

INITIAL* ~~SPECIAL~~ ROSTER
(See AR 415-900)

Co. "B"-Parachute

(Co. "B"-Glider) 307 A/B Engr Bn 82nd A/B Div Ft Bragg NC
(Organization) (Station)

February 23, 1943
(Date)

This roster of 11 sheets contains the names of all ~~enlisted men~~*, including those attached, of this organization.

Redesignation and Reorganization of Company B (Glider) 307 Airborne Engineer

Reason for submission: Battalion. Auth: General Orders 22 Hq A/B Cord AGF Ft Bragg NC dtd Feb 22/43 effective February 22, 1943.

A. T. ZBINDEN,

(Signature—Name typewritten)

PIO (JG) 307 A/B Engr Bn., Personnel Adjutant.
(Grade and organization)

(These blocks are for use of the Machine Records Unit and should be left blank.)

Serial No.	GRADE Last name—First name—Middle initial (List alphabetic by grade)	Special- ist rating	Arm or service	Compo- nent	Date of current commission or enlistment (Day —month—year)	Type of enlist- ment	Race	Principal duty (officers) Duty and mil. occup. spec. (Enlisted men)*	Status
	<u>Privates Cont'd</u>							027	
19064076	Arnold, Henry L.		CE	AUS	16 Dec41	W		521 629	
33108614	Baran, John (None)		CE	SS	14 Jan42	W		521 521	
11055549	Bittoria, John H.		CE	AUS	28 Jul42	W		521 629	
32506892	Bonzer, Julius S.		CE	SS	19 Sep42	W		521 605	
11096229	Borges, Manuel (None) Jr.		CE	AUS	13 Aug42	W		521 629	
33002400	Caplan, Bernard (None)		CE	SS	13 Jan41	W		521 027	
116085022	Cardew, Louis J.		CE	AUS	13 Jul42	W		521 521	
11054403	Carlson, Paul V.		CE	AUS	1 Jul 42	W		521 050	
32193745	Catalano, Joseph (None)		CE	SS	14 Jan42	W		521 603	
13087839	Calik, Elmer G.		CE	AUS	9 Jul 42	W		521 629	
20317850	Cerwood, Theodore H.		CE	NG	19 Oct39	W		521 629	
12049552	Chervenski, John (None)		CE	AUS	27 Dec41	W		245 027	
15078260	Coe, Robert T.		CE	AUS	7 Jul 42	W		521 521	
11032577	Coover, Robert E.		CE	AUS	13 Dec41	W		521	

NAMES, PRESENT AND ABSENT GRADE, AND SERIAL NUMBER	DATE OF ENLISTMENT	No. Yrs. Svc.	CL	ALLOWANCE:		DEDUCTIONS	
				CL	A	CL	A
				P	Pay Res		
OTHER DEDUCTIONS CONT'D							
1. PRIVATE							
2.							
3. Aikens, Samuel E. 14121019 Apr 21/42 0 22							
Last pd to Incl Dec 31/42 by J H McFALL					Jan	4.02	2.00
Col PD Due Sol preht pay fr Jan 1/43 to Feb 23					Feb	4.02	
/43 Incl Due US L or DR-75 504 Due HR Ldry 81					Mar	4.02	
(Incl in Col) Ded part jnts \$40 Jan/43 \$70 Feb							
/43							
4.							
5. Allen, Robert O. 33391734 Sep 30/42 0 22							
Last pd to Incl Nov 30/42 by P H McFALL					Dec		2.50
RGE Maj PD Atd Techn 5th Gr Dec 9/42 SO 310					Jan		
Pd to Pvt fr Techn 5th Gr Dec 12/42 SO 313 Hq					Feb		
RGR RTC Ft Belvoir, Va ad 1/3rd preht ing dy					Mar		
Dec 21/42 Due Sol preht pay fr Dec 21/42 to							
Feb 28/43 Incl Due HR Ldry \$1.50 (Incl in Col)							
Ded part jnts \$40 Dec/42 \$75 Feb/43							
6.							
7. Arnold, Henry L. 19061076 Dec 16/41 1							
Last pd to Incl Dec 31/42 by J H McFALL					Jan	3.25	1.00
Col PD Due Sol preht pay fr Jan 1/43 to Feb 23					Feb	3.25	
/43 Incl Due 1023rd Guard Sqd Army Air Force					Mar	3.25	
Advanced Flying Sch Hapier Field Dothan Ala							
\$10.35 Ded part jnts \$20 Jan/43 \$75 Feb/43							
8.							
9. Baron, John (1911) 33106614 Jan 17/42 1							
Last pd to Incl Oct 31/42 by P H McFALL					Nov		4.00
RGE Maj PD Pd fr Pfc to Pvt dtd Nov 25/42 ad							
SO 206 Hq The Ingr Sch Ft Belvoir Va 1/3rd preht							
ing dy Dec 7/42 Due Sol preht pay fr Dec 7/42							
to Feb 23/43 Incl Due US HR Ldry 83 (Incl in							
Col) Due US L or DR-75 \$4.50 Ded part jnts							
\$50 Dec/42 \$120 Jan/43							
10.							
11. Bittorie, John H. 11055549 Jul 23/42 0							
Last pd to Incl Dec 31/42 by J H McFALL							1.00
Col PD Due Sol preht pay fr Jan 1/43 to Feb 23							
/43 Incl Ded part jnts \$40 Jan/43 \$75 Feb/43							
12.							
13. Not Used							
14.							
15. Not Used							
16.							
17. Not Used							
18.							
19. Not Used							
20.							
21.							
22.							
23.							
24.							
25.							
26.							

Co B

SECRET --(when filled in)

307 Engr

FORM 5 LOSS OF LIFE REPORT (PL-17000)

Exercise/Operation Neptune

Date: _____

W/O No. (Tail No.) 43-30715

Block No. 41

PERSONNEL

Drop Order	Serial Number	Rank	Full Name	Remarks
1	01106109	2nd Lt	Durham, James L	MIA
2	11042952	S Sgt	Watters, Vernon G	
3	15102939	Sgt	Gaffney, Walter E	
4	13087839	Pfc	Calik, Elmer G	MIA
5	15000123	Pvt	Zwir, John R	
6	16054338	Pfc	Mylett, James R	KIA
7	13694910	Pvt	Conway, Norman J	KIA
8	15803109	Pvt	Moore, Caspar	MIA
9	19064076	Pvt	Arnold, Henry L	MIA
10	38406659	Pvt	Pharriss, Arthur G	
11	37541171	Pvt	King, Stanley W	
12	17670377	Pfc	Langrehr, Henry O	KIA
13	32162514	Pvt	Chin, Feon G	KIA
14	37387750	Pfc	Hosman, Billy A	KIA
15	32439143	Pvt	Joseph, Horace	KIA
16	6978947	Opl	McKeeby, Benjamin L	KIA
17				
18				
19				
20				

COMPLAINERS

Block No. Type Description (Serial) Grade Date Reported

Inspection Completed _____ Signed _____

FORM 5 LOSS OF LIFE REPORT (PL-17000)

COMPANY

MORNING REPORT

ENDING 2400 17 June

194 4-

(DAY)

(MONTH)

(YEAR)

STATION Hinckley, 1 mi SE WK 9012 England

ORGANIZATION Co "B" 307 A/B Engr Bn

CE

100. DEV. BY

APPROVED BY

DATE OF SERVICE

SERIAL NUMBER	NAME	GRADE	CODE
12038377	Vallance, Charles H	Pfc 5	M
35415562	Beathard, Veldon S	Pfc	A
18014420	Bishop, James O	MD Pfc	
Atchd fr Med Det this Bn (Bishop only).			
33108625	Brown, John H	Pfc	M
13087839	Celik, Elmer G	Pfc	
33175272	Dobson, William J	Pfc	
19099177	Gach, Theodore I	Pfc	
14123463	Hester, Ralph W	Pfc	
33225235	Holloman, William H	Pfc	
37387750	Hosman, Billy A	Pfc	
37670377	Langrehr, Henry O	Pfc	
16054338	Mylett, James R	Pfc	
33057513	Szuch, Louis (NMI)	Pfc	
19064076	Arnold, Harry L	Pvt	
31241524	Borucki, Vincaslaus W	Pvt	
32305943	Brookins, Leo (NMI)	Pvt	
32162514	Ohin, Foon G	Pvt	
32784924	Olancy, Joseph F	Pvt	
31219377	Connelly, John L Jr	Pvt	
3304910K	Conway, Norman J	Pvt	
11049224	Cunningham, Ralph J	Pvt	

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST
ASGD										
ATCHD										
UNASGD										
ATCHD FR										
OTHER ORGN										
TOTAL										

AVN CADET & ENL STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASGD						
ATCHD						
UNASGD						
ATCHD FR						
OTHER ORGN						
TOTAL						

R A T I O N S	ESTIMATED NUMBER OF RATIONS REQUIRED FOR		DAY OF WEEK	NUMBER
			DATE	
	MESS ATTENDANCE FOR DAY OF THIS REPORT			TOTAL
	BREAKFAST	DINNER	SUPPER	AVERAGE
M E N	MEN AUTHORIZED TO MESS SEPARATELY		MEN ATCHD FOR RATIONS	
	MEN ATCHD TO OTHER ORGN FOR RATIONS		O & OTHERS	
	PRESENT		LESS	PLUS

PAGE 2 OF 15 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME.

