

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5258 00937

DATE

15 05 48
DAY MONTH YEAR

NAME

KIRKLAND HAROLD R

SERIAL NUMBER

35106831

RANK

CPL

ARM

1

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

NAPLES ALLIED CEMETERY

DISPOSITION OF REMAINS

1 5200 07
CODE DIST. PT.

PLOT

B

ROW

8

GRAVE

85

COUNTRY

ITALY

CAUSE OF DEATH

1

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

PARROTT AND RAMSEY

CAMPBELLSVILLE, KENTUCKY

NAME AND ADDRESS OF NEXT OF KIN

GEORGE C. KIRKLAND (FATHER)
101 WILCOX STREET
CAMPBELLSVILLE, KENTUCKY

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 1

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 Joseph J. Carroll 1 Lt TC	DATE 20 Oct 1948

2. SHIPPED

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

3. SHIPPED PORT TRANSPORTATION OFFICER

FROM MPE		TO DCH 07	
KIND OF CONVEYANCE		NAME OF CONVOYER Frederick J. Karley	
SIGNATURE OF SHIPPER W. W. PREISCH LIEUT. COLONEL, TC PORT TRANSPORTATION OFFICER	DATE NOV 9 1948	SIGNATURE OF RECEIVER E. Ingelman 1st Lt AMC	DATE OCT 10 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 CAMPBELL'S AIGLE, KENTUCKY		NAME OF CONVOYER CAMPBELL'S AIGLE, KENTUCKY	
SIGNATURE OF SHIPPER BARRON AND BARNES	DATE	SIGNATURE OF RECEIVER GEORGE C. KIRKLAND (LVTN)	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

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

KIRKLAND HAROLD R

35106831 CPL

1

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

CODE DIST. PT.

LOT ROW GRAVE COUNTRY

CAUSE OF DEATH

B 8 85 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 DISINTERRED

KIRKLAND HAROLD R

35106831

CPL

30 July 48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

☐ REMAINS

USAGF

P

W E MC NEIL 2 LT QMC

☒ MARKER

W E McNeil 2 LT QMC

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

SHROUD

SKELETAL

OTHER MEANS OF IDENTIFICATION

NONE

MINOR DISCREPANCIES

NONE

REMAINS PREPARED AND PLACED IN CASKET

DATE 3 AUG 48

BY

A P GRACE EMBALMER

CASKET SEALED BY

EMBALMER (Signature)

A P GRACE EMBALMER

SHIPPING ADDRESS VERIFIED BY

CASKET BOXED AND MARKED

DATE 3 AUG 48 BY R L ROONEY RECORDER

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.

JUDINE 1ST 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>P C Craig</i> P C 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	DATE

3. SHIPPED

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

15273

RECEIPT OF REMAINS

DISTRIBUTION CENTER

COLUMBUS GENERAL DEPOT COLUMBUS 15 OHIO

ROUTINE

22 NOVEMBER 1948

REMAINS CONSIGNED TO: PARROTT AND RAMSEY

CAMPBELLSVILLE KENTUCKY

FROM QMDCG _____ BARDEN

REMAINS OF THE LATE CPL HAROLD R KIRKLAND ASN 35106831 BEING SHIPPED TO
YOU ACCOMPANIED BY MILITARY ESCORT ON TRAIN NO 23-47 LOUISVILLE AND
NASHVILLE RAILROAD LEAVING COLUMBUS 1:15 AM TWENTY NINE NOVEMBER AND DUE
TO ARRIVE CAMPBELLSVILLE KENTUCKY 11:59 AM RAILROAD TIME TWENTY NINE
NOVEMBER. REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT STATION
UPON ARRIVAL AND THAT YOU IMMEDIATELY PASS THIS INFORMATION ON TO NEXT OF
KIN.

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

THIS 29 DAY OF Nov, 1948

WITNESS (Escort)

CORRIGNEE

NAT
FILE

RECORDS ANNOTATED
DATE JAN 14 1949

NAME [Signature]
R & R BR.

