

RECEIPT OF REMAINS

DISTRIBUTION CENTER

SCHENECTADY GEN DEPOT US ARMY
SCHENECTADY, N. Y.

ROUTINE

REMAINS CONSIGNED TO: DWINELLE FUNERAL HOME
PORT BYRON, NEW YORK

REMAINS OF THE LATE PRIVATE GLEN M PULTZ, A 12 072 477
BEING SHIPPED TO YOU ACCOMPANIED BY A MILITARY ESCORT ON TRAIN NUMBER 5
NEW YORK CENTRAL RAILROAD LEAVING ALBANY 12:46 PM 17 NOV
AND DUE TO ARRIVE CLYDE, N Y RAILROAD STATION, 5:38 PM 17 NOV
REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT STATION UPON ARRIVAL
AND THAT YOU IMMEDIATELY PASS THIS INFORMATION ON TO NEXT OF KIN.

M. H. RODGERS
CAPTAIN, QMC

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

THIS 18 DAY OF Nov., 19 48
DAY MONTH

William Gandy
WITNESS (Escort)

Wfc

Ellis K. Dwinelle
CONSIGNEE

NAT
FILE

RECORDS AND
DATE 9 Nov-48
NAME Dr. New York
R & R BR.

TABJEW ✓

DISINTERMENT DIRECTIVE

1

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5258 01339

DATE

15 DAY | 05 MONTH | 48 YEAR

NAME

PULTZ GLEN M

SERIAL NUMBER

12072477

RANK

PVT

ARM

1

DATE OF DEATH

DAY | MONTH | YEAR

CEMETERY

NAPLES ALLIED CEMETERY

DISPOSITION OF REMAINS

1

2300 CODE | 02 DIST. PT.

PLOT ROW GRAVE COUNTRY

B 7 79 ITALY

CAUSE OF DEATH

1

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
DWINELLE FUNERAL HOME
PORT BYRON, NEW YORK

NAME AND ADDRESS OF NEXT OF KIN (MOTHER)
RUBERTA B. KICK
RURAL DELIVERY 2
PORT BYRON, NEW YORK

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED

IDENTIFICATION TAG ON

REMAINS
 MARKER

ORGANIZATION

USAGF

RELIGION

IDENTIFICATION VERIFIED BY

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES /

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE BY

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

SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM NAPLES PORT MORGUE		TO USAT LAWRENCE VICTORY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER F A WILSON CAPT QMC	
SIGNATURE OF SHIPPER F A WILSON CAPT QMC	DATE 20 OCT 1948	SIGNATURE OF RECEIVER <i>Joseph J Carroll</i> JOSEPH J CARROLL 1 LT TC	DATE 20 OCT 1948

2. SHIPPED

FROM		TO <i>NY Pz</i>	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>W. W. Preisch</i> W. W. PREISCH	DATE NOV 1948
		LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER	

3. SHIPPED

FROM <i>NY Pz</i>		TO <i>DC</i>	
KIND OF CONVEYANCE <i>Train</i>		NAME OF CONVOYER <i>Leonard E D C. Graw</i>	
SIGNATURE OF SHIPPER W. W. PREISCH	DATE NOV 10 1948	SIGNATURE OF RECEIVER <i>Jack Windsor</i> Jack Windsor 1st Lt	DATE 11-11-48
		LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER	

4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>REVEL</i>	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE BOB BAYON MEM AGK		NAME OF CONVOYER BOB BAYON MEM AGK	
SIGNATURE OF SHIPPER EMMETTE EDMEYER HOME	DATE	SIGNATURE OF RECEIVER <i>Sheelby E. Kick</i> SHEELBY E. KICK (WOLFE)	DATE

6. SHIPPED

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

7. SHIPPED

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

DISINTERMENT DIRECTIVE

1

SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER	DATE			
NAME				SERIAL NUMBER	RANK	ARM	DATE OF DEATH	
PULTZ GLEN M				12072477	PVT	1	DAY MONTH YEAR	
CEMETERY							DISPOSITION OF REMAINS	
							CODE DIST. PT.	
LOT	ROW	GRAVE	COUNTRY					CAUSE OF DEATH
B	7	79	NAPLES ALLIED CEM ITALY					

SECTION B — CONSIGNEE AND NEXT OF KIN	
NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN

SECTION C — DISINTERMENT AND IDENTIFICATION				
NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
PULTZ GLEN M	12072477	PVT		30 July 48
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION USAGF	RELIGION P	IDENTIFICATION VERIFIED BY W E MC NEIL 8 LT QMC <i>W.E. McNeil</i>	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT	
NATURE OF BURIAL Shroud	CONDITION OF REMAINS Skeletal
OTHER MEANS OF IDENTIFICATION None	
MINOR DISCREPANCIES None	

REMAINS PREPARED AND PLACED IN CASKET	
DATE 3 August 1948	BY HARRY W. SANDERS, EMBALMER
CASKET SEALED BY HARRY W. SANDERS, EMBALMER	EMBALMER (Signature) <i>Harry W. Sanders</i>
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 3 Aug 48 BY A J Crocco, Recorder	

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

R. L. Crocker
R. L. CROCKER, 2d Lt., QMC
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC NAPLES ITALY	TO NAPLES PORT MORGUE
KIND OF CONVEYANCE TRUCK	
NAME OF CONVOYER B K TRAYNOR WOJG	
SIGNATURE OF SHIPPER <i>J. Craig</i> P O CRAIG CAPT QMC	DATE 2 Aug 48
SIGNATURE OF RECEIVER <i>Frank A Wilson</i> FRANK A WILSON, CAPT., QMC	DATE 2 Aug 48

2. SHIPPED

FROM	TO
KIND OF CONVEYANCE	
NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE
SIGNATURE OF RECEIVER W. W. PREISCH LIEUT. COLONEL, TC.	DATE 5 NOV 1948

3. SHIPPED

FROM	TO PORT TRANSPORTATION OFFICER
KIND OF CONVEYANCE	
NAME OF CONVOYER	
SIGNATURE OF SHIPPER W. W. PREISCH LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER	DATE NOV 10 1948
SIGNATURE OF RECEIVER <i>John Henderson</i>	DATE

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

LCGZ

WU138 COLLECT AUBURN NY NOV 2 1050A

R D BLANKENHORN LT COL QMC

RECEIVED TELEGRAM THE REMAINS OF PVT GLEN MARTIN PULTZ
ARE TO BE DELIVERED TO THE DWINELLE FUNERAL HOME AT
PORT BYRON NY AS ORIGINALLY INSTRUCTED

ROBERTA B KICK RD 2 PORT BYRN NY

RD 2

AB

m/c

SCHDY GEN DIST DEPOT US ARMY
SCHENECTADY, NEW YORK
DLR AND REPORT AND DELIVERY CHARGES

DAY LETTER

~~HUBERTA B KICK~~

ROUTINE

~~RURAL DELIVERY 2~~

~~PORT BYRON, NEW YORK~~

WE HAVE BEEN ADVISED REMAINS OF THE LATE

~~PRIVATE GLEN M PULTZ~~

ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED
TO ~~DIEMBLE FUNERAL HOME, PORT BYRON, NEW YORK~~

WITHIN FORTY EIGHT HOURS AFTER RECEIPT OF THIS MESSAGE PLEASE CONFIRM YOUR
ORIGINAL INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS AND FURNISH YOUR CORRECT
MAILING ADDRESS BY TELEGRAM COLLECT TO COMMANDING OFFICER SCHENECTADY GENERAL
DISTRIBUTION CENTER U S ARMY ATTENTION AMERICAN GRAVES REGISTRATION DIVISION
SCHENECTADY, NEW YORK. 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. 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. HOWEVER AS SOON AS
REMAINS ARE RECEIVED HERE AND IF 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. ALSO HE WILL BE REQUESTED TO FURNISH YOU
THIS INFORMATION SO THAT YOU MAY COMPLETE FUNERAL ARRANGEMENTS. THIS TELEGRAM WILL
BE SENT AT LEAST THREE DAYS PRIOR TO ACTUAL SHIPMENT FROM THIS DISTRIBUTION CENTER.

PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATION TO MAKE ARRANGEMENTS. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM.

R. D. BLANKENHORN
LT. COLONEL, QMG

"I certify that this message is on official business and that its transmission with a lower precedence or by air mail, regular mail, or scheduled messenger would be prejudicial to the public interest."

(Signature)

(Rank and Duty Assignment)

OK 273

NY 019R

CASE NO.		INSPECTION CHECK LIST				SPACE NO.
NAME OF DECEASED (Last, First, Middle Initial)		BRANCH OF SERVICE	RACE	RELIGION	SEX	DATE
PULTZ, GLEN M.			W	P	M	
RANK OR GRADE	SERIAL NUMBER	CONSIGNEE				
PVT	A 12 072 477	DWINELLE FUNERAL HOME PORT BYRON, NEW YORK				
SHIPPING CASE—GENERAL APPEARANCE (Check ONLY Discrepancies)		CONDITION OF SHIPPING CASE (Check One)				
		<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY				
FINISH (Exterior)		REMARKS <i>Saf</i>				
FINISH (Interior)						
HANDLES						
HANDLE BOLTS						
STENCILING—NAME PLATE						
HEALTH PERMIT MARKER						
HEALTH PERMIT NUMBER						
CASKET—GENERAL APPEARANCE (Check ONLY Discrepancies)		CONDITION OF CASKET (Check One)				
		<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY				
FINISH (Exterior)		REMARKS <i>Saf Top Mould Base</i>				
HANDLES AND FASTENINGS						
STENCILING—NAME PLATE						
CAM LOCKS (Sealing)						
ODOR OR MOISTURE						
ROUTED THROUGH						
<input type="checkbox"/> MORTUARY OPERATING ROOM		<input type="checkbox"/> REPAIR SHOP				
CONDITION OF REMAINS		CASKET REPAIRED				
<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY		<input type="checkbox"/> YES <input type="checkbox"/> NO				
NECESSARY DISINFECTION (Explain)		CASKET EXCHANGED				
		<input type="checkbox"/> YES <input type="checkbox"/> NO				
		SHIPPING CASE REPAIRED				
		<input type="checkbox"/> YES <input type="checkbox"/> NO				
		SHIPPING CASE EXCHANGED				
		<input type="checkbox"/> YES <input type="checkbox"/> NO				
		REMARKS				
TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTOR	
				11/16/48	<i>Smith</i>	
REMARKS						
<i>Smith</i> 11/16/48						

WAR DEPARTMENT PURCHASE ORDER

DATE **23 Nov 48** CONTRACT No. (if any) _____

SHEET No. _____ No. OF SHEETS _____ ORDER No. **484-49GDE (SO-127)**

ABOVE CHECKED NUMBERS MUST APPEAR ON ALL PACKAGES AND PAPERS RELATING TO THIS ORDER.

ISSUED BY: **Schenectady General Distribution Depot
U. S. Army,
Schenectady, New York**

REQUISITION No. _____ DIRECTIVE No. **TM 10-281**

TO: (Contractor and address; also factory address, if required)

PAYMENT WILL BE MADE BY FINANCE OFFICER, U.S. ARMY, AT:
**Schenectady General Distribution
Depot, USA, Schenectady, N. Y.**

**Dwinelle Funeral Home
Port Byron, New York**

INVOICE FOR PAYMENT WILL BE MAILED TO:
**Fiscal Officer, Schenectady Gen.
Dist. Dep., USA, Schenectady, N. Y.**

SHIP TO:

THE SUPPLIES AND SERVICES TO BE OBTAINED BY THIS INSTRUMENT ARE AUTHORIZED BY, ARE FOR THE PURPOSES SET FORTH IN, AND ARE CHARGEABLE TO THE FOLLOWING ALLOTMENTS. THE AVAILABLE BALANCES OF WHICH ARE SUFFICIENT TO COVER THE COST THEREOF:
907-43 P 430-03 A21X1805 S99-999 16.00

**Dwinelle Funeral Home
Port Byron, New York**

IN ACCORDANCE WITH YOUR PRICE LIST ORAL QUOTATION WRITTEN QUOTATION OF **8 Nov 48**
PLEASE FURNISH THE FOLLOWING ON THE TERMS SPECIFIED ON BOTH SIDES OF THIS PAGE AND ON THE ATTACHED SHEETS, IF ANY, INCLUDING DELIVERY F. O. B.

METHODS OF PRESENTING INVOICES OR VOUCHERS, AND OF PACKING, MARKING, AND SHIPPING, SHALL BE AS PROVIDED HEREIN, EXCEPT AS OTHERWISE DIRECTED BY THE CONTRACTING OFFICER.

SCHEDULE OF DELIVERIES **17 Nov 48** INSPECTION POINTS _____

ITEM No.	SUPPLIES OR SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	NON-PERSONAL SERVICES				
	*This contract is authorized by the Armed Services Procurement Act of 1947 (Public Law #413 — 80th Congress)				
1.	Transportation of remains from Glyde, NY to Port Byron, NY				16.00
	REMAINS, PVT GLEN M PULTZ A12072477				
<p>I certify that the services called for in this purchase order have been rendered in accordance with the terms of the contract and the specifications governing same, and are in connection with repatriation of World War II Dead.</p>					
<p>CHARLES MONYAK Captain, TC Transportation Officer AGR Division</p>					
TOTAL					\$ 16.00

CONFIDENTIAL

UNITED STATES OF AMERICA
BY **CHARLES MONYAK, CAPT., TC**
Contracting Officer.

WAR DEPARTMENT PURCHASE ORDER
CONDITIONS

1. **VENDOR'S INVOICES.**—Invoices shall be prepared and submitted in triplicate. Invoices shall contain the following information: Order number and contract number, if any; Government nomenclature of articles or services and Government sizes of articles; quantities, unit prices, and extended totals. Bill of lading number and weight of shipment will be shown for shipments made on Government bills of lading. The following cartbause will be shown on each of the three copies of the invoice:

"I certify that the above bill is correct and just; that payment therefor has not been received; that all statutory requirements have been observed and that all conditions of purchase applicable to the transaction have been complied with; and that State or local sales taxes are not included in the amounts billed."

The Contractor or an authorized representative will sign only the original (ribbon typed copy, if typed). When the invoice is signed or received in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, Inc., John Smith, Secretary," or "Treasurer," as the case may be. If State or local sales taxes are included in the amount billed, the applicable words in the last portion of the certificate will be omitted.

2. **DISCOUNTS.**—Time in connection with amount ordered will be computed from date of the delivery of the supplies to carrier when final inspection and acceptance are at point of origin, or from date of delivery at destination or port of unloading when final inspection and acceptance are at those points, or from date correct bill or voucher, properly certified by the Contractor, is received if the latter date is later than the date of delivery.

3. **PAYMENTS.**—The Contractor shall be paid, upon the submission of properly certified invoices or vouchers, the price stipulated herein for articles delivered and accepted or services rendered, less deductions, if any, as herein provided. Unless otherwise specified, payments will be made on partial deliveries accepted by the Government when the amount due on such deliveries or payments, or a sum specified by the Contracting Officer for accepted partial deliveries shall be made whenever such payments would equal or exceed either \$1,000 or 75 percent of the total amount of the contract.

4. **INSPECTION.**—Whether or not an inspection point is specified herein, all material and workmanship shall be subject to inspection and test at all times and places (including inspection and test after arrival at destination) and, when practicable, during manufacture. In case any articles are found to be defective in material or workmanship, or otherwise not in conformity with the specification requirements, the Government shall have the right to reject such articles, or require their correction. Final inspection shall be conclusive except as regards latent defects, fraud, or such gross mistakes as amount to fraud. In the event public necessity requires the use of materials or supplies not conforming to the specifications, payment therefor shall be made at a proper reduction in price.

5. **VARIATION IN QUANTITIES.**—Unless otherwise specified, any variation in the quantities herein called for, not exceeding 10 percent, will be accepted as a compliance with the contract, when caused by conditions of loading, shipping, packing, or allowances in manufacturing processes, and payments shall be adjusted accordingly.