SIGNATURE

W.D. A.G. FORM NO. 1
JULY 1, 1942

GRADE

3D COPY THRU MRU OR SCU

GRADE (ARM OR SERVICE)

COMPANY MORNING REPORT

ENDING 2400 17 June

194 4
(YEAR)

STATION Hinckley, 1 mi SE of 9012 England

ORGANIZATION Co. B. 307 A/B Engr Bn CE

(CO. SET, ETC.)

(PARENT UNIT)

(ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
32191687	Mc Murdy, Joseph C	Pvt	11
35803109	Moore, Casper (NMI)	Pvt	
18248034	Passmore, Joseph H	Pvt	
20938772	Petersen, Leslie V	Pvt	
39194297	Peterson, Tom D	Pvt	
38406659	Pharriss, Arthur G	Pvt	
33418401	Ruekerich, Matthew (NMI)	Pvt	
Above 4 Os, 61 EM & 2 atchd EM fr dy to missing in action in France as of 6 June/44 (Battle).			

35457917	Luke, Richard H	Pfc	9
fr dy to abs sk Hosp unknown as of 6 June 44. Slightly injured in action in France FS lt femur sustained making combat parachute jump (Battle).			

35092815	Northern, Harry H	Pfc	9
fr dy to abs sk LD Hosp unknown as of 7 June 44. Slightly wounded in action in France. Gunshot wounds in leg. (Battle)			

12078130	O'Neill, John J	Pvt	11
fr dy to killed in action in France on			

OFFICER STRENGTH	FLD O & CAPT		1ST LT.		2D LT.		WO		FLY O	
	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST
ASGD										
ATCHD UNASGD										
ATCHD FR OTHER ORGN										
TOTAL										

AVN CADET & ENL STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASGD						
ATCHD UNASGD						
ATCHD FR OTHER ORGN						
TOTAL						

R A T I O N S	ESTIMATED NUMBER OF RATIONS REQUIRED FOR		DAY OF WEEK	DATE	NUMBER	
	MESS ATTENDANCE FOR DAY OF THIS REPORT				TOTAL	AVERAGE
	BREAKFAST	DINNER	SUPPER			
	MEN AUTHORIZED TO MESS SEPARATELY				MEN ATCHD FOR RATIONS	
MEN ATCHD TO OTHER ORGN FOR RATIONS				NET	O & OTHERS MESSED	TOTAL
MEN PRESENT				LESS	PLUS	

PAGE 4 OF 5 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME

SIGNATURE

U.S. A.G. FORM NO. 1
JULY 1, 1943

CHARGE

NO COPY THRU MRU OR SCU

PREPARED (ARM OR SERVICE)

COMPANY MORNING REPORT

 ENDERS
2400

28

July

194

4

(DAY)

(MONTH)

(YEAR)

 STATION Ullenthorpe, 1 1/2 mi NW of 9609 England

 ORGANIZATION Co B 307 A/B Engr Bn OS

REG. SER. STG. J

(REPORT DATE)

DATE OF SERVICE

SERIAL NUMBER	NAME	GRADE	CODE
11103188	Franco, Joseph S	Pvt	
Gloucester, Gloucestershire			
6945691	Perkins, Luther E	Pfc	
London, Middlesex			
33287233	Vianski, Theodore B	Sgt	
14045258	Stevens, James F	Pvt	
31059692	Couture, Florian E	Pfc	
Blackpool, Lancashire			
above 5 KM fr Fur (destination as shown below respective names) to dy as of 27 July 44.			

19004076	Arnold, Henry L	Pvt	
fr missing in action in France 6th June 44 to Killed in action in France 6th June 44. (Battle)			
39198238	Tauscher, Johnny W	Pvt	9
Fr atchd unsgd to sgd & id fr 10th Sep 44			
Depot GFRS STCUSA APO 874 as of 26 Jul 44			
(Battle) Slightly wounded in action in France. Dy MOS Civ Co not available.			

OFFICER STRENGTH	PLD O & CAPT		1ST LT		2D LT		WO		FLY O	
	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST
ASGD										
ATCHD UNSGD										
ATCHD FR OTHER COGN										
TOTAL										

AVN CASEY & ENL STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASGD						
ATCHD UNSGD						
ATCHD FR OTHER COGN						
TOTAL						

R A T I O N S	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK	NUMBER
		DATE	
T H I S	MESS ATTENDANCE FOR DAY OF THIS REPORT		TOTAL
	BREAKFAST	DINNER	AVERAGE
O T H E R	MEN AUTHORIZED TO MESS SEPARATELY		
	MEN ATCHD TO OTHER ORGN FOR RATIONS		
S E R V I C E	MEN PRESENT	LESS	TOTAL
		PLUS	

PAGE 1 OF 2 PAGES

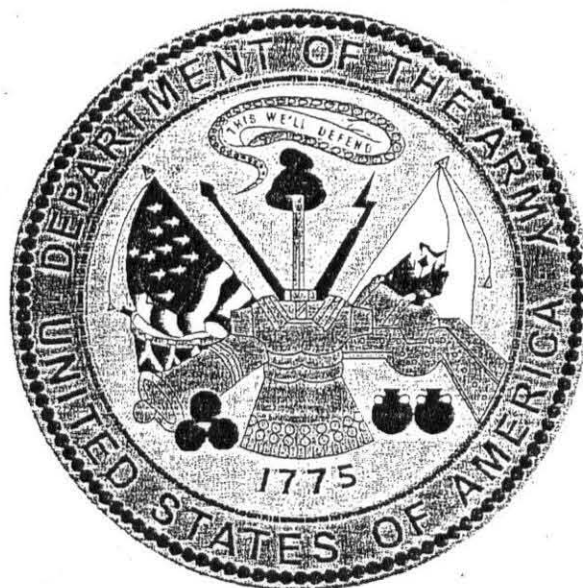
I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATIONS PROVIDED IN THIS REPORT ARE ACTUALLY ISSUED AS REPORTED TO ME.

SIGNATURE

 G.S. L.S. FORM NO. 1
JULY 1, 1943

 HAND
WD COPY THRU MSG CR SCN

(SEE INSTRUCTIONS)



INDIVIDUAL DECEASED PERSONAL FILE

BEST COPY POSSIBLE
POOR QUALITY ORIGINAL

293 ARRIOLD, HARRY L (18,064,076) PVT. C.S. EUROPEAN AREA
(GAL) (CALIF) 14402

704-1

176

9/16:00-1-1

WUG93 21 COLLECT 2 EXTRA OVERTON TEX DEC 2 112PM

ATLANTA DISTRIBUTING DEPOT

GRAVES REG DIV ATTN JOHN H PRUITT LT COL QMC

M WUX ATLA

REFERENCE REMAINS OF PVT HENRY LAVALL ARNOLD ORIGINAL

INSTRUCTIONS AS CONTAINED IN YOUR TELEGRAM DECEMBER 2ND ARE

CONFIRMED.

BERNICE M YORK ROCKY MOUNT HOSOUTALXXX HOSPITAL OVERTON

TEXAS.

244PM.

COMMUNICATIONS CENTER
RECEIVED

DEC 3 8 28 AM '49

ATLANTA GEN. DIST. DEPOT

RECEIVED
ATL GEN. DIST. DEPOT

DEC 3 8 57 AM 1948

U. S. ARMY
ATLANTA, GEORGIA

3446H

TEXAS

RENNICE IN ADDN BOCKA HONORARY HOSPITAL OVERSICION

CONTINUED

INSTRUCTIONS AS CONTAINED IN ADDN TELEGRAPH DECEMBER SHD ARE
REFERENCE BEARING OF PAT HENRY GAVATT AMONGD OBSCURITY

IN ADDN

ORVALES REG DIA WITH JOHN H BRUNELL FT COG OMC

ATLANTA DISTRIBUTING DEPOT

WCOB SI COLLECT 5 EXINA OVERSICION TEX DEC 5 1135H

7-2-90

CASE NO.		INSPECTION CHECK LIST					SPACE NO.	
NAME OF DECEASED (Last, First, Middle Initial)				BRANCH OF SERVICE	RACE	RELIGION	SEX	DATE
ARNOLD, HENRY L				AGF	W	P	M	
RANK OR GRADE		SERIAL NUMBER		CONSIGNEE				
PVT		19084076		BROWN FUNERAL HOME BOGALUSA LA				
SHIPPING CASE—GENERAL APPEARANCE (Check ONLY Discrepancies)					CONDITION OF SHIPPING CASE (Check One)			
<input checked="" type="checkbox"/> FINISH (Exterior) <input checked="" type="checkbox"/> FINISH (Interior) <input type="checkbox"/> HANDLES <input type="checkbox"/> HANDLE BOLTS <input type="checkbox"/> STENCILING—NAME PLATE <input type="checkbox"/> HEALTH PERMIT MARKER <input type="checkbox"/> HEALTH PERMIT NUMBER					<input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> UNSATISFACTORY REMARKS <div style="font-size: 1.2em; margin-top: 10px;">Case scratched</div>			
CASKET—GENERAL APPEARANCE (Check ONLY Discrepancies)					CONDITION OF CASKET (Check One)			
<input checked="" type="checkbox"/> FINISH (Exterior) <input type="checkbox"/> HANDLES AND FASTENINGS <input type="checkbox"/> STENCILING—NAME PLATE <input type="checkbox"/> CAM LOCKS (Sealing) <input type="checkbox"/> ODOR OR MOISTURE					<input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> UNSATISFACTORY REMARKS <div style="font-size: 1.2em; margin-top: 10px;">Casket scratched</div>			
ROUTED THROUGH								
<input type="checkbox"/> MORTUARY OPERATING ROOM CONDITION OF REMAINS <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY NECESSARY DISINFECTION (Explain)					<input checked="" type="checkbox"/> REPAIR SHOP CASKET REPAIRED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO CASKET EXCHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO SHIPPING CASE REPAIRED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO SHIPPING CASE EXCHANGED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REMARKS			
TIME	DATE	SIGNATURE OF MORTICIAN			TIME	DATE	SIGNATURE OF INSPECTOR	
					140	12-10-88	<div style="font-size: 1.5em; margin-bottom: 5px;">24R</div>	
REMARKS								

