

ASN: 33436044

Organization: Hq Co 3rd Bn, 502d Precht Inf.

Status: DOW Date: 13 June 1944

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

3. Following items transmitted herewith: none

4. Private debtors known to be as follows: none

5. Private creditors known to be as follows: none

6. Name and address of any bank in the United Kingdom in which above-named individual has an account: none

3 Inclosures

REC
JUL 26 1944

R B Molsberry
ROBERT B. MOLSBERY
2nd Lt, 502d Precht Inf.,
Personal Effects Officer.

CONFIDENTIAL

RECEIVED
U.S. DEPT. OF EFFECTS
BUREAU
KANSAS CITY, MO.
AUG 1 1944 AM



107,499

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

Corrected

REPORT OF DEATH Orig. fwded 22 Jul 44

DATE 20 JANUARY 47 ekm

FULL NAME HEACOCK, JAMES W.		ARMY SERIAL NUMBER 33 436 044	GRADE PVT
HOME ADDRESS Greenville, Pennsylvania		ARM OR SERVICE Infantry	DATE OF BIRTH 6 Jan 1925
PLACE OF DEATH European Area	CAUSE OF DEATH Wounds received in action		DATE OF DEATH 6 Jun 1944*
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 29 Mar 1943	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS

EMERGENCY ADDRESSEE (Name, relationship, and address)

Mrs. Ethel Heacock, Wife, RFD #4, Greenville, Pennsylvania

BENEFICIARY (Name, relationship, and address)

Mrs. Ethel Heacock, Wife, RFD #4, Greenville, Pennsylvania

Mrs. Mary Heacock, Mother, RD #4, Greenville, Pa.

Mr. Lawrence Heacock, Father RD #4, Greenville, Pa.

INVESTIGATION MADE		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (Specify below)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
												X	

ADDITIONAL DATA AND/OR STATEMENT

 BATTLE NON-BATTLE

*Corrected to show date of death as 6 Jun 44 previously shown as 13 Jun 44.

**On parachute pay

Evidence of death received in the WD 6 July 44.

CORRECTED COPY

BY ORDER OF THE SECRETARY OF WAR

Amundson

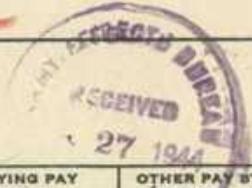
ADJUTANT GENERAL

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

REPORT OF DEATH

DATE 22 July 1944
 CH/lvo 4633

FULL NAME <u>Heacock, James W.</u>		ARMY SERIAL NUMBER <u>33 436 044</u>	GRADE <u>Pvt</u>
HOME ADDRESS <u>Greenville, Pennsylvania</u>		ARM OR SERVICE <u>Infantry</u>	DATE OF BIRTH <u>6 Jan 25</u>
PLACE OF DEATH <u>France</u>	CAUSE OF DEATH <u>Wounds received in action</u>		DATE OF DEATH <u>13 Jun 44</u>
STATION OF DECEASED <u>European Area</u>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <u>29 Mar 1943</u>	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS <u>1 2 15</u>
EMERGENCY ADDRESSES (NAME, RELATIONSHIP & ADDRESS) <u>Mrs. Ethel Heacock (wife) RFD #4, Greenville, Pennsylvania</u>			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <u>Mrs. Ethel Heacock (wife) RFD #4, Greenville, Pennsylvania</u> <u>Mrs Mary Heacock (mother) RD #4, Greenville, Pa.</u> <u>Lawrence Heacock (father) RD #4, Greenville, Pa.</u>			
INVESTIGATION MADE		IN LINE OF DUTY	OWN MISCONDUCT
YES	NO	YES	NO
	X	X	X
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE	IN FLYING PAY STATUS
YES	NO	YES	NO
X			X
OTHER PAY STATUS (SPECIFY BELOW)			
YES	NO		
	X		



ADDITIONAL DATE AND/OR STATEMENT

*On parachute pay

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

BATTLE

NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

John T. Winn
 John T. Winn

ADJUTANT GENERAL

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

BATTLE CASUALTY REPORT

NAME		SERIAL NUMBER		GRADE	ARM OR SERVICE	REPORTING THEATRE
HEACOCK JAMES W		33436044		PVT	INF	ETO
PLACE OF CASUALTY	DATE OF CASUALTY			FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER
FRANCE	DAY	MONTH	YEAR	J	DOW	113
	13	JUN	44			

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.

MIL. MRS. MISS	FIRST NAME	MIDDLE INITIAL	LAST NAME	RELATIONSHIP
MRS	ETHEL		HEACOCK	WIFE
NO. AND NAME OF STREET		CITY	COUNTY	STATE
RURAL FREE DELIVRY NUMBER FOUR		GREENVILLE	PENNSYLVANIA	

REMARKS:

EVIDENCE OF DEATH REC'D IN W.D. CORRECTED COPY



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

CASUALTY BRANCH FILE ATTACHED _____ OR CHARGED TO W.S. DATE 5 July 44

PREVIOUSLY REPORTED NO _____ YES (AS INDICATED BELOW):

FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED
<u>Shipment no. 101</u>	<u>SWA</u>	<u>6 June 44</u>	<u>To * 22 June 44</u>	
<u>Tele. notify shipping 5 July 44</u>				

REPORT NOT VERIFIED _____ NO FORM 43 _____ NO CAS. BR. FILE _____ CHECKED BY Griffin 5 July 44 REVIEWED BY Shank

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	DREW 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

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| <input type="checkbox"/> AMERICAN RED CROSS | <input type="checkbox"/> CHIEF, WAR BOND OFFICE | <input type="checkbox"/> P.O.W. INFO. BUREAU, O.P.M.G. |
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| <input type="checkbox"/> BUREAU OF PUBLIC RELATIONS | <input type="checkbox"/> DIR. OF SPECIAL SERVICES DIV. | <input type="checkbox"/> SURGEON GENERAL |
| <input type="checkbox"/> CASUALTY PAY RECORDS BR., O.F.D. | <input type="checkbox"/> DIRECTOR, W.A.C. | <input type="checkbox"/> THE ADJUTANT GENERAL |
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| <input type="checkbox"/> CHIEF, P.O.W. BR., M.I.S., W.D.G.S. | <input type="checkbox"/> OFFICE OF DEPENDENCY BENEFITS | |