RECEIVED
RECORDS BRANCH

DEC 17 11 53 AM '48

RECORDS DIVISION

RECEIVED DEPT. OF JUSTICE

MESSAGEFORM

MESSAGE CENTER NO.

TRANSMITTING MEANS

CRYPTOGRAPH OR CLEAR TEXT

NYO19R

CALLS

STA. SER. No.

PRECEDENCE

TRANSMISSION INSTRUCTIONS

ORIGINATOR

DATE-TIME GROUP

V

NR

ACTION

INFORMATION

EXEMPT

OPERATING SIGNALS

GROUP COUNT

WESTERN UNION

GR

FROM: (Originator)

SPACE ABOVE FOR SIGNAL CENTER ONLY

SECURITY CLASSIFICATION

GOVT PD

ACTION TO:

MR GEORGE C KIRKLAND
DLR AND REPORT ANY CHARGES
101 WILCOX STREET
CAMBELLSVILLE KENTUCKY

ACTION

PRECEDENCE FOR

INFORMATION

DAY LETTER

☐ ORIGINAL MESSAGE

REFERS TO ANOTHER MESSAGE
IDENTIFICATION

CLASSIFICATION

INFORMATION TO: FROM QMDCG 13997-B BARDEN

WE HAVE BEEN ADVISED REMAINS OF THE LATE

CORPORAL HAROLD R KIRKLAND

ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED

TO PARROTT AND RAMSEY FUNERAL HOME

CAMPBELLSVILLE KENTUCKY

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 COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS OHIO. 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 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 ORGANIZATIONS TO MAKE ARRANGEMENTS. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM. NOTIFY THIS OFFICE OF PATRIOTIC OR VETERANS ORGANIZATION SELECTED BY YOU TO FURNISH MILITARY HONORS.

BOWMAN CO COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS OHIO

SECURITY CLASSIFICATION

SIGNATURE

AUTHORIZATION

ORIGINATING AGENCY

DATE-TIME GROUP

OFFICIAL TITLE

FRANCIS FAPPIANO

CAPT, QMC, Asst AGR Div

PAGE OF

SYMBOL

WD AGO FORM 11-168
15 JUN 1945

This form supersedes WD AGO Form 11-168, 21 Aug 44,
and WD AGO Form 801, 12 Mar 43, which are obsolete.