22 DEC 1948

LIST

DUPLICATE

CHECK TYPE REQUIRED

(See Instructions attached)

- ☐ UPRIGHT MARBLE HEADSTONE
- ☐ FLAT MARBLE MARKER
- ☒ FLAT GRANITE MARKER
- ☐ BRONZE MARKER

WW II

APPLICATION FOR HEADSTONE OR MARKER

(Please make out and return in duplicate)

ENLISTMENT DATE

Dec. 12, 1942

DISCHARGE DATE

Killed in action

SERIAL No.

19064076

PENSION No.

STATE

Louisiana

RANK

Pvt.

EMBLEM (Check one)

- ☒ CHRISTIAN
- ☐ HEBREW
- ☐ NONE

COMPANY

NAME (Last, First, Middle Initial)

ARNOLD, Henry L.,

DATE OF BIRTH (Month, Day, Year)

Feb. 26, 1925

DATE OF DEATH (Month, Day, Year)

June 6, 1944

NAME OF CEMETERY

Ponemah

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)

Mrs. J. P. Mulford

(SIGNATURE OF CONSIGNEE)

U. S. REGIMENT, STATE ORGANIZATION, AND DIVISION

82nd Air Borne Division
307A/B Engr. Bn.

LOCATION (City and State)

Bogalusa, Louisiana

NEAREST FREIGHT STATION (City and State)

Bogalusa, Louisiana.

POST OFFICE ADDRESS OF CONSIGNEE

639 Avenue "F", Bogalusa, Louisiana

DO NOT WRITE HERE

FOR VERIFICATION

ORDERED

21 DEC 1948

B/L

SHIPPED

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

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

APPLICANT'S SIGNATURE

ADDRESS (Street, City, State)

Rocky Mount Hospital, Overton, Texas.


DATE OF APPLICATION

12-15-48

FOR ORD. 10 JAN 1949

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)


(Signature of superintendent, sexton, or caretaker)

Date

12-15-48.

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



ORIGINAL ORDER

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

FLAT GRANITE MARKER

Below you will find a copy of the inscription taken from the OFFICIAL RECORDS as it will appear on the flat granite marker you ordered. CHECK IT CAREFULLY before the marker is manufactured. Check the INSCRIPTION, NAME AND LOCATION OF CEMETERY. Check with CEMETERY OFFICIALS and make sure a government flat granite marker will be allowed at grave. Check NAME AND ADDRESS OF THE PERSON to whom marker 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 GRANITE MARKER CANNOT BE ORDERED. DO NOT DELAY-SIGN & RETURN TODAY.

INSCRIPTION: LATIN CROSS

HENRY L ARNOLD / LOUISIANA / PVT 307 ABN ENGR BN 82 ABN
DIV / WORLD WAR II / FEB 26 1925 JUNE 6 1944

SHIP TO: MRS J F MULFORD
639 AVE F
BOGALUSA
LOUISIANA

R. R. STATION:

FOR:

R. R. STATION:

Do not Remail

APPLICANT: MRS BERNICE M YORK
ROCKY MOUNT HOSPITAL
OVERTON
TEXAS

CEMETERY: PONEMAH
BOGALUSA
LOUISIANA

DEC 3 1944

CBC

APPROVAL AND ACCEPTANCE

SIGNATURE

Mrs Bernice M. York
JAN 3 1949

Aug 11. 111 22.500000 400000

ASU J1208
ASU J2100

TEXAS
LUBBOCK
BOOK MOUNT HOBBY
AND SERVICE AGENCY

AVANCEMENT

110

IVC / AM 15.00 / 01794
E60105.071 / 1000000000 / 01794

MS-APMA MRA 100
APMA 2 ENH 100



REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

(Read Explanation on Reverse Side before completing form)

DATE

15 December 1948

NAME OF DECEDENT (Last, First, Middle Initial)

BRANCH OF SERVICE

TO BE FILLED IN BY CLAIMANT

793 / ARNOLD, HENRY L

AGF

G. A. SUMMA
A. ☐ INTERMENT EXPENSES
(Civilian or Private Cemetery)

RANK OR GRADE

SERIAL NO.

PVT

19064076

JAN 1949
B. ☐ TRANSPORTATION EXPENSES
(National or Post Cemetery)
Sta. No. 541

INSTRUCTIONS TO PERSONS SIGNING THIS FORM

1. This form is NOT to be signed by Funeral Director.
2. Fill in as required and sign for ^{Five} ~~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.

FILL IN THIS STATEMENT IF BOX "A" IS CHECKED

I certify that the sum of \$ 75.00 was paid by me from personal funds in connection with the interment of the remains of the above-named decedent in the cemetery indicated below:

NAME: of Cemetery Ironmeh
CITY OR COUNTY: Bogalusa
STATE: Louisiana

RETURN FOUR COPIES TO

AGR DIVISION
ATLANTA GENERAL DEPOT U S ARMY
ATLANTA, GEORGIA

FILL IN THIS STATEMENT IF BOX "B" IS CHECKED

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)

TO: (Name and Location of National or Post Cemetery)

SIGNATURE OF CLAIMANT

ADDRESS (Street number or RFD, City and State)

Rocky Mount Hospital, Overton, Tex

RELATIONSHIP TO DECEDENT

Mother

REMARKS

Atlanta, Ga. JAN 5 1949 84510
Paid on Voucher _____ Money
Accounts of _____ Fin. Dept.
Check No. 431416

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.

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

1-3-29-48
PO 17

Pvt. Henry L. Arnold, 19 064 076
 Plot I, Row 1, Grave 3,
 United States Military Cemetery
 St. Mere Eglise #2, France

8 March 1948

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, Bernice M. York

(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

Bogalusa Cemetery

(NAME AND LOCATION OF CEMETERY)

- ☐ 3. BE RETURNED TO _____ THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT _____

(FOREIGN COUNTRY)

(LOCATION OF CEMETERY SELECTED)

- ☐ 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____

(LOCATION OF NATIONAL CEMETERY SELECTED)

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

☐ YES ☐ NO

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

NoneDD PROC 10/6/48 ABCoded 6-11-48M Fields

OQMG FORM 14 NOV 1946 345 MILITARY

16-50411-1

APR 9

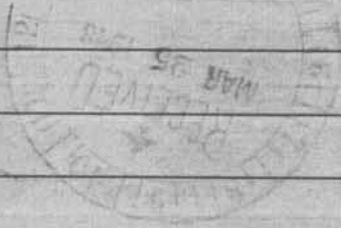
DEPARTMENT OF THE ARMY
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON



DEPARTMENTAL RECORDS BRANCH, A.G.O.

ADDITIONAL REMARKS AND INSTRUCTION

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



PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

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

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

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

PART III

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

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

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

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

PART I (Continued)

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

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

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

OR

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

FULL NAME OF FUNERAL DIRECTOR			
Brown Funeral Home			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
610 Ave. F	Bogalusa	Washington Parish	Louisiana
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS		TELEPHONE No.
Austin Street Railroad GM & ORR	310 Austin Street		Western Union

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
Anderson	Myrtle	M.	Aunt
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
500 520 Columbia Street	Bogalusa	Washington Parish	Louisiana

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. Bernice M. York
(SIGNATURE OF NEXT OF KIN)
Mrs. Bernice M. York
(NAME PRINTED OR TYPED)

Rocky Mount Hospital
(STREET AND NUMBER)
Overton, Texas
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 22nd day of March, 1948, at city (or town) of Overton, county of Rusk, and State (or Territory or District) of Texas

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

Mrs. Vera Stone
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
MRS. VERA STONE
(OFFICIAL TITLE)

74
Pvt. Henry L. Arnold, 19 064 076
Plot I, Row 1, Grave 3,
United States Military Cemetery
St. Nere Eglise #2, France

8 March 1948

Mrs. D. A. York
Rocky Mount Hospital
Overton, Texas

Dear Mrs. York:

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

Inclos.
74
HMC

Am

ROCKY MOUNT HOSPITAL

STATE DEPARTMENT OF HEALTH

P. O. BOX 877

OFFICE OF Medical Director

OVERTON, TEXAS

W
TELEPHONE 283

January 15, 1948

Quartermaster General
War Department
Washington 25, D.C.