6. **NOTICE OF SHIPMENTS.**—At the time of delivery of a shipment to a carrier for transportation, the Contractor shall give such prepaid notice of shipment as the Contracting Officer may require.

7. **TAXES.**—Unless otherwise indicated in this contract (a) the prices herein do not include any State or local sales, use, or other tax from which the Contractor or this transaction of the procurement of these supplies is exempt; and (b) the prices herein include all applicable Federal taxes and other applicable State and local taxes in effect at the date of this contract. Upon request of the Contractor the Government will issue tax-exemption certificates or furnish other similar proof of exemption with respect to the taxes excluded from the price. Where any duties or taxes have been included in the contract price and a refund or drawback is obtained by the Contractor by reason of the export or re-export of supplies covered hereby, or of materials used in the performance of this contract, the amount of such refund or drawback will be paid over to the Government, or credited against amounts due from the Government under this contract; *Provided, however,* that the Contractor shall not be required to apply for such refund or drawback unless so requested by the Contracting Officer.

8. **WALSH-HEALEY ACT.**—If this contract is for an amount in excess of \$10,000, the representations and stipulations required by section 1 of the Act of June 25, 1936 (Walsh-Healey Act, Public No. 846, 74th Congress) is included in all contracts therein specified are hereby incorporated and made a part of this contract with the same force and effect as if fully set forth in the contract. Such representations and stipulations shall be subject to all applicable regulations, determinations, and exemptions of the Secretary of Labor now or hereafter in effect.

9. **EIGHT-HOUR LAW.**—This condition shall apply if Condition 8 is not applicable. No laborer or mechanic doing any part of the work contemplated by this contract, in the employ of the Contractor or any subcontractor contracting for any part of said work contemplated, shall be required or permitted to work more than 8 hours in any one calendar day upon such work at the site thereof, except upon the condition that compensation is paid to such laborer or mechanic in accordance with the provisions of this article. The wages of every laborer and mechanic employed by the Contractor or any subcontractor engaged in the performance of this contract shall be computed on a basic day rate of 8 hours per day and work in excess of 8 hours per day is permitted only upon the condition that every such laborer and mechanic shall be compensated for all hours worked in excess of 8 hours per day at not less than one and one-half times the basic rate of pay. For each violation of the requirements of this article a penalty of \$5 shall be imposed upon the Contractor for each laborer or mechanic for every additional day in which such employee is required or permitted to labor more than 8 hours upon said work without receiving compensation computed in accordance with this article, and all penalties thus imposed shall be withheld for the use and benefit of the Government; *Provided,* that this stipulation shall be subject in all respects to the exceptions and provisions of U. S. Code, title 40, sections 321, 324, 325, and 326, relating to hours of labor, as modified by the provisions of section 303 of Public No. 781, 76th Congress, approved September 9, 1939, relating to compensation for overtime.

10. **ANTI-DISCRIMINATION.**—(a) The Contractor, in performing the work required by this contract, shall not discriminate against any employee or applicant for employment because of race, creed, color, or national origin. (b) The Contractor agrees that the provision of paragraph (a) above will also be inserted in all of its

subcontracts. For the purpose of this article, a subcontract is defined as any contract entered into by the Contractor with any individual, partnership, association, corporation, estate, or trust, or other business enterprise or other legal entity, for a specific part of the work to be performed in connection with the supplies or services furnished under the contract; *Provided, however,* that a contract for the furnishing of standard or commercial articles or raw material shall not be considered as a subcontract.

11. **CONVICT LABOR.**—The Contractor shall not employ any person undergoing sentence of imprisonment as hard labor.

12. **CHANGES.**—Where the supplies to be furnished are to be specially manufactured in accordance with drawings and specifications, the Contracting Officer may at any time, by a written order, and without notice to the contractor, if any, make changes in the drawings or specifications. Changes as to shipment and packing of all supplies may also be made as above provided. If such changes cause an increase or decrease in the amount due under this contract, or in the time required for its performance, an equitable adjustment shall be made and the contract shall be modified in writing accordingly, provided claim therefor is asserted at any time prior to the date of final settlement of the contract.

13. **DELAYS—DAMAGES.**—If the Contractor refuses or fails to perform this contract within the time specified or any extension thereof, the Government may, by written notice, terminate the right of the Contractor to proceed with deliveries or with such part or parts thereof as to which there has been delay, and may hold the Contractor liable for any damage caused the Government by reason of such termination. The right of the Contractor to proceed with the performance of this contract shall not be terminated under this condition if the delay is due to causes beyond the control and without the fault or negligence of the Contractor, including, without being limited to, any preference, priority, or allocation order issued by the Government or any other act of the Government.

14. **DISPUTES.**—Except as otherwise specifically provided in this contract, all disputes concerning questions of fact which may arise under this contract, and which are not disposed of by mutual agreement, shall be settled by the Contracting Officer, or such other officer as the Contracting Officer may designate in writing and a copy thereof to the Contractor. Within 30 days after said finding the Contractor may appeal to the Secretary of War, whose decision or that of his designated representative, representative, or board shall be final and conclusive upon the parties hereto. Pending decision of a dispute hereunder the Contractor shall diligently proceed with the performance of this contract.

15. **ASSIGNMENT OF RIGHTS HEREBUNDER.**—This condition shall apply if this contract is for \$1,000 or more, unless this contract is marked "not assignable," confidential, or restricted. (a) Claims for monies due or to become due the Contractor from the Government under this contract may be assigned to a bank, trust company, or other financing institution, including any Federal lending agency. Any such assignment shall cover all amounts payable under this contract and not already paid, and shall not be made to more than one party, except that any such assignment may be made to one party as agent or trustee for two or more parties participating in such financing. (b) In the event of any such assignment the assignee shall file four signed copies of a written notice of the assignment, together with a copy of the instrument of assignment, with each of the following: (1) General Accounting Office; (2) the Contracting Officer; (3) the survey or services upon the bond or bonds, if any, in connection with this contract; (4) the officer designated in this contract to make payments thereunder. (c) Any claim under this contract which has been assigned pursuant to the foregoing provisions of this article may be further assigned and reassigned to a bank, trust company, or other financing institution, including any Federal lending agency. In the event of such further assignment or reassignment the assignee shall file one signed copy of a written notice of the further assignment or reassignment together with a true copy of the instrument of further assignment or reassignment with the Contractor; and shall file four signed copies of such written notice and one copy of such instrument with each of the parties designated in the preceding paragraph. (d) No assignee shall divulge any information concerning the contract except to those persons concerned with the transaction. (e) Payment to an assignee of any claim under this contract shall not be subject to reduction or set-off for any indebtedness of the assignor to the United States arising independently of this contract. (f) Indication of the assignment of claim and of any further assignment thereof and the name of the assignee will be made on all vouchers or invoices certified by the Contractor.

16. **OFFICIALS NOT TO BENEFIT.**—No Member of or Delegate to Congress, or Resident Commissioner, shall be admitted to any share or part of this contract or to any benefit that may arise therefrom; but this provision shall not be construed to extend to this contract if made with a corporation for its general benefit.

17. **COVENANT AGAINST CONTINGENT FEES.**—The Contractor warrants that he has not employed any person to solicit or secure this contract upon any agreement for commission, percentage, brokerage, or contingent fee. Breach of this warranty shall give the Government the right to annul the contract, or, in its discretion, to deduct from the contract price or consideration the amount of such commission, percentage, brokerage, or contingent fee. This warranty shall not apply to commissions payable by contractors upon contracts or sales secured or made through bona fide established commercial or selling agencies maintained by the Contractor for the purpose of securing business.

18. **TERMINATION AT THE OPTION OF THE GOVERNMENT.**—The performance of work under this contract may be terminated by the Government whenever the Contracting Officer shall determine that such action is in the best interests of the Government. If this contract is so terminated, fair compensation, within the meaning of the Contract Settlement Act of 1944 (Public No. 395, 78th Congress) as the same may from time to time be amended, will be provided for Contractor.

