

293

MC CARDLE, A.M.

PFC.

14,097,569

44 DT

DUPLICATE

19 DEC 1948 LIST Report 72937ite-5

WW II APPLICATION FOR HEADSTONE OR MARKER
(Please make out and return in duplicate)

CHECK TYPE REQUIRED
(See Instructions attached)

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

ENLISTMENT DATE
June 30, 1942
DISCHARGE DATE
Killed

SERIAL No.
14 097 569

PENSION No.

STATE
PFC.

RANK
PFC.

COMPANY
Co. D. 82nd Air Bn

U. S. REGIMENT, STATE ORGANIZATION, AND DIVISION
Co. D. 82nd Air Bn Disision

LOCATION (City and State)
Runnelstown, Miss.

NEAREST FREIGHT STATION (City and State)
Hattiesburg, Miss.

POST OFFICE ADDRESS OF CONSIGNEE
RT. 3, Richton, Miss.

NAME (Last, First, Middle Initial)
MC CARDLE, A. M.

DATE OF BIRTH (Month, Day, Year)
12/17/1920

DATE OF DEATH (Month, Day, Year)
10/10/1943

NAME OF CEMETERY
Runnelstown, Miss.

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)
D. G. Morgan, RT. 3, Richton, Miss.

(SIGNATURE OF CONSIGNEE)

DO NOT WRITE HERE

FOR VERIFICATION
DEC - 7 1948

ORDERED

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
Mrs. Laura J. McCardle

DATE OF APPLICATION
11/21/1948

ADDRESS (Street, City, State)
328 WEST PINE STREET
RT. # 3 Hattiesburg, Miss.

FOR ORD MAR 14 1949

OQMG FORM 623
REV 15 APR 47

IMPORTANT—Complete Reverse Side

16-11453-6 GPO

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

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

E. E. Musgrave

(Signature of superintendent, sexton, or caretaker)

Date 11/24/1948

16-11453-4

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

1-24-49. 1st Comm - add of copy

CORRESPONDENCE ACTION SLIP

NAME <i>Mc Cardle, A. M.</i>		SERIAL NUMBER <i>14097569</i>	INITIALS <i>RLR</i>	DATE <i>1-24-49</i>
NAME OF DECEDENT	ADDRESS	IDENTIFYING DATA	LETTER TO: <i>Consignee:</i> <i>Please furnish complete address of applicant as mail was returned unclaimed, unknown.</i> 31 JAN 1949 FILE 17 MAR 1949 <i>Donner</i>	
BRONZE	NO UPRIGHT GRANITE	CONSIGNEE		
DISHONORABLE-DRAFT	NOT PERMANENTLY INTERRED	NOT RECOVERED		
CEMETERY REGULATIONS	AGO	MARINE		
NAVY	COAST GUARD	VETERANS ADMINISTRATION		
STATE PENSION	AUTHORIZED INSCRIPTION	ADDITIONAL INSPECTION		
APPLICATION FOR PROOF	NO AGENT	NO STATION		
DUE TO DISTANCE	UNCLAIMED	BROKEN		
DAMAGED	CERTIFICATE IN LIEU	LOST		
FOREIGN	TRUCK	RESHIPMENT		

 OCMG FORM 393
 22 DEC 47

47 25086

MCARDLE -

328 W. Pine St.
Hattiesburg, Miss.

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

Dear Sir:

I have received word
from Mr. D. L. Morgan about
your letter of Feb. 3, 49, about
my mailing address. Sorry
you had trouble contacting me.
My correct mailing address
is at top of this letter.

Not
2-21-49
L. J. [unclear]
[unclear]

FILE 17 MAR 1949

Sincerely,
Mrs. Laura D. McCardle

695



ORIGINAL ORDER

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

FLAT MARBLE MARKER

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

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

INSCRIPTION: ~~*****~~ NO EMBLEM

A M McCARDLE / MISSISSIPPI / PFC 307 ABN ENGR BN ~~1~~ *82 Abn Div*
WORLD WAR II / DEC 17 1920 OCT 10 1943

SHIP TO: D G MORGAN
RT 3
RICHTON
MISSISSIPPI

R. R. STATION:

~~*****~~
HATTIESBURG
MISSISSIPPI

FOR:

R. R. STATION:

Remail

DEC 20 1943

APPLICANT: MRS LAURA G McCARDLE
~~*****~~ ROUTE 3 3
~~*****~~ HATTIESBURG
MISSISSIPPI

CEMETERY: RUNNELSTOWN
RUNNELSTOWN
MISSISSIPPI

ma
MIJ

OQMG FORM 312a
Rev. 1 NOV. 45

APPROVAL AND ACCEPTANCE

SIGNATURE

FILE 17 MAR 1944

Bonner

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

Day Petal
Miss

REASON CHECKED
Unclaimed ☐ Refused ☐
Unknown ☒
For better address ☐
Moved, Left no address ☐
At such office to state ☐

Wrt 3 unknown



FILE 17 MAR 49

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE \$3.00
SAVE THE EASY WAY
(PMGC)
BUY U.S. BONDS ON
PAYROLL SAVINGS



Wrt 3 Unknown
not Petal



RECEIVED
DEC 31 1948
OQMG.
M&RDE

HATTIESBURG
MISS.
DEC 29
11:30 AM
1948

HATTIESBURG
MISS.
DEC 24
11:30 AM
1948

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



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

REASON FOR RETURN
Unclaimed ☒ **UNKNOWN**
Unknown ☐
For better address ☐
Moved, left no address ☐
No such place or street ☐

Not known

NO DUPLICATE

Bonner



ORIGINAL ORDER

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

FLAT MARBLE MARKER

Below you will find a copy of the inscription taken from the OFFICIAL RECORDS as it will appear on the flat marble marker you ordered. CHECK IT CAREFULLY before the stone is manufactured. Check the INSCRIPTION, NAME AND LOCATION OF CEMETERY. Check with CEMETERY OFFICIALS and make sure a government flat marble marker will be allowed at grave. Check NAME AND ADDRESS OF THE PERSON to whom stone is to be shipped. After you have CORRECTED ANY ERRORS, sign and return promptly in the inclosed envelope which requires no postage. UNTIL YOU RETURN THIS SLIP THE FLAT MARBLE MARKER CANNOT BE ORDERED. DO NOT DELAY-SIGN & RETURN TODAY.