Re: Return of the body of
SM 19 064 076
1293 ARNOLD, Henry L.

Find enclosed Quartermaster Form 345. *cc*

Part II, Relinquishment of Disposition Authority, signed
by widow, Mrs. Loraine Arnold, 2218 Casseta Rd., Columbus, Ga.

It is requested that I be furnished with the necessary papers
and proper procedure of having the body of my son returned
to me. My address is:

Mrs. D. A. York
Rocky Mount Hospital
Overton, Texas

Sincerely,

Mrs D. A. York
(Mrs.) D. A. York

DAY:djh
Enc:

*For Jib
from Sal sent
to mother
in Alamogordo
2-16-48*

*File
in AF 48
16 Feb 48
B. Sisk.*



STATE OF NEW YORK
ROCKY MOUNTAIN DISTRICT

OFFICE OF THE QUARTERMASTER GENERAL
MEMORIAL DIVISION

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

Date 2-16- 1948

5981 Pvt
Rank

Henry L. ARNOLD
Name

19064076
Serial No.

LOI to be sent to:

Grave Location:

~~Mr.~~

Mrs.

Miss

D. A. YANK
Name

ST MERE EGLIS #2
Cemetery

Rocky Mount Hospital
Street

I
Plot

1
Row

3
Grave

OVERTON, TEXAS
City

LOI SENT 8 MAR 1948
State

MULLIGAN

5057

matamoras

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

DATE 2 March 1948

TO: Letter of Inquiry Section

(Thru Officer in Charge)

(FORM 734 will indicate file dispatched to LOI SECTION)

Reference:

713 NAME Arnold Henry L RANK Pvt
SERIAL NUMBER 19064078 CEMETERY The Meade Rigline #2 En
PLOT I ROW 1 GRAVE 3

Request new* LOI be sent to:

NAME DA York RELATIONSHIP Mother
ADDRESS Rocky Mount Hospital
CITY Overton STATE Texas

Basis of request: (Must include definite facts)

Widow relinquished

Request Approved: _____

Approving Officer's Remarks: _____

* Strike out if no LOI previously dispatched

LOI SENT 8 MAR 1948

E Smith
Incl Roda

*File
5 March 48
V. H. H. H.
for
Section*

Typed 24 Feb. 1948
By pap

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

293
Pvt Henry L. Arnold, 19 064 076
Plot 1, Row 1, Grave 3,
United States Military Cemetery
Ste. Mere Eglise #2, France

21 November 1947

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

PART I

I, Mrs. Lorraine Arnold

(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 _____ THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A
 (FOREIGN COUNTRY)

PRIVATE CEMETERY LOCATED AT _____

(LOCATION OF CEMETERY SELECTED)

- ☒ 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT Marquette, Georgia
 (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)

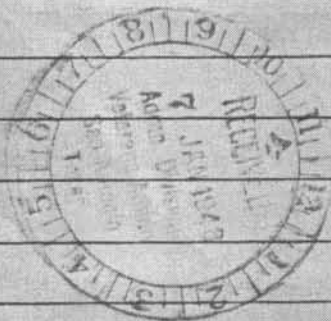
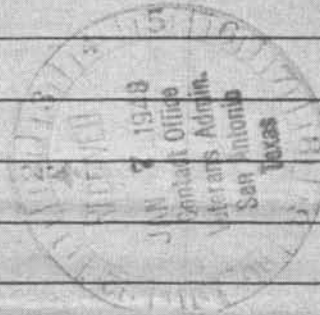
☐ YES☒ NO

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

ADDITIONAL REMARKS AND INSTRUCTIONS

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



RECEIPT OF REMAINS

DISTRIBUTION CENTER ATLANTA GENERAL DEPOT
ATLANTA, GEORGIA

DELIVER AND REPORT
ANY CHARGES

ROUTINE

12-9-48

REMAINS CONSIGNED TO: BROWN FUNERAL HOME
BOLGALUSA, LA.

REMAINS OF THE LATE PVT. HENRY L. ARNOLD 19064076

BEING SHIPPED TO YOU ACCOMPANIED BY ESCORT

LEAVING ATLANTA 4:15 PM 14 DEC.

AND DUE TO ARRIVE BOLGALUSA, LA. ON GM&O # 1 8:49 AM 15 DEC.

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

XX

THIS OFFICE HAS ADVISED NEXT OF KIN AS TO ARRIVAL OF REMAINS IN BOLGALUSA, LA.

JOHN H. FRUITT
LT. COLONEL, QMC

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

THIS 15 DAY OF December, 1948

DAY MONTH

WITNESS (Escort)

CONSIGNEE

BROWN FUNERAL HOME

(# 1)

NAT
FILE
RECORDS ANNOTATED
DATE 31 Jan 49
INDEXED
R & R

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 Mrs LORRAINE ARNOLD Wife 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 <u>YORK</u>	FIRST NAME <u>Mrs D.A.</u>	MIDDLE INITIAL
RELATIONSHIP TO THE DECEASED <u>Mother</u>		
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.

Mrs Lorraine Arnold JAN. 2, 1948
(SIGNATURE OF NEXT OF KIN) (DATE)
2218 Cusseta Rd.
(STREET AND NUMBER)
Mrs. LORRAINE ARNOLD Columbus, GA.
(NAME PRINTED OR TYPED) (CITY AND STATE)

PART III

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

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

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

(DATE)

(SIGNATURE)

(STREET AND NUMBER)

(NAME PRINTED OR TYPED)

(CITY AND STATE)

PART I (Continued)

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

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

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

OR

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

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

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

LAST NAME YORK	FIRST NAME ✓	MIDDLE INITIAL D.R.	RELATIONSHIP TO DECEASED MOTHER
NUMBER AND STREET 3606 HUMBOLDT	CITY OR TOWN SAN DIEGO	COUNTY OR PROVINCE ✓	STATE OR TERRITORY OF U. S. A., OR COUNTRY CALIFORNIA

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

✓

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

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

(SIGNATURE OF NEXT OF KIN) Mrs. LORAIN HARNOLD	2218 Consett Road (STREET AND NUMBER)
(NAME PRINTED OR TYPED)	Columbus, Missouri (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)

W
W
Pvt Henry L. Arnold, 19 064 076
Plot 1, Row 1, Grave 3,
United States Military Cemetery
Ste. Marie Eglise #2, France

21 November 1947

Cusseta
Mrs. Henry L. Arnold
2216 Cusseta Road
Columbus, Georgia

Dear Mrs. Arnold:

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

8 Incls.
12/21/47
MAIL & RECORDS DIV.

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

242
IN REPLY REFER TO BURIAL OF

Pvt. Henry L. Arnold, 19 064 076
Plot I, Row I, Grave 3,
United States Military Cemetery
St. Mere Eglise #2, France *MB*

24 September 1947

Mrs. Henry L. Arnold
1009 Broadway
Columbus, Georgia

Dear Mrs. Arnold:

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.

Incls.

Sincerely,

Thomas B. Larkin

THOMAS B. LARKIN
Major General
The Quartermaster General

New L.O.I. SENT 21 NOV 1947 *Z. Larkin*
ht

NAT
File
11-19-47
[Signature]

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON, D. C.

OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID

PAYMENT OF POSTAGE, \$300.

(PMGC)



REASON FOR RETURNED
Unclaimed
For incorrect address
Moved. Left no address
No such office in area

POSTMASTER: If addressee has removed and new address is known, notify sender on FORM 3547, postage for which is guaranteed.

Pvt. Henry L. Arnold, 19 064 076
Plot I, Row 1, Grave 3,
United States Military Cemetery
St. Marc Eglise #2, France

24 September 1947

Mrs. Henry L. Arnold
1009 Broadway
Columbus, Georgia

Dear Mrs. Arnold:

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

Encls.
ms

ENCLOSURE
L.O.I. SENT 21 NOV 1947 to widow

CMGR 314.6
Graves Registration
(European) *NS misc*

25 November 1946

SUBJECT: Burial Records *etc*

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

1. Request the burial reports and grave markers for the following decedents be changed to read as underscored:

Cemetery: U. S. Military Cemetery St. Mere Eglise #2, France

NAME	RANK/ GRADE	SERIAL NO.	DATE OF DEATH	ORGAN.	PLOT	ROW	GRAVE
<i>X793</i> Arnold, Henry L.	<u>PVT</u>	19 064 076	<u>6 Jun 44</u>	<u>Co "B"</u> <u>FRONT</u> <u>307th A/B</u> <u>Engr BN</u> <u>82nd A/B Div</u>	<u>I</u>	<u>1</u>	<u>3</u>
Banks, Raymond H.	PVT	35 673 344	<u>14 Jun 44</u>	<u>Co "G"</u> <u>325th Glider</u> <u>Inf Regt</u> <u>82nd Arbn Div</u>	<u>T</u>	<u>9</u>	<u>175</u>
Bowers, Franklin H.	<u>PFC</u>	<u>42 022 271</u>	<u>9 Jul 44</u>	<u>Co "E"</u> <u>330th Inf Regt</u> <u>83rd Inf Div</u>	<u>M</u>	<u>2</u>	<u>32</u>

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

FOR THE QUARTERMASTER GENERAL:

MARTIN G. RILEY
Major, QMC
Assistant

REP: TEL TION RECORDS BRANCH

31 OCTOBER 1946-

DATE

NAME ARNOLD, HENRY L. PVT.