19. **BUY AMERICAN CLAUSE.**—Subject to exemptions granted by the Secretary of War and unless otherwise specified it is understood and agreed that only such manufactured articles, materials, and supplies as have been mined or produced in the United States, and only such manufactured articles, materials, and supplies as have been manufactured in the United States substantially all from articles, materials, or supplies mined, produced, or manufactured, as the case may be, in the United States shall be delivered pursuant to this instrument.

20. **DEFINITIONS.**—Except for the original signing of this contract, and except as otherwise stated herein, the term "Contracting Officer" as used herein shall include his duly appointed successor or his authorized representative.

QUOTATION OF TRANSPORTATION CHARGES

DECEASED Fvt Glen W. Pultz A12 072 477

DATE Nov. 8, 1948

TO: Transportation Officer
American Graves Registration Division
Schenectady General Depot, U. S. Army
Schenectady, New York

Transportation of remains from Clyde, NY to Port Byron, NY \$ 16.00

Transportation of one escort from Same as remains to Same as remains \$ —

|||||

TOTAL TRANSPORTATION CHARGES \$ 16.00

Ellis K. Dwinelle
(Signature of Funeral Director)
Dwinelle Funeral Home
Port Byron, New York

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

D. O. Ven. No. 14003
 Br. Vch. No. GRS 484-49

U. S. DEPARTMENT OF THE ARMY

(Department, bureau, or establishment)

Voucher prepared at Schenectady General Depot, Schenectady
 (Give place and date) N.Y.

THE UNITED STATES, Dr.,

To Dwinelle Funeral Home (Payee)

12/3/48

Address Port Byron, New York

Payee's Account No. 11/26/48

H. A. PAID BY
 Capt., U.S.
 SCHENECTADY, N.Y.
 Sym. No. 2124
 Sta. No. 84
 DEC 1948
 (For use of Paying Office)

GENERAL ACCOUNTING
 OFFICE PREAUDIT
 Certified for payment in the
 sum of \$
 Comptroller General of the
 United States

By

No. and Date of Order	Date of Delivery or Service	Articles or Services (Enter description, item number of contract or general supply schedule, and other information deemed necessary) Terms.....% Discount Cash.....days	Quantity	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
GRS 484-49 30-127 11/25/48	11/17/48	Brought forward from continuation sheet(s) Final payment on GRS 484-49 as per certified invoice attached <u>293 Pulitz, Glen M. A12 072477</u> <u>gr</u>				16	00

Shipped from.....to.....Weight.....Government B/L No.....Total.....16 00

RETURN TO
 FISCAL DIRECTOR
 S30 - 127

(Payee must NOT use this space)
 Differences.....
 Account verified; correct for.....16 00
 (Signature or initials) mkr

AS PER CERTIFIED INVOICE ATTACHED

Neg Pur

MEMORANDUM

16.00

ACCOUNTING CLASSIFICATION (for completion by Administrative Office)

Appropriation, limitation, or project symbol	Appropriation title			Limit'n or Proj't Amount	Appropriation Amount	
21x1805	907-45	P 430-03	99-999		16.00	
Allotment symbol	Amount	Obligations liquidated	COST ACCOUNT		OBJECTIVE CLASSIFICATION	
			Symbol	Amount	Symbol	Amount

Paid by { Check No. 113907 dated DEC 8 1948, 19... for \$ 16.00 } on Treasurer of the United States in favor of payee named above.
 { Cash, \$....., on DEC 8 1948, 19... *Payee..... }
 (Sign original only)

*When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
 †If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the blank space below "Approved for \$.....", and over his official title.

Per.....
 Title.....

METHOD OF OR ABSENCE OF ADVERTISING

(Sec. 2709 of the Revised Statutes)

1. After advertising in newspapers.
2. (a) After advertising by circular letters sent to _____ dealers.
- (b) And by notices posted in public places.

(If notices were not posted in addition to advertising by circular letters sent to dealers, explanation of such omission must be made. The notation on the certificate certificate of the method must be "2(a)(1)" or "2(a)", depending on whether or not notices were posted.)

3. Without advertising, under an emergency of the service which existed prior to the order and would not admit of the delay incident to advertising.
4. Without advertising in accordance with _____
5. Without advertising it being impracticable to secure competition because of _____

1918 DEC 9

09-19

(Here state in detail the nature of the emergency or circumstances under which the securing of competition was impracticable under 3 and 4.)

NOTE.—The above form, Method of or Absence of Advertising, is to be used when purchases are made or services secured under proper authority without written agreement in any form, in case of a written agreement, formal or informal, and in accordance, or less formal agreement, Standard Form No. 1126. Revised should be used for establishing the method of or absence of advertising and award of contract. (See General Regulation No. 51, Supplement No. 4, General Accounting Office, Aug. 11, 1930.)

U. S. GOVERNMENT PRINTING OFFICE: JACKET ONLY 28

WAR DEPARTMENT PURCHASE ORDER

DATE
25 Nov 48

CONTRACT No. (if any)

SHEET No.

No. OF SHEETS

ORDER No.
484-48GRS(50-127)

ABOVE CHECKED NUMBER(S) MUST APPEAR ON ALL PACKAGES AND PAPERS RELATING TO THIS ORDER.

ISSUED BY:
**Schenectady General Distribution Depot
U. S. Army,
Schenectady, New York**

REQUISITION No.

DIRECTIVE No.
TM 10-281

TO: (Contractor and address; also factory address, if required)

**Dwinelle Funeral Home
Port Byron, New York**

PAYMENT WILL BE MADE BY FINANCE OFFICER, U. S. ARMY, AT:
**Schenectady General Distribution
Depot, USA, Schenectady, N. Y.**

INVOICE FOR PAYMENT WILL BE MAILED TO:
**Fiscal Officer, Schenectady Gen.
Dist. Dep., USA, Schenectady, N. Y.**

SHIP TO:

**Dwinelle Funeral Home
Port Byron, New York**

THE SUPPLIES AND SERVICES TO BE OBTAINED BY THIS INSTRUMENT ARE AUTHORIZED BY, ARE FOR THE PURPOSES SET FORTH IN, AND ARE CHARGEABLE TO THE FOLLOWING ALLOTMENTS. THE AVAILABLE BALANCES OF WHICH ARE SUFFICIENT TO COVER THE COST THEREOF:
907-43 P 430-03 A21X1805 S99-99816.00

IN ACCORDANCE WITH YOUR ~~PRELIMINARY QUOTATION~~ WRITTEN QUOTATION OF **8 Nov 48** PLEASE FURNISH THE FOLLOWING ON THE TERMS SPECIFIED ON BOTH SIDES OF THIS PAGE AND ON THE ATTACHED SHEETS, IF ANY, INCLUDING DELIVERY F. O. B.

METHODS OF PRESENTING INVOICES OR VOUCHERS, AND OF PACKING, MARKING, AND SHIPPING, SHALL BE AS PROVIDED HEREIN, EXCEPT AS OTHERWISE DIRECTED BY THE CONTRACTING OFFICER.

DISCOUNT TERMS

SCHEDULE OF DELIVERIES

17 Nov 48

INSPECTION POINTS

ITEM NO.	SUPPLIES OR SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
----------	----------------------	----------	------	------------	--------

NON-PERSONAL SERVICES

*This contract is authorized by the Armed Services Procurement Act of 1947 (Public Law #413 — 80th Congress)

1. Transportation of remains from Clyde, NY to Port Byron, NY

REMAINS, PVT GLEN M PULIZ A12078477

\$ 16.00

CONFIRMATION

I certify that the services called for in this purchase order have been rendered in accordance with the terms of the contract and the specifications governing same, and are in connection with repatriation of World War II Dead.

Charles Monyak

**CHARLES MONYAK
Captain, TC
Transportation Officer
AGR Division**

TOTAL

\$ 16.00

UNITED STATES OF AMERICA

Charles Monyak
**CHARLES MONYAK, CAPT, TC
Assistant Purchasing & CONTRACTING OFFICER.**

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

(Read Explanation on Reverse Side before completing form)

DATE

11-18-48

NAME OF DECEDENT (Last, First, Middle Initial)

PULTZ, GLEN M.

BRANCH OF SERVICE

Army

TO BE FILLED IN BY CLAIMANT

A. INTERMENT EXPENSES
(Civilian or Private Cemetery)

B. TRANSPORTATION EXPENSES
(National or Post Cemetery)

RANK OR GRADE

PVT

SERIAL NO.