INSCRIPTION: ~~LATIN CROSS~~ NO EMBLEM
A M McCARDLE / MISSISSIPPI / PFC 307 ABN ENGR BN 82 ABN
DIV / WORLD WAR II / DEC 17 1920 OCT 10 1943

SHIP TO: D G MORGAN
RT 3
RICHTON
MISSISSIPPI

R. R. STATION:
HATTIESBURG
MISSISSIPPI

FOR:

R. R. STATION:

JAN 7 1949

APPLICANT: MRS LAURA G McCARDLE
ROUTE 3 328 WEST PINE STREET
HATTIESBURG
MISSISSIPPI ✓

CEMETERY: RUNNELSTOWN
RUNNELSTOWN
MISSISSIPPI

JMP

17 MAR 1949
Pomer

OQMG FORM 312a
Rev. 1 NOV. 46

APPROVAL AND ACCEPTANCE

SIGNATURE

RECEIPT OF REMAINS

DISTRIBUTION CENTER

MEMPHIS GENERAL DEPOT, MEMPHIS TENNESSEE

QUIGLEY FUNERAL HOME

ROUTINE NOV 18 48

REMAINS CONSIGNED TO:

805 HARDY STREET

HATTIESBURG MISSISSIPPI

7987

REMAINS OF THE LATE PRIVATE FIRST CLASS A M MC CARDLE SN 14097569 BEING
 SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT ON TRAIN NUMBER TWENTY FIVE
 TWENTY SECOND NOVEMBER
 ILLINOIS CENTRAL RAILROAD LEAVING MEMPHIS TEN FIFTEEN PM RAILROAD TIME /
 AND DUE TO ARRIVE HATTIESBURG STATION TRAIN NUMBER ONE HUNDRED FIVE AT
 TEN TWENTY FOUR AM RAILROAD TIME TWENTY THIRD NOVEMBER. REQUEST YOU MAKE
 ARRANGEMENTS TO ACCEPT REMAINS AT STATION UPON ARRIVAL AND NOTIFY NEXT
 OF KIN CONTENTS OF THIS MESSAGE.

Charles M. Odenwalder

CHARLES M ODENWALDER
 CAPTAIN, QMC

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

THIS 23 DAY OF November, 1948

DAY MONTH

Sgt. James F. Morrow

WITNESS (Escort)

Millard A. Quigley

CONSIGNEE

NAT

FILE

RECORDS ANNOTATED

DATE 20 DEC 1948NAME Millard A. Quigley

R & R BR.

RECEIVED 10 10 1948

RECEIVED 10 10 1948

RECEIVED 10 10 1948

RECEIVED 10 10 1948

RECEIVED 10 10 1948

RECEIVED 10 10 1948

RECEIVED 10 10 1948

RECEIVED 10 10 1948

RECEIVED 10 10 1948

RECEIVED 10 10 1948

RECEIVED 10 10 1948

RECEIVED 10 10 1948

REPATRIAL
RECORDS BRANCH

DEC 10 11 49 AM '48

REPATRIAL DIVISION

RECEIVED 10 10 1948
RECEIVED 10 10 1948
RECEIVED 10 10 1948
RECEIVED 10 10 1948
RECEIVED 10 10 1948

RECEIVED 10 10 1948

CRJ

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5258 01087

DATE

15 05 48
DAY MONTH YEAR

NAME

MC CARDLE A M

SERIAL NUMBER

14097569

RANK

PFC

ARM

1

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

NAPLES ALLIED CEMETERY

DISPOSITION OF REMAINS

1 4500 06
CODE DIST. PT.

PLOT

B

ROW

8

GRAVE

89

COUNTRY

ITALY

CAUSE OF DEATH

1

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

QUIGLEY FUNERAL HOME
805 HARDY STREET
HATTIESBURG, MISSISSIPPI

NAME AND ADDRESS OF NEXT OF KIN

MRS. LAURA G. MCCARDLE (WIFE)
ROUTE #3
HATTIESBURG, MISSISSIPPI

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 GMC 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 JOSEPH J CARROLL LT TC	DATE 20 OCT 1948

2. SHIPPED

FROM	TO NYPE
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	DATE
SIGNATURE OF RECEIVER W. W. PRETSCH LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER	DATE 11/5/48

3. SHIPPED

FROM NYPE TRAIN	TO D C # 6
KIND OF CONVEYANCE	NAME OF CONVOYER Lawrence J. Harris cpl.
SIGNATURE OF SHIPPER W. W. PRETSCH LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER	DATE 11/10/48
SIGNATURE OF RECEIVER Thomas V. Dixon mag. & m.c.	DATE NOV 12 1948

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

1
DISINTERMENT DIRECTIVESECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

MC CARDLE A M

14097569 PFC

1

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

CODE DIST. PT.

LOT ROW GRAVE COUNTRY

CAUSE OF DEATH

B 8 89 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
MC CARDLE A MSERIAL NUMBER
14097569RANK
PFC

DATE OF DEATH

DATE DISTINTERRED
30 July 48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

☐ REMAINS

USAGF

UNK

W E MC NEIL 2 LT QMC

☐ MARKERNAME AND TITLE
W E McNeil

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

MANNER OF BURIAL

CONDITION OF REMAINS

Shroud

Skeletal

OTHER MEANS OF IDENTIFICATION

Burial report

MINOR DISCREPANCIES

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 3 August 1948

BY

C M DAVIS, EMBALMER

CASKET SEALED BY

EMBALMER (Signature)

C M DAVIS, EMBALMER

C M DAVIS

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 3 Aug 48 BY A Stark, 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
IND OF CONVEYANCE	TRUCK	NAME OF CONVOYER	B K TRAYNOR WOJG
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
<i>P C CRAIG</i>	2 Aug 48	<i>Frank A Wilson</i>	2 Aug 48