SERIAL NO 19 064 076

CITY ST. MERE EGLISE ^{#2} FRANCE

FLOT I

RC 1

GRADE 3

LETTER FIELD

Correct Records to Read

RANK- PVT.

Org-

DATE OF DEATH 6 JUNE 1944

V. SIMPSON

SPECIAL CHECKER

File 25 Nov 46
V. Dougherty
Amstrong

Att Green
ltm 10-21-46 *BT*
Basic Ltr, OQMG, QMGYG 293, dtd 21 October 1946, Subj: Burial Records.

RRE(Ste.Mere Eglise #2, I-1-3) 1st Ind.

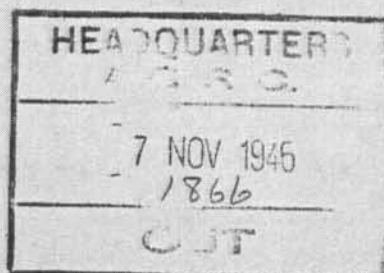
HQ, AMERICAN GRAVES REGISTRATION COMMAND, EUROPEAN THEATER AREA, APO 887, US ARMY, 6 November 1946.

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

Basic communication complied with.

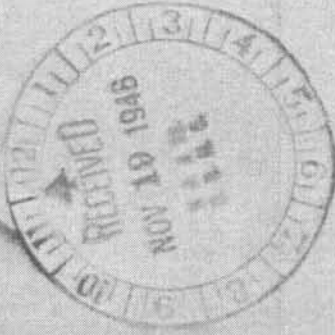
FOR THE COMMANDING OFFICER:

Edward F. Price
EDWARD F. PRICE
Capt., QMC
Actg Asst Adj Gen



293 Arnold, Henry L. (19064076)

l
20 NOV 1946
FILE
Battle



REGISTRATION AND
RECORDS BRANCH

Nov 19 2 41 PM '46

MEMORIAL DIVISION

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

IN REPLY REFER TO QMGYG 293

Arnold, Henry L.
SN 19 064 076

21 October 1946



SUBJECT: Burial Records

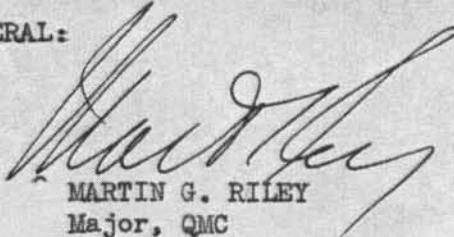
TO: Commanding Officer
American Graves Registration Command
European Theater Area
APO 887, c/o Postmaster
New York, New York

1. Request the burial report and grave marker for the following decedent, interred at the United States Military Cemetery Ste. Mere Eglise #2, France, be changed to read as underscored:

NAME	RANK/ GRADE	SERIAL NO.	PLOT	ROW	GRAVE
Arnold, Henry <u>L.</u>	Pvt	19 064 076	I	1	3

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

FOR THE QUARTERMASTER GENERAL:


MARTIN G. RILEY
Major, QMC
Assistant

QMSY 293
Arnold, Henry L.
SN 19 064 076

21 October 1946

SUBJECT: Burial Records

TO: Commanding Officer
American Graves Registration Command
European Theater Area
APO 867, c/o Postmaster
New York, New York

1. Request the burial report and grave marker for the following decedent, interred at the United States Military Cemetery Ste. Mere Eglise #2, France, be changed to read as underscored:

NAME	RANK/ GRADE	SERIAL NO.	PLOT	ROW	GRAVE
Arnold, Henry L.	Pvt	19 064 076	1	1	3

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

FOR THE QUARTERMASTER GENERAL:

MARTIN G. RILEY
Major, QMC
Assistant

cdb

OCT 21 3 16 PM '46

RECEIVED

RECEIVED AND
RECORDS SECTION
OCT 21 3 17 PM '46
MEMORIAL DIVISION

VD

REPATRIATION RECORDS BRANCH

Date _____

NAME ARNOLD, HENRY L. PVT

SERIAL NO. 19064076

CENTURY ST MERE EGLISE #2 FR.

PLOT I

NO: /

GRAVE 3

LETTER FIELD

Correct Records to Read:

ARNOLD, HENRY L.

A. Anst. **FILE**
Special Checker

21 OCT 1946

4 October 1946

Mrs. Loraine Arnold
2216 Cusseta Road
Columbus, Georgia

Dear Mrs. Arnold:

293 The War Department is most desirous that you be furnished information regarding the burial location of your husband, the late Private Henry L. Arnold, A.S.N. 19 064 076. *W*

The records of this office disclose that his remains are interred in the United States Military Cemetery Ste. Mere Eglise #2, plot I, row 1, grave 3. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

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

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

Oct 4 10 09 AM '46
MAIL & RECORDS
Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

W

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL

WASHINGTON 25, D. C.

IN REPLY REFER TO QMGYG 293

Arnold, Henry L.
S. N. 19 064 076

22 August 1946

SUBJECT: Address of Legal Next of Kin of Deceased Veteran

TO: Veterans Administration,
New York Branch, Central Office
2 Park Avenue
New York, New York
Attn: Chief, Insurance Division

1. Records on file in this office indicate that Mrs. Henry L. Arnold, wife, residing at 1009 Broadway, Columbus, Georgia, is the legal next of kin of:

NAME: Arnold, Henry L.

SERIAL NO.: 19 064 076

RANK: Private

2. It is requested that this office be furnished, by notation below, the latest address and relationship of the legal next of kin of the deceased veteran mentioned above.

FOR THE QUARTERMASTER GENERAL:

Martin G. Riley
MARTIN G. RILEY
Major, QMC
Assistant

VETERANS ADMINISTRATION

September 17, 1946

NAME: Loraine Arnold

RELATIONSHIP: Widow

ADDRESS: 2216 Gusseta Road. Columbus, Georgia
(Street) (City) (State)

Also- Bernice M. York, Mother
639 Avenue F, Bogalusa, Alabama.

R. J. Hinton
R. J. HINTON

Director, Dependents and Beneficiaries
Service

file 24 SEPT 46
Tolson

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL

WASHINGTON, D. C.

May 28 1946

Arnold, Henry J.
S. N. 12 024 078

22 August 1946

SUBJECT: Address of legal next of kin of deceased Veteran

TO: Veterans Administration,
New York Branch, General Office
2 Park Avenue
New York, New York
ATTN: Chief, Insurance Division

1. Records on file in this office indicate that Mrs. Henry J. Arnold, wife, residing at 1003 Broadway, Columbia, Georgia, is the legal next of kin of:

NAME: Arnold, Henry J.
SERIAL NO.: 12 024 078
RANK: Private

2. It is requested that this office be furnished with below, the latest address and relationship of the legal next of kin of the deceased veteran mentioned above.

FOR THE QUARTERMASTER GENERAL:

RECORDS BRANCH
SEP 19 1946
RECEIVED
RECORDS BRANCH
SEP 19 1946

RECEIVED
AUG 22 1946
MAIL ROOM
VETS AID
READER
AUG 22 1946

RECEIVED
SEP 9 1946
MAIL ROOM
VETS AID
READER
SEP 9 1946

RECEIVED
AUG 22 1946
MAIL ROOM
VETS AID
READER
AUG 22 1946

RECEIVED
AUG 2 1946
MAIL ROOM
VETS AID
READER
AUG 2 1946

Handwritten signature/initials

VETERANS ADMINISTRATION
WASHINGTON 25, D. C.
OFFICIAL BUSINESS



PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, \$300

War Department
Office of The Quartermaster General
Washington, 25, D. C.

CAUTION: THESE RECORDS WILL BE USED
FOR OFFICIAL PURPOSES ONLY. DO NOT
REMOVE PAPERS NOR REVEAL CONTENTS
TO PERSON CONCERNED. RETURN THEM
PROMPTLY.

TRANSFER SLIP

No. A5 985717

DATE OF REQUEST

1-8-53 S

✓ RECORDS DESIRED	201 FILE	ENL REC	EFF REP	MED REC	LETTER	IND	MEMO	RADIO	OTHER (Specify)	LAST DATE
FILE OR SERIAL NUMBER AND SUBJECT	293, Arnold, Henry L 19064076									REQUESTED PAPERS NOT IN FILE <input type="checkbox"/>
TO	NAME AND EXTENSION OF PERSON REQUESTING FILE McLaughlin - Barksdale				DIVISION, BRANCH, SECTION, BUILDING AND ROOM NUMBER DRM a cor					
RETURN TO	TECHNICAL RECORDS SECTION DRB, TAGO						DATE RETURNED		TO RETURN FILE, INITIAL HERE	
INSTRUCTIONS	219 N. Lee Street Alexandria, Virginia									

TRANSFER COUPON

TO:

NOTE THAT FILE OF:

HAS BEEN TRANSFERRED TO: (Name)

DIVISION, BRANCH, SECTION, BUILDING AND ROOM NO.