A 12 072 477

H. A. BULLOCK

Asst., F.D.
SCHENECTADY, N. Y.

Syn. No. 212 450

Sta. No. 820

INSTRUCTIONS TO PERSONS SIGNING THIS FORM

NOV 1948

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
NOV 29 1948

FILL IN THIS STATEMENT IF BOX "A" IS CHECKED

I certify that the sum of \$ 150.00 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: Mt. Pleasant Cemetery
CITY OR COUNTY: Port Byron
STATE: N. Y.

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)~~

RETURN FOUR COPIES TO

COMMANDING OFFICER
SCHENECTADY GEN DIST DEPOT US ARMY
SCHENECTADY, NEW YORK
ATTN: CHIEF, AGR DIVISION

SIGNATURE OF CLAIMANT

Ruberta B. Kick

ADDRESS (Street number or RFD, City and State)

Port Byron, N. Y.

RELATIONSHIP TO DECEDENT

Mother

REMARKS

Ruberta B. Kick
Port Byron,
New York

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.

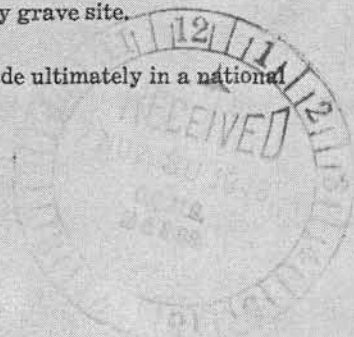
2. Reimbursement of transportation expenses is allowed only when the cost to the Government to deliver the remains to you is LESS than what it would have cost the Government to deliver the remains direct to the national or post cemetery of final interment. However, the amount which you may be allowed (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.

15:21

22 NOV 22 1948



REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Pvt. Glen M. Pultz, 12 072 477
 Plot B, Row 7, Grave 79,
 United States Military Cemetery
 Naples, Italy

23 October 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

1. RUBERTA KICK

(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> WIDOW | <input type="checkbox"/> WIDOWER | <input type="checkbox"/> SON OVER 21 YEARS OLD | <input type="checkbox"/> DAUGHTER OVER 21 YEARS OLD |
| <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> BROTHER OVER 21 YEARS OLD | <input type="checkbox"/> SISTER OVER 21 YEARS OLD |
| <input type="checkbox"/> RELATIONSHIP OTHER THAN ABOVE <small>(Specify)</small> _____ | | | |

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

Port Byron Cemetery, Port Byron, N.Y.
(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)

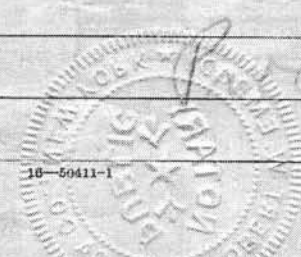
(Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)

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.)

Edid. Jones
5/13/48

APR 3



Madison

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 FATHER (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 <u>KICK</u>	FIRST NAME <u>RUBERT W</u>	MIDDLE INITIAL <u>B.</u>
RELATIONSHIP TO THE DECEASED <u>MOTHER</u>		
NUMBER AND STREET <u>R.D. 2</u>	CITY OR TOWN <u>PORT BYRON</u>	STATE OR COUNTRY <u>NY</u>

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

<u><i>Daniel E. Pultz</i></u> (SIGNATURE OF NEXT OF KIN) (E)	<u>NOV. 17 1947</u> (DATE) <u>R D 2</u> (STREET AND NUMBER)
<u>DANIEL E. PULTZ</u> (NAME PRINTED OR TYPED)	<u>PORT BYRON, NY</u> (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)
(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
EXPRESS OFFICE (Nearest railroad passenger station)	STATE OR TERRITORY OF U. S. A., OR COUNTRY	TELEPHONE No.
TELEGRAPH ADDRESS		

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 <i>DWINELLE FUNERAL HOME</i>			
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.	
<i>PORT BYRON, NY</i>	<i>PORT BYRON</i>	<i>CAYUGA</i>	<i>NY</i>
			<i>PORT BYRON</i> <i>3931</i>

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
<i>PULTZ</i>	<i>DANIEL</i>	<i>E</i>	<i>FATHER</i>
	<i>PORT BYRON</i>	<i>CAYUGA</i>	<i>N.Y.</i>

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.

Ruberta B. Kick (SIGNATURE OF NEXT OF KIN) *RD # 2* (STREET AND NUMBER)
RUBERTA B Kick (NAME PRINTED OR TYPED) *Port Byron ny.* (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 17th day of November 1947, at city (or town) of Auburn, county of Cayuga, and State (or Territory or District) of New York

Robert W. Embody
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Notary Public
 (OFFICIAL TITLE)

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

COUNTY DIRECTOR OF VETERANS SERVICE

306 Metcalf Building
AUBURN NEW YORK

ROBERT W. EMBODY
County Director

November 18, 1947

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

Attn: Memorial Division

Gentlemen:

293
RE: PVT. GLEN M. PULTZ, 12 072 477
~~Plot B, Row 7, Grave 79~~
United States Military Cemetery
Naples, Italy

Enclosed please find your QMG FORM 345 MILITARY which has
been executed by the mother of the above named veteran
relative to burial.

Very truly yours,

Robert W. Embody
ROBERT W. EMBODY
Cayuga County Director
Veterans Service

b
Encl. 1

*File
Feb. 16
J.P. Davis
Cage*

Pvt. Glen M. Falts, 12 072 677
Plot B, Row 7, Grave 79,
United States Military Cemetery
Naples, Italy

23 October 1947

Mr. Daniel Falts
Main Street
Port Byron, New York

Dear Mr. Falts:

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.

fat

NOV 29 11 29 AM
O. G. M. G.
MAIL & RECORDS DIV.

SPQYG293
Pultz, Glen M.
S.N. 12072477

22 September 1945

Mrs. John Kick
Port Byron, New York

Dear Mrs. Kick:

Receipt is acknowledged of your letter in which you request information concerning your son, the late Private Glen M. Pultz.

It is regretted that you must be advised that it is not deemed feasible to permit photographs to be taken of individual graves of deceased military personnel outside the United States.

The official report of interment received in this office shows that the remains of your son were interred in the United States Military Cemetery, Naples, Italy, Plot B, Row 7, Grave 79. This cemetery is located at Naples, Italy.

This office regrets, sincerely, the delay in answering your letter.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

ARTHUR L. WARREN
Colonel, QMC
Assistant

SEP 21 2 49 PM '45
HEADQUARTERS
DIVISION

cj

SEP 21

MAIL ROOM

Port Byron N.Y.
Aug 18. 1943

Quartermaster General S.P.Q. 4-3-393
Washington, D.C.

Dear Sir.

In a letter I received some time ago, you thought it might be possible to take photographs of soldiers graves after the war was over. I would very much like one of my sons grave. He was killed Oct 10. 1943. in Naples Italy.

Pvt. Glen M. Pultz ²⁹⁴³ 12072477.

Co. B - 307th Air - Force Eng - 82 Div.

If it is at all possible to get this for me. would appreciate it.

Sincerely

Mrs. John Kiek

Port Byron
N.Y.

RECEIVED
SEP 11 1943
NO 51 1 58 5W 42
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON, D.C.

SEP 11 1943
PORT BYRON
N.Y.



GRAVES REGISTRATION SECTION
Aug 21 1 28 PM '45
MEMORIAL DIVISION
Aug 20 2 32 PM
MEMORIAL DIVISION

SPQYD 293
Fulks, Glen M.
S.N. 12 072 477

11 December 1944.

Address Reply To THE
QUARTERMASTER GENERAL.

Mrs. John Kick,
Fort Byron, New York.

Dear Mrs. Kick:

Receipt is acknowledged of your letter of 2 November 1944, requesting information concerning your son, the late Private Glen M. Fulks.

At the beginning of the war it became necessary to adopt the policy that the remains of deceased military personnel interred outside the United States cannot be returned until after the war. 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 this country 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.