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

INSPECTION CHECKLIST
(FOR USE AT OVERSEAS PORT, U.S. PORT, AND DISTRIBUTION CENTER)

E-118

NAME MC CARDLE, A. M.		RANK PFC.	SERIAL NO. 14 097 569
SOURCE NAPLES ALLIED CEMETERY, ITALY		CONSIGNEE QUIGLEY FUNERAL HOME 805 HARDY STREET, HATTIESBURG, MISS.	
SHIPPING CASE - General Appearance (Check Only Discrepancies)		CONDITION OF SHIPPING CASE (Check One) <input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> UNSATISFACTORY	
<input checked="" type="checkbox"/> FINISH (Exterior) <input type="checkbox"/> FINISH (Interior) <input type="checkbox"/> HANDLES <input type="checkbox"/> HANDLE BOLTS <input type="checkbox"/> STENCILING - NAMEPLATE <input type="checkbox"/> HEALTH PERMIT MARKER <input type="checkbox"/> HEALTH PERMIT NUMBER		REMARKS: <i>Repair mauling Paint entire case</i>	
CASSET - General Appearance (Check Only Discrepancies)		CONDITION OF CASSET (Check One) <input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> UNSATISFACTORY	
<input checked="" type="checkbox"/> FINISH (Exterior) <input type="checkbox"/> HANDLES AND FASTENINGS <input type="checkbox"/> STENCILING - NAMEPLATE <input type="checkbox"/> CAM LOCKS (Sealing) <input type="checkbox"/> ODOR AND MOISTURE		REMARKS: <i>Touch up Casset Seal corner rim</i> <i>BB</i>	
ROUTED THROUGH			
<input type="checkbox"/> MORTUARY OPERATING ROOM		<input checked="" type="checkbox"/> REPAIR SHOP	
Condition of Remains <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		Casket Repaired <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 checked="" type="checkbox"/> No	
		Shipping Case Exchanged <input type="checkbox"/> Yes <input type="checkbox"/> No	
		REMARKS <i>MIN 824B 1100 08</i> <i>OK for shipping 11-16-48</i>	
TIME	DATE	SIGNATURE OF MORTICIAN	SIGNATURE OF INSPECTOR
REMARKS <i>OK for shipping 11/22/48</i> <i>WBO</i>			

DP29 GOVT DL PAID WUX MEMPHIS TENN NOV 18

QUIGLEY FUNERAL HOME

805 HARDY ST

HATTIESBURG MISS

REMAINS OF THE LATE PRIVATE FIRST CLASS A M MC CARDLE SN 14097569
BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT ON TRAIN NUMBER
TWENTY FIVE ILLINOIS CENTRAL RAILROAD LEAVING MEMPHIS TEN FIFTEEN
PM RAILROAD TIME TWENTY SECOND NOVEMBER AND DUE TO ARRIVE HATTIESBURG
STATION TRAIN NUMBER ONE HUNDRED FIVE AT TEN TWENTY FOUR AM RAILROAD
TIME TWENTY THIRD NOVEMBER REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT
REMAINS AT STATION UPON ARRIVAL AND NOTIFY NEXT OF KIN CONTENTS OF
THIS MESSAGE

CHARLES M ODENWALDER

CAPTAIN QMC.

NY 019
Conf

WU L238 17 GOVT COLLECT HATTIESBURG MISS NOV 1 428P

MFS GEN DEPOT

ATTN AGR DIV

RETEL DELIVER REMAINS PTG A M MCCARDLE TO QUICKLY
FUNERAL HOME AS INSTRUCTED. DESIRE NO
CHANGES

MRS LAURA G MCCARDLE

447P

ALL



DL

MEMPHIS GENERAL DEPOT, MEMPHIS, TENNESSEE

UNCLASSIFIED

MRS LAURA G MC CARDLE

ROUTINE

ROUTE #3

x

HATTIESBURG MISSISSIPPI

THIS HEADQUARTERS HAS BEEN ADVISED THAT THE REMAINS OF LATE PFC A M MC CARDLE ARE ENROUTE TO THE UNITED STATES. RECORDS OF THIS OFFICE INDICATE YOU WISH REMAINS DELIVERED TO QUIGLEY FUNERAL HOME HATTIESBURG MISSISSIPPI.

. PLEASE CONFIRM ABOVE DELIVERY INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS BY COLLECT TELEGRAM TO MEMPHIS GENERAL DEPOT ATTENTION AMERICAN GRAVES REGISTRATION DIVISION MEMPHIS TENNESSEE WITHIN 48 HOURS FROM THE DATE OF THIS MESSAGE. IT WILL NOT BE POSSIBLE TO MAKE ANY MAJOR CHANGES IN DELIVERY INSTRUCTIONS AT GOVERNMENT EXPENSE AFTER THE EXPIRATION OF THE 48 HOUR PERIOD. PLEASE INCLUDE FULL NAME OF DECEDENT IN REPLY TELEGRAM. YOUR REPLY MUST BE SIGNED BY YOU. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. WHILE DELIVERY OF REMAINS WILL BE MADE AS SOON AS PRACTICABLE AFTER RECEIPT FACTORS BEYOND OUR CONTROL MAY DELAY DELIVERY SEVERAL WEEKS. HOWEVER AS SOON AS THE 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. 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.

CHARLES M. ODENWALDER
CAPTAIN, QMC

/c/

UNCLASSIFIED

QMDMK

173

ODENWALDER

NOV 1 48 SENT

DAN L. MILLER, Lt. Col., QMC
Chief, AGR Division

1 1

QMGMH 293
McCardle, A.M.
SN 14 097 569

3 February 1949

Mr. D. G. Morgan,
Route 3
Richton, Mississippi

Dear Mr. Morgan:

This office has been attempting to communicate with Laura G. McCardle, the applicant, for a Government flat marble marker for the grave of the late A. M. McCardle, who died in the service overseas, 10 October 1943 and is interred in the Runnelstown Cemetery, Runnelstown, Mississippi; however, mail addressed to her at Route 3, Hattiesburg, Mississippi, has been returned marked "unknown".