DATE

SIGNATURE

TECHNICAL RECORDS SECTION
DRB, TAGO
219 N. Lee Street
Alexandria, Virginia

WD AGO FORM 543 1 MAY 1946 Replaces WD AGO Form 06-33 which may be used until exhausted.

TRANSFER COUPON

TO:

NOTE THAT FILE OF:

HAS BEEN TRANSFERRED TO: (Name)

DIVISION, BRANCH, SECTION, BUILDING AND ROOM NO.

DATE

SIGNATURE

TECHNICAL RECORDS SECTION
DRB, TAGO
219 N. Lee Street
Alexandria, Virginia

U. S. GOVERNMENT PRINTING OFFICE

QMGYU 298
Arnold, Henry L.
S. N. 19 084 076

22 August 1946

SUBJECT: Address of Legal Next of Kin of Deceased Veteran

TO: Veterans Administration,
New York Branch, Central Office
2 Park Avenue
New York, New York
Attn: Chief, Insurance Division

1. Records on file in this office indicate that Mrs. Henry L. Arnold, wife, residing at 1009 Broadway, Columbus, Georgia, is the legal next of kin of:

NAME: Arnold, Henry L.
SERIAL NO.: 19 084 076
RANK: Private

2. It is requested that this office be furnished, by notation below, the latest address and relationship of the legal next of kin of the deceased veteran mentioned above.

FOR THE QUARTERMASTER GENERAL:

hls:

NAME:

ADDRESS:

(Street)

(City)

MARTIN G. RILEY
Major, QMC
Assistant

RELATIONSHIP

MEMORIAL

AUG 23 2 24 PM '46

REGISTERED
RECORDS
BANCH

(State)

PR



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

14 August 1946

Mrs. Henry L. Arnold
1009 Broadway
Columbus, Georgia

Dear Mrs. Arnold:

263 The War Department is most desirous that you be furnished information regarding the burial location of your husband, the late Private Henry L. Arnold, A.S.N. 19 064 076.

The records of this office disclose that his remains are interred in the United States Military Cemetery Ste. Mere Eglise #2, plot I, row 1, grave 3.

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

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

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

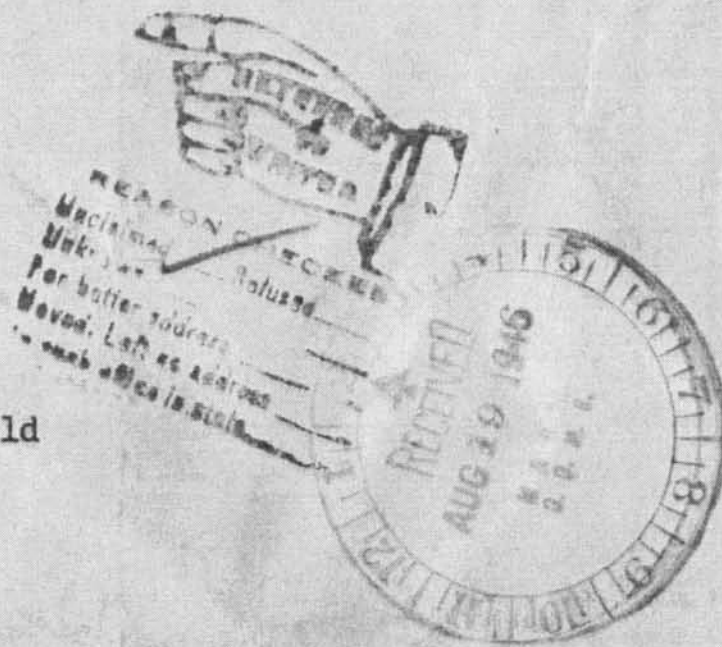
File
123 Aug 46
P. Rogers
nat

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

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, \$300
(PMGC)

not at 1009 Broadway

Mrs. Henry L. Arnold
1009 Broadway
Columbus, Georgia



MEMO 293
Arnold, Henry L.

14 August 1946

Mrs. Henry L. Arnold
1009 Broadway
Columbus, Georgia

Dear Mrs. Arnold:

The War Department is most desirous that you be furnished information regarding the burial location of your husband, the late Private Henry L. Arnold, A.S.N. 19 064 076.

The records of this office disclose that his remains are interred in the United States Military Cemetery Ste. Mere Eglise #2, plot 1, row 1, grave 3.

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

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

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

how

EWZ

RESTRICTED
REPORT OF BURIAL
TM 10-630 AND AR 300-15

21071
8 July 44
Date

Arnold Henry L 43 19064076
Last Name First Initial Rank Serial No.
Co B 307th AIR ENGR BN. 82nd A/B Div.
Unit Organization
Normandy, France Unknown 6 June 1944 K.I.A. Body Decomposed
Place of Death Date of Death Cause of Death
8 July 44 St Mere Eglise #2 St Mere Eglise, Fr.
Time and Date of Burial Name of Cemetery Name or Coordinates of Location
3 1 I Temp.
Grave Number Row Number Plot Number Type of Marker

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

If No Identification Tags

How were remains identified? Name & Serial Number on clothing.
Body disinterred at Grid Coord. 198958.

What means of identification were buried with the body?

Embossed Tag

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

Who is buried on:

Deceased's Right:	<u>Killian</u>	<u>33136021</u>	<u>Pfc.</u>	<u>101st A/B Div.</u>	<u>4</u>
	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	<u>Neumann</u>	<u>37549247</u>	<u>Pvt.</u>	<u>101st A/B Div.</u>	<u>2</u>
	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 _____
Name

Address

Religion Unknown

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

None found

[Signature]
Signature of Officer or other person reporting burial

Verified by G.R.S. Officer

DEC 14 1944

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: Laundry Marks:
 Weight: Number of Rifle:
 Color of Eyes: Wear Glasses?
 Color of Hair: Is Tooth Chart Attached?
 Race:

(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.:

TOOTH CHART

Decased's Right										Decased's Left									
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				

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

Upper Lower

Characteristics:

Other Data:

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

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Pvt. Henry L. Arnold

Mrs. Henry L. Arnold

1009 Broadway

Columbus, Georgia

Effects of:

Name 19064076

ASN 17 21 1

Case No.

Wt.

DATE 25 June 1945

GHG:HL:ml

Edwin Crabtree

FOR: Effects Quartermaster

REMARKS:

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

____ I to G.I.
____ It discrepancy in _____
____ Film removed
____ Diary removed
____ Laundry removed

ROUTING

____ Accounting Branch
____ 1 Warehouse Division
____ 2 Files Branch, Wm. Div.

REMARKS:

Ship Damaged Property

Franked **FRANKED**
Est. Exp. Chgs. _____
Est. Frt. Chgs. _____
No. of packages _____

N.K.
Shipping Clerk

PACKAGE DESCRIPTION <div style="font-size: 2em; font-family: cursive;">#1 ctn</div>	ARMY EFFECTS BUREAU INVENTORY <div style="font-size: 1.5em; font-family: cursive;">149.841</div>	DECEASED <input type="checkbox"/> MISSING <input checked="" type="checkbox"/> P.O.W. <input type="checkbox"/> ABANDONED <input type="checkbox"/> TALLY NO. 7609 ✓ INV. DATE 5-June-45 ✓ ORIG. NO. OF PGS. 1 BOX NO. 17 SHEET 1 OF 1 SHEET ✓ ORGANIZATION Co B 307 A/B Engr. Bn
NAME <u>Henry L. Arnold</u> A.S.N. <u>19064076</u> RANK <u>private</u>		

Belt	TOWELS & WASHCLOTHES	
<u>BELT, MONEY (NO MONEY)</u>	CLOTHING	
Cloth, wash	<u>FRACPLET IDENT.</u>	1
Coats	Brushes	
Footwear, Pr.	<u>CAMERAS</u>	
Gloves, Pr.	Glasses	3
Handkerchiefs	Knives	X
Headwear	Lighters	
Jackets	<u>KNIFE</u>	
Ove-coats	Pen, Fountain	
Scarfs	Pencil, Mechanical	
Shirts	Pipes	
Socks, Pr.	<u>RELIGIOUS ARTICLES</u>	
Ties	X <u>RELIGIOUS/ OCCUPATION</u>	
Towels	Rings	
Trousers, Pr.	Tobacco	
Trunks, Pr.	Toilet articles	
Underwear	<u>WATCH</u>	X
		100

WIVES
 BAGS, TYPE OF TRAIL
BILLFOLD (NO MONEY) WIC
 Case
 Footlocker
AIR. KIT, T.C. G. W. L. T. T. T.
BOOKS
 Books, Address
 Books, Pilot Log
DIARY (REMOVED FOR DUE)
PLANS
 Letters
 Papers, Personal
 Photos
 Shoe Shine Articles
SHORT SHOES
SOUVENIRS
SOUVENIR MONEY ✓
 Stationery
TRAVELERS
U.S. MONEY (REMOVED)