With reference to your inquiry concerning the expenses, you are advised that at the present time the sum of fifty dollars is allowed toward reinterment expenses. No definite amount has been decided upon when the remains are returned after the cessation of hostilities.

Security regulations now permit me to disclose the exact grave location of the remains of your son. You may be assured that his remains were properly prepared and reverently interred in the Allied Cemetery at Naples, Italy, Plot B, Row 7, Grave 79.

For The Quartermaster General:

Sincerely yours,

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

DEC 11 2 49 PM '44

MAIL & RECORDS BRANCH

MEMORIAL DIVISION

DEC 11 1 43 PM '44

CCP

Port Byron N.Y.

Nov. 2. 1944

Quartermaster General.

War Department

Dear Sir,

My son, Pvt. ²⁹³ Glen M. Pultz-12072477
Co. B. 307 Engv. Bn. 82A/B. Div. was killed
in Italy, Oct 10, 1943. Would like to know
if it would be possible to bring his body
home for burial, and how soon it could
be done. I understand there is a payment
of \$ 50 toward burial expenses.

Please give me information, concerning
this.

Mrs. John Kick
Port Byron
N. Y.

MEMORIAL DIVISION
2:03 PM

SPQIG 293
Pulte, Glen M.
S.N. 12072477

22 August 1944

Address Reply To THE
QUARTERMASTER GENERAL

Mrs. John Kick,
Fort Byron, New York.

Dear Mrs. Kick:

Acknowledgment is made of your recent letter requesting information concerning the burial of your son, the late Private Glen M. Pulte.

Information has been received in this office that the remains of your son were interred in one of our well established American 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 an appropriate inscription thereon, has been erected and the grave properly recorded. The cemetery is well cared for and under immediate supervision of our military authorities. I deeply regret that, due to security regulations, the geographical location cannot be disclosed at the present time.

For reasons of military security War Department regulations prohibit the photographing of temporary burial places of our deceased military personnel at the present time. However, it is contemplated that this restriction will soon be removed and it will be possible to furnish the next of kin photographs of graves. In this event, a photograph of your son's grave will be furnished.

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

For The Quartermaster General:

Sincerely yours,

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

Pultz

Port Byron N.Y.
Aug 1. 1944

Quartermaster General,
Washington D.C.

Dear Sir,

My son, Pvt. Glen M. Pultz. 12072477
Co. B, 307 Engr. Bn. 82 A/B Div. was killed
in action Oct 10, 1943. Any information
you can give me of his place of burial
and name of cemetery, will be greatly
appreciated. Would there be any chance
of getting a picture of the grave? He was
killed in Italy.

Mrs. John Kick
Port Byron
N.Y.

Aug 3 12 55 PM '44
MEMORIAL DIVISION

BE atcha
8/1/44
JK

88
12072477 (1207)

CONFIDENTIAL

REBURIAL

DEC 7 - 1943

REPORT OF ~~IDENTITY~~ REBURIAL (see reverse side)
AR 30-23.5 & TM 10-530
RESTRICTED

9 November 1943

Date Report Filled Out

none

<u>PULTZ</u> (Last Name)	<u>Glen</u> (First Name)	<u>M</u> (Middle Initial)	<u>12072477</u> (Serial No.)	<u>W</u> (Race)
<u>Pvt</u> (Rank)	<u>Co B 307 Eng</u> (Organization)		<u>Army</u> (Branch)	<u>U.S.A.</u> (Country)
<u>Naples, Italy</u> (Place of Death)	<u>10 October 1943</u> (Date of Death)	<u>KIA</u> (Cause of Death)		<u>P</u> (Religion : P, C, H, etc.)

MEANS OF IDENTIFICATION

Identification Tags found on body : Yes (); No ().

If no identification tags, other means used to identify body (identification card, letters, etc.) : _____

Complete fingerprint chart of both hands on reverse side if body cannot be identified.

Complete tooth-chart on reverse side and list anatomical characteristics and other data if fingerprints cannot be taken.

If unidentified, give circumstances : _____

List of Personal Effects found on Body and disposition of Same : NONE

<u>PULTZ, Mrs. D.</u> (Name of Emergency Addressee)	<u>Main St., Port Byron, N.Y.</u> (Address of Emergency Addressee)
--	---

(Signature or Name) of Person furnishing above data when other than the Officer reporting burial.

<u>1500 hrs</u> (Time and Date of Burial)	<u>8 November 1943</u> (Location, Name, & No. of Cemetery)	<u>Allied Cemetery, Naples, Italy</u>
--	---	---------------------------------------

IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCE REVERSE SIDE THIS FORM

<u>B</u> (Plot No.)	<u>7</u> (Row No.)	<u>79</u> (Grave No.)	<u>Temp Wood</u> (King Grave Markers)	<u>Protestant</u> (Type of Religious Ceremony)
------------------------	-----------------------	--------------------------	--	---

Identification Tag buried with body (); Identification Tag attached to marker ().

If Identification Tags not present, what other identification data were buried with the body and in what kind of container ? _____

Bodies buried on either side (See paragraph 4 on reverse side this form.)

Right side :	<u>OTOCKI, Frank</u> (Name)	<u>NMI</u> (Rank)	<u>Pvt 11034269</u> (ASN)	<u>Co B 307th Eng</u> (Organization)	<u>78</u> (Grave No.)
--------------	--------------------------------	----------------------	------------------------------	---	--------------------------

Left side :	<u>FITZPATRICK, William</u> (Name)	<u>NMI</u> (Rank)	<u>Pvt 32359057</u> (ASN)	<u>Co B 307 Eng</u> (Organization)	<u>80</u> (Grave No.)
-------------	---------------------------------------	----------------------	------------------------------	---------------------------------------	--------------------------

(Signature of Officer Reporting Burial)

John A. Long
JOHN A. LONG *1st Lt 47th Inf* CO (GR)

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT : Make out QMC Form 1 - GRS in quadruplicate for U.S. dead, one additional copy for allied and enemy dead. Sign all copies. Submit report to nearest member of Graves Registration Service. Graves Registration Service will forward the original and two copies through at least one higher administrative headquarters (to be checked against Casualty Reports and allied papers and all copies verified by the Graves Registration Officer of that headquarters) to Base Section Graves Registration Service Officer. OVER FOR BURIAL INSTRUCTIONS.

RESTRICTED
CONFIDENTIAL

84 JUL 1944 FILE
2-7

15692

INSTRUCTIONS FOR BURIAL

1. PREPARATION OF BODY : Have body examined by member of Medical Department whenever possible (to attach E.M.T. Form 52b.) Remove all personal property: remove one identification tag, leave other on body in protected position (in case of enemy dead, leave 1/2 tag on body, forward 1/2 with personal effects). If no tag present, make notation of identifying data on form, protect in sealed bottle, canteen, spent shell, or best available container, and bury with remains. If unidentified, take fingerprints of both hands; if this is not possible fill out tooth-chart and note height, weight, color of eyes and hair, tattoo marks, birthmarks, etc., and other data as serial no. of weapon, laundry marks, where body found, etc. Wrap body in shelter half, mattress cover, or blanket when available.

2. BURIAL : Dig grave to a depth of five feet (hasty battlefield burials, to sufficient depth to prevent elements from exposing the body). *Place only one body in a grave.* Dig graves side by side, row behind row.

3. MARKING OF GRAVE : Fasten identification tag to temporary name peg and place at head of grave. For enemy dead, write data on peg. When pegs are not available, copy data on a piece of paper, place in bottle, spent shell, or other receptacle, seal tightly and place so as to mark and identify grave. If identification tag cannot be fastened to peg or placed in container, do not leave at grave but forward with report of burial. If only one tag is found on body, it should be buried with body. The information thereon should be written on marker or placed in container at head of grave. Do not use weapons or helmets to mark graves.

4. LOCATION OF GRAVE : Report burials in established cemeteries by plot, row, and grave number (or show on cemetery map). For all other burials prepare sketch in space provided below; and give location by means of map references, or by reference to prominent permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

5. PERSONAL EFFECTS : List only personal effects taken from body on the Burial Report form. Place these with information as to identity of owner, organization, emergency addressee, in personal effects bag, or wrap in handkerchief, towel, or other available material, and turn over to Grave Registration Service Personnel with report of burial. Government property is not to be included in personal effects but is to be turned in to Salvage Collecting Point.