It is requested you advise, if possible, the correct mailing address of Mrs. McCardle, in order that she may be contacted regarding the inscription to be cut on the stone.

An envelope is inclosed for your convenience in replying and an early answer will be appreciated.

Sincerely yours,

1 Incl
env

gcw

NORMAN S. WIGGS
Lt Col, QMC
Memorial Division

FEB 3 3 55 PM '49

O. G. M. G.

ACCTS. OF

G. L. BOYLE

Col., E.D.
Memphis, Tenn.

210-237

STA. 586

DEC 1948

CERTIFICATE

(AR 30-1830)

1. **FILL IN EITHER PART A OR PART B; NOT BOTH.**
 2. **USE PART A WHEN INTERMENT IS IN A CIVILIAN OR PRIVATE CEMETERY.**
 3. **USE PART B WHEN REMAINS ARE DELIVERED TO HOME OR OTHER PLACE PRIOR TO BURIAL IN A NATIONAL OR POST CEMETERY.**

PART A - CIVILIAN OR PRIVATE CEMETERY

A

REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT <i>MC CARDLE, A. M.</i>	GRADE <i>PFC.</i>	SERIAL NUMBER <i>14 097 569</i>	COMPONENT <i>USA</i>
---	----------------------	------------------------------------	-------------------------

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

INSERT NAME OF CEMETERY <i>Bunwellston Cemetery</i>	CITY OR COUNTY <i>Forest</i>	STATE <i>Miss.</i>
INSTRUCTIONS TO PERSON SIGNING THIS FORM		
1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR.		
2. Return four copies to: (Original & 3 copies) Memphis General Depot AGR Division Memphis 2, Tennessee		
3. Type or print name underneath your signature in space marked "Signature of Claimant".		
SIGNATURE OF CLAIMANT <i>Laura L. McCardle</i>		ADDRESS OF CLAIMANT (City, Street or RFD, and State) <i>Atal, Miss S. D. Eastling</i>
RELATIONSHIP TO DECEDENT <i>Wife</i>		DATE <i>11-23-48</i>

PART B - NATIONAL OR POST CEMETERY

B

REQUEST FOR REIMBURSEMENT OF TRANSPORTATION EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT	GRADE	SERIAL NUMBER	COMPONENT
------------------	-------	---------------	-----------

I certify that the sum of \$ _____ was paid by me from personal funds in connection with the transportation of the remains of the above named decedent from and to the following places:

INSERT CITY OR TOWN (OR ADDRESS NOT IN A CITY OR TOWN) FROM WHICH REMAINS WERE SHIPPED	INSERT NAME AND LOCATION OF NATIONAL OR POST CEMETERY TO WHICH REMAINS WERE SHIPPED
INSTRUCTIONS TO PERSON SIGNING THIS FORM	
1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR.	
2. Return four copies to: (Original & 3 copies) Memphis General Depot, AGR Division Memphis 2, Tennessee	
3. Type or print name underneath your signature in space marked "Signature of Claimant".	
SIGNATURE OF CLAIMANT	
ADDRESS OF CLAIMANT (City, Street or RFD, and State)	
RELATIONSHIP TO DECEDENT	DATE

QMC FORM 1236
23 OCT 47REPLACES WD AGO FORM R-5507, QMC FORM R-5046
AND QMC FORM R-5066, WHICH ARE OBSOLETE.

EXPLANATION OF PART A - CIVILIAN OR PRIVATE CEMETERY

1. When the remains are delivered for interment in a civilian or private cemetery, you are responsible for paying all interment expenses. In this connection, you are entitled to the allowance mentioned in paragraph 2 below.
2. An amount not to exceed \$75 is allowed by the government toward actual interment expenses when final interment of the remains is in a private or civilian cemetery. No allowance is authorized toward interment expenses when interment is in a national or post cemetery.
3. The \$75 maximum allowance by the government toward interment expenses includes but is not limited to the payment of one or more of the following items: hearse hire from the railroad station to your home, the funeral home, church, cemetery, or any other place designated by you; vault; church services; newspaper notices; transportation for friends and relatives to and from cemetery; and the services of a funeral director.
4. Reimbursement by the government is made only to the person who paid from his personal funds the expenses of or incident to interment in a private or civilian cemetery. Receipted bills are not required to accompany this form. Any expenses over and above the \$75 maximum must be borne by the person who incurred or paid the additional expenses.

EXPLANATION OF PART B - NATIONAL OR POST CEMETERY

1. When the remains are delivered to you at government expense prior to burial in a national or post cemetery, you are responsible for all additional expenses necessary to deliver the remains from that point to the national or post cemetery grave site. However, you may be entitled to an allowance for the cost of transporting the remains from your home to the national or post cemetery grave site subject to the conditions outlined in paragraph 2. below.
2. Reimbursement of transportation expenses is allowed only when the cost to the government to deliver the remains to you is LESS than what it would have cost the government to deliver the remains direct to the national or post cemetery of final interment. However, the amount which you may be allowed (the difference between cost of delivery to you and cost of delivery by the government direct to the national or post cemetery) may not exceed the amount actually expended by you to deliver the remains to the cemetery grave site. WHETHER OR NOT YOU WILL BE GRANTED AN ALLOWANCE IS DEPENDENT UPON AN AUDIT OF THIS REQUEST. IN ANY EVENT YOU WILL BE NOTIFIED OF ANY ALLOWANCE DUE YOU BY THE OFFICE TO WHICH THIS FORM IS SENT.
3. Reimbursement by the government will be made only to the person who paid from his personal funds for transporting the remains to the national or post cemetery grave site.
4. No interment expense allowance is authorized since interment is made ultimately in a national or post cemetery.

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Pfc A. M. McCordle, 14 097 569
Plot B, Row 8, Grave 89,
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

I, Mrs. Laura G. McCordle

(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

- | | | | |
|--|----------------------------------|--|---|
| <input checked="" 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 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 (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

Indian Springs Cemetery, Perry County, Mississippi

(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 _____

(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.)