J. L. Webb

DAMAGED

REMARKS <u>(mother)</u> <u>D. a. York</u> <u>4542 North Street</u> <u>San Diego, Calif.</u> <u>1 Saw note torn, appears to be leather stained</u> C.A.T. <u>none</u>	ATTACHMENTS <input checked="" type="checkbox"/> FORM #54 <input checked="" type="checkbox"/> FORM #100															
WAREHOUSE SPACE <u>1750</u>	STORED BY <u>La</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">WEIGHT</td> <td style="width:50%;">G.I. REMOVED</td> </tr> <tr> <td></td> <td>X SHORTAGE ON REVERSE</td> </tr> <tr> <td></td> <td>IDENT. TAGS REMOVED</td> </tr> <tr> <td></td> <td>DIARY REMOVED</td> </tr> <tr> <td></td> <td>LOCKER STORAGE</td> </tr> <tr> <td></td> <td>LAUNDRY REMOVED</td> </tr> <tr> <td></td> <td>FILM REMOVED</td> </tr> </table>	WEIGHT	G.I. REMOVED		X SHORTAGE ON REVERSE		IDENT. TAGS REMOVED		DIARY REMOVED		LOCKER STORAGE		LAUNDRY REMOVED		FILM REMOVED
WEIGHT	G.I. REMOVED															
	X SHORTAGE ON REVERSE															
	IDENT. TAGS REMOVED															
	DIARY REMOVED															
	LOCKER STORAGE															
	LAUNDRY REMOVED															
	FILM REMOVED															
INVENTORIED BY <u>M Smith</u>	DATE SHIPPED <u>Jul 2-1945</u>															
PACKED BY <u>W. Smith</u>	CHECKED BY <u>E</u>	#45 OR ADDITIONAL <input checked="" type="checkbox"/>														

SHORTAGES

U.S. GOVT. CHECK SHORT

1 Souvenir Coin

NUMBER

DATE

SYMBOL

AMOUNT

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

M. Smith
INVENTORY CLERK

SUPERVISOR

G.I. REMOVED

NAME

ARNOLD, HENRY L. T 4076

BAY	PALLET	BOX	TALLY
62	40	17	7609

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
CTN		

INVENTORY OF EFFECTS

(See AR 600 550)

Arnold Henry L 19 064 076
(Last name) (First name) (Middle initial) (Army serial number)

late a Pvt Co B 307 A/B Engr Bn
(Grade) (Organization or A in or Service)

missing in action who died on the 8th day of June, 19 44

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

NUMBER	ARTICLES	* Package NUMBER
1	Wallet ✓	
4	Souvenir Coins ①	
1	EAME Ribbon ✓	
	Snap Shots ✓	
1	Sewing Kit ✓	
3	Hair Brushes & Kit ✓	

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

CLASS II — Other effects

NUMBER	ARTICLES
	None

CLASS II — Continued

[illegible]

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

(Give name and degree of relationship ; if legal representative

or beneficiary named by the deceased, so state)

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

A. T. ZBINDEN, CWO., USA.,
307 A/B Engr Bn Pers Adi

APD 469 US Army
(Station)

16 July, 1944
(Date)

*Strike out words not applicable.

149841

CHG:HL:pjj
June 30, 1945

Mr. Henry L. Arnold
1009 Broadway
Columbus, Georgia

Dear Mr. Arnold:

The Army Effects Bureau has received from overseas
some personal effects of your husband, Private Henry L. Arnold.

These effects are being forwarded to you in one
carton.

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

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

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

Yours very truly,

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

lu
65

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

Case No. 149841

Date 25 June 1945

SUBJECT: Report of transaction in disposing of the effects of

Henry L. Arnold, 19064076 late a
(Name of deceased) (Army Serial Number)
Private, Corps of Engineers who died
(Grade) (Organization, Army or Service)
on the 6 day of June, 19 44 at European Area

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

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

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

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

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

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

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 21 June 1945, pursuant to Special Orders 223, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of _____

Mrs. Henry L. Arnold 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. Henry L. Arnold of _____

(Name of person found entitled)
1009 Broadway, Columbus State of
(Number, Street or Avenue) (City, Town or Village)
Georgia, is the widow of the
(Relationship or Capacity)

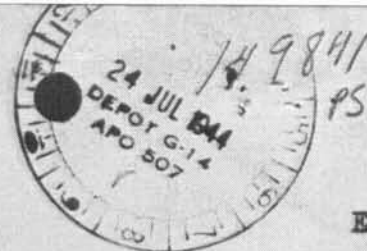
above-named decedent and appears to be entitled to receive his or her effects.

(Signature of Summary Court Officer)

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

(Name, Rank, Organization)
SUMMARY COURT-MARTIAL

R E S T R I C T E D



201 - Arnold, Henry L (Enl) 1st Ind.

ENL/wjm

HEADQUARTERS 82D AIRBORNE DIVISION, APO 469, U. S. Army, 18 July 1944.

TO: Effects Quartermaster, ETOUSA, APO 871, U. S. Army.

G. B. B.
G. B. B.

1 Incl(s) n/c

R E S T R I C T E D

100-100000

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100-100000



R E S T R I C T E D

201 - Arnold, Henry L (Enl) 1st Ind.



ENL/wjm

HEADQUARTERS 82D AIRBORNE DIVISION, APO 469, U. S. Army, 18 July 1944.

TO: Effects Quartermaster, ETOUSA, APO 871, U. S. Army.

1 Incl(s) n/c

G. B. B.

R E S T R I C T E D



Date 12 July 1944

SUBJECT: Personal effects of soldier missing in action.

TO : Effects Quartermaster, ETOUSA, APO 871, U. S. Army.

THRU : Commanding General, 82d Airborne Division, APO 469, U. S. Army.

1. Name. Arnold., Henry L.
2. Grade or rank. Pvt.
3. Army Serial Number. 19064076
4. Organization. Co B 307 A/B Engr Bn
5. Status. (~~DEAD~~ MIA, ~~Missing~~)
6. Date of casualty. 6 June 44
7. Date and disposition of effects. 12 July 44 Effects QM 82d A/B Div
8. Bank in United Kingdom in which ~~deceased~~ ^{missing} had an account. None
9. Names of Debtors and Creditors. None
10. Name and address of next of kin. Mrs. D. A. York - Mother
4542 North Street
San Diego, California

For the Commanding Officer:

A. T. Zbinden
A. T. ZBINDEN,
CWO., USA., 307 A/B Engr Bn,
Personnel Adjutant.

1 Incls:

WD AGO Form 54 (trip only)

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

-BATTLE CASUALTY REPORT

NAME				SERIAL NUMBER		GRADE	ARM OR SERVICE	REPORTING THEATRE
ARNOLD HENRY L				19064076		PVT	CE	ETO
PLACE OF CASUALTY			DATE OF CASUALTY		FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER	
FRANCE			DAY 06	MONTH JUN	YEAR 44	J	MIA	104

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

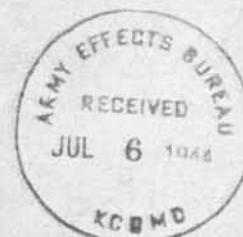
THE INDIVIDUAL NAMED ABOVE DESIGNATED THE FOLLOWING PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON. THE RELATIONSHIP, IF ANY, IS SHOWN BELOW. IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT-OF-KIN OR RELATIVE DESIGNATED TO BE PAID SIX MONTHS' PAY GRATUITY IN CASE OF DEATH.

MR.-MRS.-MISS	FIRST NAME	MIDDLE INITIAL	LAST NAME	RELATIONSHIP
MRS	BERNICE	M	YORK	MOTHER
NO. AND NAME OF STREET		CITY	COUNTY	STATE
4542 NORTH STREET		SAN DIEGO		CALIFORNIA

REMARKS:

☐ CORRECTED COPY

27 June 1944 ESW



ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED <input checked="" type="checkbox"/> FORM 43 <input checked="" type="checkbox"/> AG 201 REQ <input type="checkbox"/>				
CASUALTY BRANCH FILE ATTACHED <input type="checkbox"/> OR CHARGED TO <input type="checkbox"/> DATE <input type="checkbox"/>				
PREVIOUSLY REPORTED NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> (AS INDICATED BELOW):				
FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED
<p>REPORT NOT VERIFIED <input type="checkbox"/> NO FORM 43 <input type="checkbox"/> NO CAS. BR. FILE <input checked="" type="checkbox"/> CHECKED BY <u>Tele. Room</u> REVIEWED BY <u>Director</u></p>				

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

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

DISTRIBUTION H-45

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--	--	---

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 3586 00102		DATE 15 06 48 <small>DAY MONTH YEAR</small>	
NAME ARNOLD HENRY L		SERIAL NUMBER 19064076		RANK PVT	
CEMETERY ST MERE EGLISE NO 2 - CARENTAN		ARM 1		DATE OF DEATH <small>DAY MONTH YEAR</small> 1 8800 06 <small>CODE DIST. PT.</small>	
PLOT I		ROW 1		GRAVE 3	
COUNTRY FRANCE		CAUSE OF DEATH 1			