SKETCH AND MAP REFERENCE :

Disinterred by 47th QM CO (GR)
Cimitero Pieta, Naples, Italy
M244520 Plot 1 Row 3 Grave 2 on
8 November 1943.

Reinterred same date in Allied
Cemetery, Naples, Italy Plot B Row
Grave 79.

TOOTH-CHART

Indicate : missing natural teeth by X; crowns by O;
fillings by □; bridges by () linkings anchor teeth;
replacements by denture (horizontal line).

Characteristics : _____
Other Data : _____

When unidentified, take thumb and fingerprints of both hands.

If this is not possible, fill in tooth chart.

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

CONFIDENTIAL

NOV 25 1943

REPORT OF BURIAL
AR 30-1815 & TM 10-630

10/14/43
Date Report Filled Out

PULTZ	GLEN	M	12072477	W
(Last Name)	(First Name)	(Middle Initial)	(Serial No.)	(Race)
PVT	CO B	307th ENG	82nd A/ B DIV	USA
(Rank)	(Organization)		(Branch)	(Country)
NAPLES, ITALY	10/10/43		KIA	P
(Place of Death)	(Date of Death)		(Cause of Death)	(Religion : P, C, H, etc)

MEANS OF IDENTIFICATION

Identification Tags found on body : Yes (X); No ().
If no identification tags, other means used to identify body (identification card, letters, etc.):

Complete fingerprint chart of both hands on reverse side if body cannot be identified.
Complete tooth-chart on reverse side and list anatomical characteristics and other data if fingerprints cannot be taken.

If unidentified, give circumstances :

List of Personal Effects found on Body and disposition of Same : NONE

MR. D PULTZ
(Name of Emergency Addressee)

MAIN ST. PORT BYRON, N.Y.
(Address of Emergency Addressee)

(Signature (or Name) of Person furnishing above data when other than the Officer reporting burial.)
0900 10/12/43
(Time and Date of Burial)
PIETA CEMETERY, NAPLES N244520
NAPLES CIVIL AMERICAN PLOT
(Location, Name, & No. of Cemetery)

IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCE REVERSE SIDE THIS FORM

1	3	2	CROSS	GENERAL SERVICE
(Plot No.)	(Row No.)	(Grave No.)	(King Grave Markers)	(Type of Religious Ceremony)

Identification Tag buried with body (X); Identification Tag attached to marker (X).
If Identification Tags not present, what other identification data were buried with the body and in what kind of container?

Bodies buried on either side (See paragraph 4 on reverse side this form.)

Right side : FITZPATRICK PVT 32359057 CO B 307th ENG 3
(Name) (Rank) (ASN) (Organization) (Grave No.)

Left side : OTOCKI PVT 11034269 CO B 307th ENG 1
(Name) (Rank) (ASN) (Organization) (Grave No.)

F.A. SCHMALTZ (CAPT)
(Signature of Officer Reporting Burial)

(Verified by unit G.R.S. Officer)

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT : Make out QMC Form 1 - GRS in quadruplicate for U. S. dead, one additional copy for allied and enemy dead. Sign all copies. Submit report to nearest member of Graves Registration Service. Graves Registration Service will forward the original and two copies through at least one higher administrative headquarters (to be checked against Casualty Reports and allied papers and all copies verified by the Graves Registration Officer of that headquarters) to Base Section Graves Registration Service Officer. OVER FOR BURIAL INSTRUCTIONS.

CONFIDENTIAL

24 JUL 1944
2-35

15693

INSTRUCTIONS FOR BURIAL

1. PREPARATION OF BODY: Have body examined by member of Medical Department whenever possible (to attach E.M.T. Form 52b.) Remove all personal property; remove one identification tag, leave other on body in protected position (in case of enemy dead, leave 1/2 tag on body, forward 1/2 with personal effects). If no tag present, make notation of identifying data on form, protect in sealed bottle, canteen, spent shell, or best available container, and bury with remains. If unidentified, take fingerprints of both hands; if this is not possible fill out tooth-chart and note height, weight, color of eyes and hair, tattoo marks, birthmarks, etc., and other data as serial no. of weapon, laundry marks, where body found, etc. Wrap body in shelter half, mattress cover, or blanket when available.

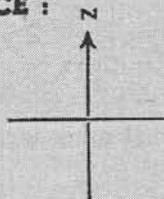
2. BURIAL : Dig grave to a depth of five feet (hasty battlefield burials, to sufficient depth to prevent elements from exposing the body). *Place only one body in a grave.* Dig graves side by side, row behind row.

3. MARKING OF GRAVE : Fasten identification tag to temporary name peg and place at head of grave. For enemy dead, write data on peg. When pegs are not available, copy data on a piece of paper, place in bottle, spent shell, or other receptacle, seal tightly and place so as to mark and identify grave. If identification tag cannot be fastened to peg or placed in container, do not leave at grave but forward with report of burial. If only one tag is found on body, it should be buried with body. The information thereon should be written on marker or placed in container at head of grave. Do not use weapons or helmets to mark graves.

4. LOCATION OF GRAVE : Report burials in established cemeteries by plot, row, and grave number (or show on cemetery map). For all other burials prepare sketch in space provided below; and give location by means of map references, or by reference to prominent permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

5. PERSONAL EFFECTS : List only personal effects taken from body on the Burial Report form. Place these with information as to identity of owner, organization, emergency addressee, in personal effects bag, or wrap in handkerchief, towel, or other available material, and turn over to Graves Registration Service Personnel with report of burial. Government property is not to be included in personal effects but is to be turned in to Salvage Collecting Point.

SKETCH AND MAP REFERENCE :



TOOTH-CHART

	(Left)	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	(Right)
		16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	16

Indicate : missing natural teeth by X; crowns by O;
 fillings by □ ; bridges by — linkings anchor teeth;
 replacements by denture (horizontal line.)



Characteristics :
 Other Data :

When unidentified, take thumb and fingerprints of both hands.

if this is not possible, fill in tooth-chart.

FORM 100 (Rev. 1-50)

33,986

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON
REPORT OF DEATH

DATE 15 November 1943
feg/amb 4632

293

FULL NAME Pultz, Glen M.		ARMY SERIAL NO. 12 072 477
GRADE Pvt	ARM OR SERVICE Corps of Engineers A.B.	DATE OF BIRTH 31 Oct 1914
HOME ADDRESS Port Byron, New York		
DATE OF DEATH 10 Oct 1943	PLACE OF DEATH North African Area	CAUSE OF DEATH Killed In Action
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Ruberta Pultz, mother, Main St., Port Byron, New York		
BENEFICIARY (NAME, RELATIONSHIP, & ADDRESS) Mrs. Ruberta Pultz, mother, Main St., Port Byron, New York Mr. Daniel Pultz, father, Main St., Port Byron, New York		

Handwritten signatures and initials, including a large checkmark and the name 'J. A. Marshall'.

© BY ORDER OF THE SECRETARY OF WAR:

J. A. Marshall

ADJUTANT GENERAL

THIS COPY FOR THE Q. M. G. (CONFIDENTIAL)

(OVER)

ADDITIONAL DATA: (CONFIDENTIAL)

STATION OF DECEASED North African area (Italy)

Nov 16 4 35 PM '42

MEMORIAL DIVISION

786'80

Summary Court-Martial
WAR DEPARTMENT
ARMY EFFECTS BUREAU
KANSAS CITY QUARTERMASTER DEPOT
601 Hardesty Avenue
Kansas City 1, Missouri

Case No. 33971 B 14

(Date) 2 May 1944

Subject: Report of transactions in disposing of the effects of

Glen M. Pultz, 12072477, late a
(Name of deceased soldier) (Army Serial No.)