RD proc. JUN 4 1948

Label 21 May 48
Maalick

QMG FORM 14 NOV 1946 345 MILITARY

16-20411-1

PAGE 1

20 APR

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PART I (Continued)

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

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

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

OR

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

FULL NAME OF FUNERAL DIRECTOR			
Quigley Funeral Home			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
805 Hardy Street	Hattiesburg	Forrest	Miss.
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	TELEPHONE No.	
Hattiesburg, Miss.	805 Hardy St.	2141	

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
McCardle	Alex	L.	Father
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
Route #2	Hattiesburg	Forrest	Miss.

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. Laura G. McCardle
(SIGNATURE OF NEXT OF KIN)

Mrs. Laura G. McCardle

(NAME PRINTED OR TYPED)

Route #3

(STREET AND NUMBER)

Hattiesburg, Mississippi

(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 13th day of November,

1947, at city (or town) of Hattiesburg, county of Forrest, and State (or Territory or

District) of Mississippi

Geo. W. Causey
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

Chancery Clerk
(OFFICIAL TITLE)

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

By *Oliver Ford Whitehead, D. C.*

PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

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

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

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

PART III

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

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

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

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

Pfc A. M. Mc Cardle, 14 097 569 *ack*
 Plot B, Row 8, Grave 89,
 United States Military Cemetery
 Naples, Italy

23 October 1947

Mrs. Laura G. Mc Cardle
 Rural Free Delivery #3
 Richton, Mississippi

Dear Mrs. MC Cardle:

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

OCT 30 11 31 AM '47
 O.D.M.C.
 MAIL & RECORDS BRANCH

note

16 October 1946

Mrs. Laura G. McCardle
Rural Free Delivery #3
Richton, Mississippi

Dear Mrs. McCardle:

293
The War Department is most desirous that you be furnished information regarding the burial location of your husband, the late Private First Class A. M. McCardle, A.S.N. 14 097 569.

7
The records of this office disclose that his remains are interred in the U. S. Military Cemetery Naples, plot B, row 8, grave 89. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

This cemetery is located in Naples, Italy, 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. LARSEN
Major General
The Quartermaster General

ypa

SPQYO 293

McCardle, A. M.

S.N. 14097569

2 February 1944

Address Reply To THE
QUARTERMASTER GENERAL.

Mrs. Laura G. McCardle,
Route # 3,
Richton, Miss. % D.G. Morgan.

Dear Mrs. McCardle:

Your letter of recent date to The Adjutant General's Office requesting information concerning your husband, the late Pfo. A. M. McCardle, has been forwarded to this office for necessary reply.

You are advised that the expenses incident to the return, after the cessation of hostilities, of the remains of our deceased military personnel interred outside the continental limits of the United States will be borne by the War Department. The Quartermaster General will, at the proper time, request the legal next of kin to advise this office of the desired location of the place of final shipment of the remains of the deceased. Steps will be taken at that time, if possible, to prepare the remains and ship them to the place thus designated.

It may be a comfort to you, to know that a report has now been received stating that your husband's remains were temporarily interred in one of our well established military cemeteries in the area in which your husband was serving, with an appropriate ceremony conducted by an Army Chaplain at the grave. A temporary marker has been erected and the grave properly marked, so that future identification can be easily made, when these remains are returned, if possible, to the United States for final interment.

With reference to your question regarding your husband's personal effects, please be advised that the effects are removed from the remains before interment is made and properly packed and shipped to the Effects Quartermaster, Army Effects Bureau, Kansas City Quartermaster Depot, 601 Hardesty Ave., Kansas City, 1, Mo. for shipment to the legal next of kin. In view of the fact that this Bureau has been designated to receive the personal effects of deceased military personnel outside the continental limits of the United States and the shipping thereof, your letter has been forwarded to that office for further action.

May I extend to you my deepest sympathy in your bereavement.

For The Quartermaster General.

Sincerely yours,

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

IS

SPQYO 293 (McCardle, A. M. (S.N. 14097569))

1st Ind.

War Dept., ASF, OQMG, Washington, D. C.

2 February 1944

TO: Effects Quartermaster, Army Effects Bureau, Kansas City Quartermaster Depot, 601 Hardesty Ave., Kansas City, 1, Mo.

1. Basic communication is forwarded to your office for necessary action to so much thereof as pertains to the personal effects of the late Pfc. A. M. McCardle.

2. Mrs. McCardle has been advised of this reference.

For The Quartermaster General.

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

*Original filed to K.C.
by this office
RJA*

FEB 2 3 48 PM '44
MEMORIAL DIVISION

*mab
we*

IS

WAR DEPARTMENT
ARMY SERVICE FORCES

TRANSMITTAL SHEET

18 December 1943.

TO	The Quartermaster General, Washington, D. C.	
	(Service, division, or organization)	(Location)
DESCRIPTION OF ATTACHED COMMUNICATION	(Branch or unit)	(Attention)
	Mrs. Laura G. McCardle	TAG 13 December 1943.
	(Originator)	(Addressee)
	Burial and Personal Effects	AG 201 McCardle, A. M.
FROM	(Subject)	(File No.)
	Casualty Branch Correspondence Section, 3713, Munitions, 79040	
	(Service, division, or organization)	(Location) (Telephone)

Forwarded for appropriate action.

Private First Class A. M. McCardle, 14,097,569, was killed in
action on 10 October 1943 in Italy.

1 Incl.

Clarence L. Shewalter
Capt., A. G. D.



DEC 20 9 47 AM '43
AG DIVISION



FROM	[Faint, illegible text]	
SUBJECT	[Faint, illegible text]	[Faint, illegible text]
	[Faint, illegible text]	[Faint, illegible text]
TO	[Faint, illegible text]	

RECEIVED
MAR 1944

RECEIVED
MAR 1944

Route 3

Richton, Miss.