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE BROWN FUNERAL HOME 610 AVENUE "F" BOGALUSA, LOUISIANA	NAME AND ADDRESS OF NEXT OF KIN BERNICE M. YORK (MOTHER) ROCKY MOUNT HOSPITAL OVERTON, TEXAS
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SECTION C — DISINTERMENT AND IDENTIFICATION

NAME ARNOLD, Henry L.	SERIAL NUMBER 19064076	RANK Pvt	DATE OF DEATH 28 April 1948	DATE DISTINTERRED 28 April 1948
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION USAGF		RELIGION UTD	IDENTIFICATION VERIFIED BY E. Settle, Embalmer <small>NAME AND TITLE</small>

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CD Uniform	CONDITION OF REMAINS Skeletal form, fractured skull & right scapula
OTHER MEANS OF IDENTIFICATION None	

MINOR DISCREPANCIES None	REMAINS PREPARED AND PLACED IN CASSET transfer case
------------------------------------	---

DATE 28 April 1948	BY E. Settle	EMBALMER (Signature) <i>[Signature]</i>
CASKET SEALED BY M. H. McWhorter		SHIPPING ADDRESS VERIFIED BY All markings, tags & plates verified by: Robert B. Howard, 1st Lt Inf.
CASKET BOXED AND MARKED DATE 25 July 48 BY Joe A. Solis		SIGNATURE OF GRS INSPECTOR <i>[Signature]</i>

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

I certify that the entries on this form are true

copies of the entries on Copy No. 8 of Form 1194a

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

of the persons whose names are typed herein.

472

ARNOLD, Henry L. Pvt. 19064076.

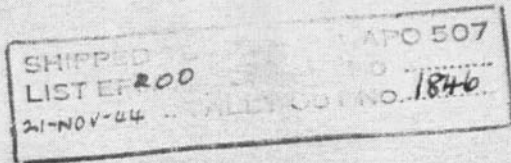
MISSING IN ACTION. M

1 C'Board Box. 30734. *Boxed in Line No. 752.*

Rec'd July 22nd, 1944.

W.D. G.O. FORM # 54 received.

149841



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

149841

REPORT OF DEATH

DATE 5 September 1944
dlr 4627

FULL NAME Arnold, Henry L.		ARMY SERIAL NUMBER 19,064,076	GRADE Pvt	
HOME ADDRESS San Diego, California		ARM OR SERVICE Corps of Engineers	DATE OF BIRTH 25 Dec 1922	
PLACE OF DEATH European Area		CAUSE OF DEATH Killed in action		DATE OF DEATH 6 June 44
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 16 Dec 1941		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Henry L. Arnold, wife, 1009 Broadway, Columbus, Georgia				
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Bernice M. York, mother, 1732 1/2 Upas Street, San Diego, Calif. Mrs. Hilda England, sister, same as above Subsequent records show existence of wife not designated, name & address shown below*				
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT
YES	NO	YES	NO	YES
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS
YES	NO	YES	NO	YES
OTHER PAY STATUS (SPECIFY BELOW)		YES		
X*		NO		

ARMY EFFECTS BUREAU
RECEIVED
SEP 12 1944

ADDITIONAL DATA AND/OR STATEMENT

*Jump status

*Mrs. Henry L. Arnold, wife, 1009 Broadway, Columbus, Ga.

The individual named in this report of death is held by the War Department to have been in a missing in action status from 6 June 1944 until such absence was terminated on 11 August 1944, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from the Commanding General of the European Area.

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

James W. Reinhart

GENERAL

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		TO	
FROM	USMC St Mary Helise #2	TO	CP "B" - St Laurent
KIND OF CONVEYANCE	Truck	NAME OF CONVOYER	T/S Campbell
SIGNATURE OF SHIPPER	W. T. Delley, Capt. QMC	SIGNATURE OF RECEIVER	T. G. Murray Capt. QMC
DATE	1948 30 Apr	DATE	30 Apr. 48
2. SHIPPED		TO	
FROM	CP "B" - St Laurent	TO	CP "A" - Cherbourg
KIND OF CONVEYANCE	Truck	NAME OF CONVOYER	SGT D. H. HAHN
SIGNATURE OF SHIPPER	D. G. MacKenzie, Capt. Inf.	SIGNATURE OF RECEIVER	E. N. Ciampo 1st Lt FA
DATE	9/9/48	DATE	9/9/48
3. SHIPPED		TO	
FROM	CP "A" - Cherbourg	TO	Port Unit - Cherbourg
KIND OF CONVEYANCE	Truck	NAME OF CONVOYER	SFC Fuller
SIGNATURE OF SHIPPER	E. N. Ciampo 1st Lt FA	SIGNATURE OF RECEIVER	John E. Hendry Jr., Major, CAC
DATE	17/11/48	DATE	17/11/48
4. SHIPPED		TO	
FROM	Port Unit - Cherbourg	TO	NYPOE
KIND OF CONVEYANCE	USAT JAMES H. ROBINSON	NAME OF CONVOYER	ALLEN W. CANTRELL, 1st Lt. INF
SIGNATURE OF SHIPPER	John E. HENDRY JR., Major, CAC	SIGNATURE OF RECEIVER	W. W. PRELSCH LIEUT. COLONEL TC.
DATE	27/11/48	DATE	DEC 6 1948
5. SHIPPED		TO	
FROM	NYPOE	TO	DC #05
KIND OF CONVEYANCE	TRAIN	NAME OF CONVOYER	Arnold R. Telbman
SIGNATURE OF SHIPPER	W. W. PRELSCH LIEUT. COLONEL TC. PORT TRANSPORTATION OFFICER	SIGNATURE OF RECEIVER	Arnold R. Telbman
DATE	DEC 7 1948	DATE	12/9/48
6. SHIPPED		TO	
FROM	NYPOE	TO	NYPOE
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
7. SHIPPED		TO	
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	

MESSAGEFORM

MESSAGE CENTER No.

TRANSMITTING MEANS

CRYPTOGRAPH OR CLEAR TEXT

CALLS

STA. SER. No.

PRECEDENCE

TRANSMISSION INSTRUCTIONS

ORIGINATOR

DATE-TIME GROUP

V

NR

ACTION

INFORMATION

EXEMPT

OPERATING SIGNALS

GROUP COUNT

OR

SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM: (Originator) ATLANTA GENERAL DISTRIBUTION DEPOT
ATLANTA, GEORGIA

SECURITY CLASSIFICATION

ACTION TO:

BERNICE M YORK
ROCKY MOUNT HOSPITAL
OVERTON TEXAS

PRECEDENCE FOR
ACTION INFORMATION

☐ ORIGINAL MESSAGE

REFERS TO ANOTHER MESSAGE
IDENTIFICATION CLASSIFICATION

INFORMATION TO:

DEC 2 1948

WE HAVE BEEN ADVISED REMAINS OF THE LATE PVT HENRY L ARNOLD
ARE ENROUTE TO THE UNITED STATES PD OUR RECORDS INDICATE YOU
WISH REMAINS DELIVERED TO BROWN FUNERAL HOME BOGALUSA LA
PD PLEASE CONFIRM YOUR ORIGINAL INSTRUCTIONS
WITHIN FORTY EIGHT HOURS AFTER RECEIPT OF THIS MESSAGE OR SUBMIT NEW DELIVERY
INSTRUCTIONS AND FURNISH YOUR CORRECT MAILING ADDRESS BY TELEGRAM COLLECT TO
ATLANTA GENERAL DISTRIBUTION DEPOT ATTENTION GRAVES REGISTRATION DIVISION ATLANTA
GEORGIA PD REPLY IS NECESSARY WITHIN THIS PERIOD SINCE IT WILL NOT BE POSSIBLE TO
COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY INSTRUCTIONS
RECEIVED AFTER THE EXPIRATION OF FORTY EIGHT HOURS PD WHILE DELIVERY OF THE REMAINS
WILL BE MADE AS SOON AS PRACTICABLE AFTER RECEIPT FACTORS BEYOND OUR CONTROL
MAY DELAY DELIVERY OF REMAINS FOR SEVERAL WEEKS PD HOWEVER AS SOON AS REMAINS ARE
RECEIVED HERE AND IT IS POSSIBLE TO SCHEDULE THEM FOR DELIVERY YOUR FUNERAL
DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF RAIL ROUTING AND SCHEDULED TIME REMAINS
WILL ARRIVE AT RAILROAD STATION PD ALSO HE WILL BE REQUESTED TO FURNISH YOU THIS
INFORMATION SO THAT YOU MAY COMPLETE FUNERAL ARRANGEMENTS PD THIS TELEGRAM WILL
BE SENT AT LEAST THREE DAYS PRIOR TO ACTUAL SHIPMENT FROM THIS DISTRIBUTION CENTER
PD PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION UPON
ARRIVAL PD IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK ANY LOCAL
PATRIOTIC OR VETERANS ORGANIZATIONS TO MAKE ARRANGEMENTS PD PLEASE INCLUDE FULL
NAME OF DECEASED IN REPLY TELEGRAM PD

JOHN H FRUITT LT COL QMC

SECURITY CLASSIFICATION

SIGNATURE

AUTHORIZATION

ORIGINATING AGENCY

DATE-TIME GROUP

OFFICIAL TITLE

PAGE OF

SYMBOL

(C)