16-45901-1

U. S. GOVERNMENT PRINTING OFFICE

Model 1

Rail - Funeral Director Designated

WUA216 13 COLLECT CAMPBELLSVILLE KY NOV 4930A

COLUMBUS GENERAL DISTDEPOT

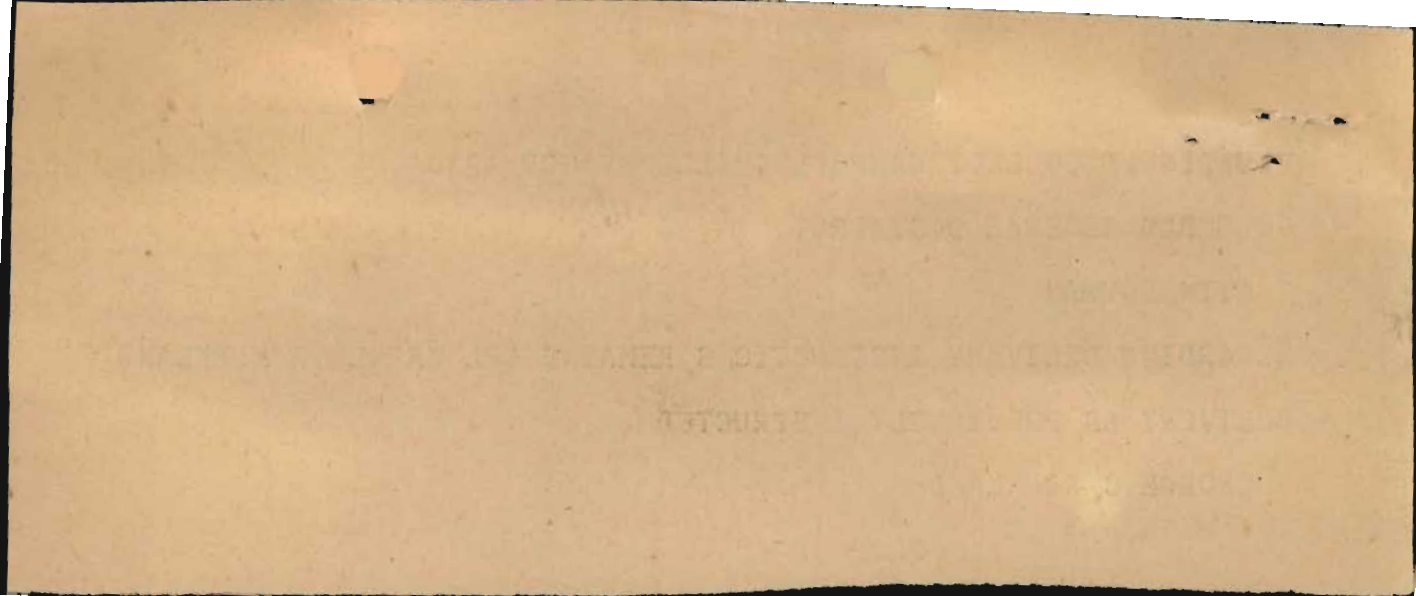
ATTN BOWMAN

REGARDING DELIVERY INSTRUCTIONS REMAINS CPL HAROLD R KIRKLAND

DELIVERY AS PREVIOUSLY INSTRUCTED

GEORGE C. KIRKLAND

220P



REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Cpl. Harold R. Kirkland, 35 106 831
 Plot B, Row 8, Grave 85,
 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, George C. Kirkland

(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

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

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

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

Campbellsville Cemetery, Campbellsville, Kentucky
 (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.)

None

Cadet. R. Jones
 5/13/48

Processed 10/1/48
 M Adams

16-50411-1
 14 NOV 1946 345 MILITARY

20 APR

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 Kirkland	FIRST NAME George		MIDDLE INITIAL C
NUMBER AND STREET 101 Wilcox Street	CITY OR TOWN Campbellsville	COUNTY OR PROVINCE Taylor	STATE OR TERRITORY OF U. S. A., OR COUNTRY Kentucky
EXPRESS OFFICE (Nearest railroad passenger station) Campbellsville, Ky.	TELEGRAPH ADDRESS Campbellsville, Ky.		TELEPHONE NO. 248-x

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 Parrott & Ramsey			
NUMBER AND STREET Campbellsville, Ky	CITY OR TOWN Campbellsville	COUNTY OR PROVINCE Taylor	STATE OR TERRITORY OF U. S. A., OR COUNTRY Kentucky
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS Campbellsville, Ky.		TELEPHONE NO. 200

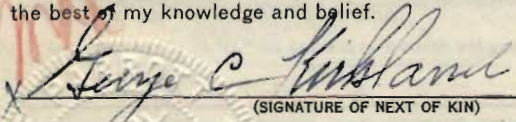
IN CASE OF EMERGENCY THE NAME AND ADDRESS OF THE PERSON NEXT IN LINE OF KINSHIP AFTER ME, AS SET FORTH IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," IS:

LAST NAME Coppock	FIRST NAME Elizabeth	MIDDLE INITIAL Kirkland	RELATIONSHIP TO DECEASED Sister
NUMBER AND STREET 101 Wilcox Street	CITY OR TOWN Campbellsville	COUNTY OR PROVINCE Taylor	STATE OR TERRITORY OF U. S. A., OR COUNTRY Kentucky

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

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


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

 (SIGNATURE OF NEXT OF KIN)	101 Wilcox Street (STREET AND NUMBER)
George C. Kirkland (NAME PRINTED OR TYPED)	Campbellsville, Kentucky (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 28 day of Nov, 1947, at city (or town) of Campbellsville, county of Taylor, and State (or Territory or District) of Kentucky