To A. L. Morgan

Dec 13, 1943

Robert H. Dunlap

The Adjutant General's Office
Washington, D.C.

Dear Mr. Dunlap,

In reference to my husband
Private First Class A. M. McCasle
14,097,569, AG 201, BC-N
313034, who was killed in
Italy Oct. 10.

I would like to know
if, when his body has been
brought back here, the Government
will take care of burial or

if that will be to me. as
I have had a burial insurance
paid up for him until now.
I would like for you to
please let me know soon how
things will go.

About his personal things
he had on him at time of
death. will they, or can they,
be sent back to me or were
they buried with him?

Please answer these things
for me and any other information
you can give in. such a case
would surely be appreciated.

Respectively
Mrs. Laura L. McCardle



Mrs. Laura G. & Cardie
Route 3
Richton, Miss.



Robert H. Dunlop
Brigadier General
war department
The adjutant General's office
Washington, D. C..

DEC 15 1948



CIVILIAN POSTAL SERVICE
U.S. DEPT. OF COMMERCE

422

Q.M.C. Form 1 - GRS
SOS NATOUA
June 1, 1943

RESTRICTED
CONFIDENTIAL

REBURIAL DEC 7 - 1943

REPORT OF ~~BURIAL~~ REBURIAL (see reverse side)

AR 30-1815 & TM 10-630

9 November 1943

Date Report Filled Out

19079

<u>MC CARDLE</u>	<u>A</u>	<u>M</u>	<u>14097569</u>	<u>W</u>
(Last Name)	(First Name)	(Middle Initial)	(Serial No.)	(Race)
<u>PFC</u>	<u>Co B 307 Eng</u>	<u>Army</u>	<u>U.S.A.</u>	
(Rank)	(Organization)	(Branch)	(Country)	
<u>Naples, Italy</u>	<u>10 October 1943</u>	<u>KIA</u>	<u>UNKNOWN</u>	
(Place of Death)	(Date of Death)	(Cause of Death)	(Religion : P, C, H, etc.)	

MEANS OF IDENTIFICATION

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

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 : NONEUNKNOWN

(Name of Emergency Addressee)

UNKNOWN

(Address of Emergency Addressee)

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

1130 hrs 9 November 1943

(Time and Date of Burial)

Allied Cemetery, Naples, Italy

(Location, Name, & No. of Cemetery)

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

<u>B</u>	<u>8</u>	<u>89</u>	<u>Temp Wood</u>	<u>General</u>
----------	----------	-----------	------------------	----------------

(Plot No.)

(Row No.)

(Grave No.)

(King Grave Markers)

(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 ? QMC Form # 1 GRS sealed in can and buried one (1) foot below grave marker

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

Right side :	<u>CRARY, Howard M</u>	<u>T/5</u>	<u>35292699</u>	<u>Co H 36th Eng</u>	<u>88</u>
	(Name)	(Rank)	(ASN)	(Organization)	(Grave No.)

Left side :	<u>GIDNER, Walter H.</u>	<u>Cpl</u>	<u>36523989</u>	<u>Co B 307 Eng</u>	<u>90</u>
	(Name)	(Rank)	(ASN)	(Organization)	(Grave No.)

(Signature of Officer Reporting Burial)

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

JOHN A. LONG 1st Lt 47th QM 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.

5 JUN 1944 FILE

RESTRICTED
CONFIDENTIAL

H.Q. - 160-q - 6-43 - 80.000

2-16

19079
422

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) from
Cimitero Pieta, Naples, Italy
N244520 Plot 1 Row 2 Grave 24 on
9 November 1943.

Reinterred same date in Allied Cemetery
Naples, Italy Plot B Row 8 Grave 89

TOOTH-CHART

(Right)	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	(Left)

Indicate : missing natural teeth by X; crowns by O;
fillings by □; bridges by —; linkings anterior teeth;
replacements by denture

Characteristics :
Other Data :

When unidentified, take thumb and fingerprints of both hands.

If this is not possible, fill in tooth chart.

Left
Right

Thumb

Q.M.C. Form 1 - CRS
SOS NATOUA
June 1, 1943

RESTRICTED

CONFIDENTIAL

DEC 15 1943

REPORT OF BURIAL

AR 30-1815 & TM 10-630

218

10/14/43

Date Report Filled Out

19080 (19049)6

McCARDLE	A. M.	14097569	W
(Last Name)	(First Name)	(Middle Initial)	(Serial No.)
PFC	CO B 307th ENG	82nd A/B DIV	USA
(Rank)	(Organization)	(Branch)	(Country)
NAPLES, ITALY	10/10/43	KIA	UNK
(Place of Death)	(Date of Death)	(Cause of Death)	(Religion : P, C, H, etc.)

MEANS OF IDENTIFICATION

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

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

EMT
EFM 2nd

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

UNKNOWN

(Name of Emergency Addressee)

(Address of Emergency Addressee)

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

0900

10/12/43

PIETA CEMETERY, NAPLES N244520

(Time and Date of Burial)

(Location, Name, & No. of Cemetery)

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

1

2

24

CROSS GENERAL SERVICE

(Plot No.)

(Row No.)

(Grave No.)

(King Grave Markers)

(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 ? NAME IN CAN

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

Right side : BETLEJEWSKI PVT 35332971 CO H 36th ENG 25

(Name) (Rank) (ASN) (Organization) (Grave No.)

Left side : GIDNER CPL 36523888 CO B 307th ENG 23

(Name) (Rank) (ASN) (Organization) (Grave No.)

F. A. SCHMALTZ

(Signature of Officer Reporting Burial)

(Verified by 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.

RESTRICTED

RESTRICTED

5 JUN 1944 FILE

H.Q. - 160-q - 643 - 80.000

RESTRICTED

19080

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 $\frac{1}{2}$ tag on body, forward $\frac{1}{2}$ 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.

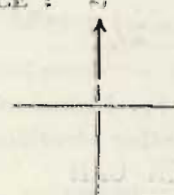
2. **BURIAL** : Dig grave to a depth of five feet (hasty battlefield burials, to sufficient depth to prevent elements from exposing the body). Place only one body in a grave. Dig graves side by side, row behind row.