Private, Corps of Engineers A.B who died
(Grade) (Organization, Arm or Service)

on the 10th day of October, 1943, at North African Area

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

1. Complying with A.W. 112 a Summary Court-Martial, convened at Kansas City, Mo., pursuant to S.O. 228, HQ., KQM Depot, dated 25 September 1943, for the purpose of disposing of the effects of the above-named soldier, reports that:

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

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

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

d. Disposition of decedent's effects ~~and money~~ (less the amount 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 20 March, 1944, pursuant to Special Orders 228, Headquarters, KQM Depot, dated 25 September 1943, the application and/or affidavit of Roberta Pultz
Daniel E.
Kick
Pultz (Name of Claimant) for the effects of the above-named deceased soldier, now in the possession of the United States, together with other relevant evidence, were duly considered:

Whereupon, this Summary Court-Martial finds that, under the provisions of A.W. 112 Mr. Daniel Pultz
(Name of person found entitled)

of Main Street Fort Byron, State of
(Number, Street or Avenue) (City, Town or Village)

New York, is the Father of the above-
(Relationship or Capacity)

named deceased soldier and appears to be entitled to receive his effects.

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

ARMY EFFECTS BUREAU
KANSAS CITY QUARTERMASTER DEPOT
601 Hardesty Avenue
Kansas City 1, Missouri

JRM:llk
3 May 1944

JB

In reply refer to SPODK 250.414

SUBJECT: Report of transactions by Summary Courts-Martial
Army Effects Bureau

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

There are submitted herewith reports of transactions by the Summary Courts-Martial at the Army Effects Bureau, in the disposition of the personal effects of the following named deceased military personnel:

<u>Case No.</u>	<u>Name</u>	<u>Rank</u>	<u>Army Serial No.</u>
18809	Price, Robert V., Jr.	Pvt.	14058181
33328	Enight, Benjamin F.	E/A	7002085
34800	Hankings Percival H.	Svt.	37114387
38001	Ejordahl, Melvin G.	S/Sgt.	27025923
39971	Falts, Glen E.	Pvt.	13075477

For the Commanding Officer:

W. F. WARDMAN
Major Q.M.C.
Asst. Effects Quartermaster

5 Incls.
Incl--1 Case Report No. 18809
Incl--2 Case Report No. 33328
Incl--3 Case Report No. 34800
Incl--4 Case Report No. 38001
Incl--5 Case Report No. 39971

(S-4-28-44)
JRM:BB:mt
March 28, 1944

#39971 D

Mr. and Mrs. Daniel Pultz
Main Street
Fort Byron, New York

Dear Mr. and Mrs. Pultz:

Thank you for the information given the Army Effects Bureau in your letter of March 12, 1944, in connection with disposal of the property consisting of a billfold with miscellaneous papers and photographs, belonging to your son, Private Glen M. Pultz. Inclosed is a receipt which was received with your son's effects.

This property has been forwarded by mail under separate cover, so that distribution may be made in accordance with the laws of the state of your son's legal residence.

This Bureau has to date received no more property of Private Pultz, however, you may rest assured that you will be notified immediately if additional property of your son is received here at a later date.

When you have received the package, please sign in the space provided below and return the acknowledgment to this Bureau in the inclosed envelope which needs no postage. You may retain one copy of this letter, and Mrs. Pultz may sign the acknowledgment as witness.

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

Yours very truly,

R. E. RODGERS
2nd Lt. G.M.C.
Assistant

2 Incls.
Receipt
Envelope

Receipt acknowledged.

Daniel Pultz
(Signature--claimant)

Roberta Pultz Kiek
(Signature--witness)

April 1, 1944 (Date)

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

MAR 25 1944

ORDER FOR SHIPMENT

BB: rma ✓

Suspense (S-4-7-44)

Case No. 39971 D

Date March 24, 1944

MEMORANDUM TO Warehouse Branch:

Please see that the personal effects on the above mentioned case are packed, weighed and ready for shipment promptly so that they may be readily picked up. Bills of Lading and all other papers will be marked with the case number and can be identified thereby. The original of this form should be returned to the Administrative Branch after completion.

Effects of: Private Glen M. Pultz ✓ Serial No. 12072477 ✓

Ship to: Mr. Daniel Pultz

Street and Number Main Street

City and State Port Byron, New York

Ship Via: Frank Gov't B/L No. _____

[Signature]
For the Effects Quartermaster

LIST OF PACKAGES SHIPPED

1 PKg

Franked Mail -- $4\frac{1}{2}$ or less _____
Parcel Post Charges _____
Estimated Express Charges _____
Estimated Freight Charges _____

Total Number of Pieces: 1 Shipping Clerk *[Signature]*
Weight of Shipment: 2 # Date MAR 25 1944

Kansas City Quartermaster Depot. *March 10, 1944*
Kansas City, Mo. *39971*
39971-D. 2 Pot

Dear Sir. In reference to record no. 39971-D. 2 Pot
Glen Pultz's personal belongings & papers. I am
enclosing this letter as his mother and Bene-
ficiary for these articles, as he has never been
married & left no will but named me as the
Beneficiary. Please disregard letter from Daniel
C. Pultz, as he had no knowledge of this fact.
Mrs. Ruberta Pultz Kiek (mother)

A.F.O. FORM 718
12-4-42

RECEIVED
U.S. ARMY QUARTERMASTER DEPOT EFFECTIVE
11 12 1
10 11 12
9 10 11 12
8 9 10 11 12
7 8 9 10 11 12
6 7 8 9 10 11 12
5 6 7 8 9 10 11 12
4 5 6 7 8 9 10 11 12
3 4 5 6 7 8 9 10 11 12
2 3 4 5 6 7 8 9 10 11 12
1 2 3 4 5 6 7 8 9 10 11 12
WAR DEPARTMENT
FINANCE OFFICE, U. S. ARMY
WASHINGTON 25, D. C.

The inclosed check represents the Six months' Death Gratuity pay
due you as beneficiary of an Officer or Enlisted Man.

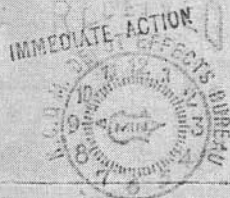
MAR 14 1944 PM

(over)

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

(S-4-6-44)
JRM:BB:ret
March 6, 1944

IN REPLY REFER TO #39971 D



*File
pa*

Mr. Daniel Pultz
Main Street
Port Byron, New York

KANSAS CITY, MO.

MAR 13 1944 #1

Dear Mr. Pultz:

The Army Effects Bureau has received from overseas some personal property of your son, Private Glen M. Pultz, consisting of a billfold and papers.

To make proper disposition of such property, it is necessary that this Bureau have certain information regarding the family of your son. If he was married, please state the name and address of his widow.

If your son left a will which has been probated, please furnish the original or a certified copy of the letters of administration. Any papers submitted will be returned to you as soon as possible.

Please mail your reply in the inclosed self-addressed envelope which needs no postage, as this will accelerate disposal of the property.

Yours very truly,

A handwritten signature in cursive script that reads 'Leon D. Glasscock'.

LEON D. GLASSCOCK
Captain Q.M.C.
Assistant

1 Incl.
Envelope

(over)

39971

Fort Byron, New York
March 11, 1944

IMMEDIATE ACTION

Dear Sirs:

My son, Private Glen M. Pultz was never married, and never had a will.

Yours truly,
Daniel E. Pultz

To be executed in triplicate.
Ribbon copy to be sent to Chief of Finance.
One copy to be furnished as receipt.
One copy to be retained by Disbursing Officer.

WAR DEPARTMENT
FINANCE DEPARTMENT
Form No. 38
Approved Nov. 24, 1939

WAR DEPARTMENT
FINANCE DEPARTMENT

RECEIPT FOR MISCELLANEOUS COLLECTIONS

\$80.00 APO # 169 August 6, 1943
(Station) 307th Engr (Date) Bn.
*Received in cash of Glen M. Pultz, 12072477, Pvt., Co. H.
*Collected on ~~Cheque~~ ~~check~~
Eighty Dollars and Cents
on account of
Pay to Mrs. Ruberta Kick, Fort Byron, N.Y.
APP. P. A.
which sum I have passed to the credit of the United States, and hold myself accountable therefor.

* Strike out words not applicable.

☆ U. S. GOVERNMENT PRINTING OFFICE : 1943 8-0891

Wm. E. Johnson
Finance Department.