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 :



TOOTH-CHART

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

4

3

2

1

Thumb

Left

Right

Thumb

1

2

3

4

20,449

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

DATE 16 November 1943
cmd/amb 4632

FULL NAME McCardle, A. M.		ARMY SERIAL NO. 14 097 569
GRADE PFC	ARM OR SERVICE AB Engineers	DATE OF BIRTH 17 Dec 1920
HOME ADDRESS Hattiesburg, Miss.		
DATE OF DEATH 10 Oct 1943	PLACE OF DEATH North African Area	CAUSE OF DEATH Killed In Action
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP, & ADDRESS) Mrs. Laura G. McCardle, wife RFD #3, Richton, Mississippi		
BENEFICIARY (NAME, RELATIONSHIP, & ADDRESS) Laura G. McCardle, wife, RFD #3, Richton, Miss. Gyendown Fay McCardle, daughter, Route #2, Richton, Miss. Leona McCardle, mother, Route #2, Hattiesburg, Miss.		

⑥

BY ORDER OF THE SECRETARY OF WAR:

J. A. Marshall

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

(OVER)

ADJUTANT GENERAL

ADDITIONAL DATA: (CONFIDENTIAL)

STATION OF DECEASED

North African Area (Italy).

NAME OF DECEASED		
DATE OF DEATH		
TO OR FROM	PLACE OF ORIGIN	PLACE OF DEATH
REMARKS		
AGE	SEX	DATE OF BIRTH
NAME OF NEXT OF KIN		DATE OF BIRTH

REPORT OF DEATH

 THE UNITED STATES DEPARTMENT OF
 THE ARMY AND NAVY

6h¹⁰

JDB

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

JRM:HA:rma
25 May 1944

In reply refer to QM 250.414

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

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

There are submitted herewith reports of transactions by the Summary Court-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>
26485	Keen, John R.	PFC	6955061
38160	Tamura, Toyoshi	Pvt.	30102240
39789	McCardle, A. M.	PFC	14097569
39798	Summers, Charles L.	2nd Lt.	O-427219
69396	Kerrigan, Paul F.	Cpl.	11056148

For the Commanding Officer:

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

5 Incls--

Incl 1--Report Case No. 26485
Incl 2--Report Case No. 38160
Incl 3--Report Case No. 39789
Incl 4--Report Case No. 39798
Incl 5--Report Case No. 69396

ML:men

Eff QM Form No. 23 (Rev. 11/19/43)

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

Case No. 39789 D(Date) 25 May 1944

Subject: Report of transactions in disposing of the effects of

A. M. McCardle, 14097569, late a
(Name of deceased soldier) (Army Serial No.)
Private First Class, AB Engineers 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., KCQM 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 \$ 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 ~~and assets (less the amount owing 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 April 21, 1944, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application and/or affidavit of Mrs. Laura G. McCardle for the effects of the above-named deceased soldier, now (Name of Claimant) 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 Mrs. Laura G. McCardle (Name of person found entitled)

of c/o D. G. Morgan, Route #3, Richton, State of (Number, Street or Avenue) (City, Town or Village)

Mississippi, is the Widow of the above- (Relationship or Capacity)

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

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

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

213
(S-5-28-44)
JRM:HA:vm
April 28, 1944

IN REPLY REFER TO ~~109789-D~~

Mrs. Laura G. McCardle
c/o D. G. Morgan
Route #8
Richton, Mississippi

Dear Mrs. McCardle:

Thank you for confirming your address as was requested in connection with disposal of the property of your husband, Private First Class A. M. McCardle.

This property has been forwarded to you by mail under separate cover. When you have received the package, please sign one copy of the inclosed receipt and return that copy to this Bureau. For your convenience, there is inclosed an addressed envelope which needs no postage.

My action in sending such effects does not, of itself, vest title in you. These effects are transmitted only in order that some responsible person receive them, so that distribution may be made in accordance with the laws of the state of your husband's legal residence.

Your cooperation in returning the signed receipt promptly will be appreciated.

Please accept my sympathy in the loss of your husband.

Yours very truly,

G. H. GALVIN, JR.
1st Lt. Q.M.C.
Chief, Adm. Control Branch

2 Incls.
Form 5
Envelope

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

JRM:HA:mam

Suspense 8 May 1944Case No. 39789 DDate 24 April 1944

APR 26 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 First Class A. M. McCardle Serial No. 14097569Ship to: Mrs. Laura G. McCardleStreet and Number c/o D. G. Morgan, Route 3City and State Richton, MississippiShip Via: Trucks Gov't B/L No. _____2 InventoriesW. Baxter
For the Effects Quartermaster

LIST OF PACKAGES SHIPPED

1 PKg Package includes 2
Inventories - 2-11-14 and 404
listed in Inventory 12-3-43.
NOTE: Items returned to effects + shipped

Franked Mail--4# or less ✓

Parcel Post Charges _____

Estimated Express Charges _____

Estimated Freight Charges _____

Total Number of Pieces: 1 Shipping Clerk LJPWeight of Shipment: 1 # Date APR 26 1944

DS:jeb

Effects QM Form 14 (Rev. 10/15/43)

IMMEDIATE ACTION

Route 3
Richter, Miss.
Go D. G. Morgan
April 18, 1944

Army Service Forces
Kansas City Quartermaster Depot
601 Hardesty Ave.
Kansas City 1, Missouri
Dear Sir:

In reply to your letter
with reference no. 39789-D
concerning my address.

you have my address
completely correct.

Thanking you very much
for sending me these dear
things I am.

file
for

Respect.
Mrs Laura L. M^c Cardle

KANSAS CITY, MO.

APR 20 1944 AM

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

(S-5-13-44)

JRM:HA:vlm

April 13, 1944

39789-D

IN REPLY REFER TO _____

Mrs. Laura G. McCardle
c/o D. G. Morgan
Route #3
Bichton, Mississippi

Dear Mrs. McCardle:

Your letter of December 13, inquiring about the personal effects of your husband, Private First Class A. M. McCardle, was recently referred to this Bureau from Washington.

The Army Effects Bureau has just received from overseas some personal property belonging to Private McCardle. We know you want to receive this property quickly. However, before making shipment, we would like to have you confirm your address.

Please mail your reply in the inclosed self-addressed envelope which needs no postage.

Yours very truly,

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

1 Incl.
Envelope

IMMEDIATE ACTION

SPQYO 293 (McCardle, A. M. S.N. 14097569)

1st Ind.

War Dept., ASF., OQMG., Washington, D. C.

2 February 1944

TO: Effects Quartermaster, Army Effects Bureau, Kansas City Quartermaster Depot, 601 Hardesty Ave., Kansas City, 1, Mo.

1. Basic communication is forwarded to your office for necessary action to so much thereof as pertains to the personal effects of the late Pfc. A. M. McCardle.
2. Mrs. McCardle has been advised of this reference.

For The Quartermaster General.

R. P. Harbold
R. P. HARBOLD, *Enc*
Colonel, Q. M. C.,
Assistant.

*file
ha*



RECEIVED
OFFICE OF THE
JOINT CHIEFS OF STAFF

100-100000-100000

FOR THE SECRETARY OF DEFENSE

1. THE SECRETARY OF DEFENSE HAS BEEN ADVISED OF THE RESULTS

OF THE INVESTIGATION

AND NO FURTHER ACTION IS BEING TAKEN AS THE RESULTS OF THE INVESTIGATION

DO NOT WARRANT SUCH ACTION AS THE RESULTS OF THE INVESTIGATION

DO NOT WARRANT SUCH ACTION AS THE RESULTS OF THE INVESTIGATION

10. RESULTS OF THE INVESTIGATION DO NOT WARRANT SUCH ACTION AS THE RESULTS OF THE INVESTIGATION

AND RESULTS OF THE INVESTIGATION DO NOT WARRANT SUCH ACTION AS THE RESULTS OF THE INVESTIGATION

RESULTS OF THE INVESTIGATION DO NOT WARRANT SUCH ACTION AS THE RESULTS OF THE INVESTIGATION

ROUTE # 3
Richton, Miss.
% D. G. Morgan

Dec. 13, 1943

Robert H. Dunlap
The Adjutant General's Office
Washington, D. C.

Dear Mr. Dunlap:

In reference to my husband Pvt. First Class A. M. McCardle, S.N.

14,097,569, A. G. 201, Pc-N 313034 who was killed in Italy Oct. 10.

I would like to know if, when his body has been brought back here, the Government will take care of burial or if that will be to me. As I have had a burial insurance paid up for him until now. I would like for you to please let me know soon how things will go.

About his personal things he had on him at time of death. Will they, or can they, be sent back to me or were they buried with him?

Please answer these things for me and any other information you can give in such a case would surely be appreciated.

Respectively

Mrs. Laura G. McCardle.



C O P Y
KCQMD
AEB -mr

WAR DEPARTMENT
The Adjutant General's Office
Washington

MEMORANDUM

SUBJECT: Report of Death

TO : Effects Quartermaster
Kansas City QM Depot
Kansas City, Missouri

November 19, 1943

Full Name: McCardle, A. M.
Date and place of birth: December 17, 1920
Serial number: 14 097 569
Grade or Rank and Organization: Private First Class
Arm or Service: AE Engineers
Date and place of death: October 10, 1943 in North African area
Cause of death: KILLED IN ACTION
Home address: Hattiesburg, Mississippi
Emergency address: Mrs. Laura G. McCardle (wife)
R. F. D. #3, Richton, Mississippi
Mrs. Larua G. McCardle (wife)
R. F. D. #3, Richton, Mississippi
Gyendown Fay McCardle (daughter)
Route #2, Richton, Mississippi
Leona McCardle (mother)
Beneficiary address: Route #2, Hattiesburg, Mississippi
Date of enlistment or
acceptance of commission: _____

E H Q M

INVENTORY OF EFFECTS

(See AR 600 550)

McCardle, A. M. (IO) 14097569
 (Last name) (First name) (Middle initial) (Army serial number)

late a Pfc 307 A/B Engr Bn
 (Grade) (Organization or arm or service)

who died on the 10 day of Oct, 19 43

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

NUMBER	ARTICLES	* Package NUMBER
1	Billfold & Misc Papers ✓	
1	Prcht. Badge ✓	
1	EAME Badges ✓	
1	Chane & Cross ✓	
6	Coins Keepsake ✓	
Nearest of Kin — Wife		
Mrs Laura G Mc Cardle		
FDR #3		
Bichton, Mississippi		

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

CLASS II — Other effects

NUMBER	ARTICLES
Effects delivered to Quartermaster, 82nd Airborne Division, APO 469, for shipment to Effects Quartermaster, Army Effects Bureau, Kansas City, Missouri.	

W. D. A.G.O. Form No. 64
 July 1, 1933



CLASS II — Continued

NUMBER	ARTICLES
	Check No. 11, 954 dated 26 Oct 43 for \$0.40 airmailed to Effects Quartermaster, Army Effects Bureau, Kansas City, Missouri
	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">Money</div> <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div>Specie \$ 0.40 ✓</div> <div>Notes \$ None</div> </div> </div>

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., 307 4th Engr Bn.,

Personnel Adjutant

AFQ 469, NY, NY.

(station)

October 23, 19 43

(Date)

*Strike out words not applicable.

H.Q. M.H.S. MAY 43/25 m

inv #3 7

Serial No. 14097569 Name McCarole, A.M. (L.O.)
 Grade..... Rank.....
 Organization Co B-307 Eng.
 Address.....
 Nearest Relative.....
 Address.....
 Killed in Action..... Died of Disease.....
 Date..... Hospital.....
 Battle Area..... Information.....
 Place of Burial.....
 Point of Coordination.....
 Description of Body.....
 Members Missing.....
 Signed.....

File #2



KANSAS CITY, MO.

MAY 10 1944 AM