MY COMMISSION EXPIRES JAN. 16, 1950

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


(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Notary
(OFFICIAL TITLE)

PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

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

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

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

PART III

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

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

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

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

ADDITIONAL REMARKS AND INSTRUCTIONS

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



INSPECTION CHECKLIST
(FOR USE AT DISTRIBUTION CENTER)

2/10/98

NAME Kirkland, Harold R.		RANK Cpl	SERIAL NUMBER 35106831
SOURCE		CONSIGNEE Parrott and Ramsey Funeral Home Campbellsville, Kentucky	
SHIPPING CASE - GENERAL APPEARANCE (CHECK ONLY DISCREPANCIES)		CONDITION OF SHIPPING CASE (CHECK ONE) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	
FINISH (EXTERIOR)		REMARKS <i>fructed up</i>	
FINISH (INTERIOR)			
HANDLES			
HANDLE BOLTS			
STENCILING - NAMEPLATE			
HEALTH PERMIT MARKER			
HEALTH PERMIT NUMBER			
CASKET - GENERAL APPEARANCE (CHECK ONLY DISCREPANCIES)		CONDITION OF CASKET (CHECK ONE) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	
FINISH (EXTERIOR)		REMARKS <i>Painted new</i> <i>Fitted</i>	
HANDLES AND FASTENINGS			
STENCILING - NAMEPLATE			
CAM LOCKS (SEALING)			
ODOR OR MOISTURE			

ROUTED THROUGH

<input type="checkbox"/> MORTUARY OPERATING ROOM	<input type="checkbox"/> MORTUARY REPAIR SHOP
CONDITION OF REMAINS <input checked="" 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 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
			0900	11/19/45	<i>Wanner</i>

REMARKS

*Casket Refinished
By Lane OK*

RESTRICTED
CONFIDENTIAL

REBURIAL
DEC 6 - 1943

REPORT OF ~~BURIAL~~ REBURIAL (see reverse side)
AR 30-1815 & TM 10-630

(6.11) 9 November 1943

Date Report Filled Out

KIRKLAND Harold R 35016831 W
(Last Name) (First Name) (Middle Initial) (Serial No.) (Race)
Cpl Co B 307 Eng Army U.S.A.
(Rank) (Organization) (Branch) (Country)
Naples, Italy 10 October 1943 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 (2); 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

KIRKLAND, George C. 609 Lebanon Ave, Campbellsville, Ky.
(Name of Emergency Addressee) (Address of Emergency Addressee)

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

1030 hrs 9 November 1943 Allied Cemetery, Naples, Italy
(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

B 8 85 Temp Wood Protestant
(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 : BEGINING OF ROW
(Name) (Rank) (ASN) (Organization) (Grave No.)

Left side : SMITH, Roy E. Cpl 6998426 Co B 307 Eng 86
(Name) (Rank) (ASN) (Organization) (Grave No.)

(Signature of Officer Reporting Burial)

JOHN A. LONG 1st Lt 47th QM CO (GR)
(Signature of Officer Reporting Burial)

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

7273

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 :

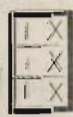
Disinterred by 47th QM CO (GR) from Cimitero Pieta, Naples, Italy N244520 Plot 1 Row 2 Grave 26 on 9 November 1943.

Reinterred same date in Allied Cemetery Naples, Italy Plot B Row 7 Grave 65

TOOTH-CHART

(Right)	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	7	6	5	4	3	2	1

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.

Left
Right

CONFIDENTIAL

REPORT OF BURIAL

AR 30-1815 & TM 10-630

NOV 25 1943

10/14/43

Date Report Filled Out

KIRKLAND	HAROLD	R	35106831	W
(Last Name)	(First Name)	(Middle Initial)	(Serial No.)	(Race)
CPL	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

GEORGE C. KIRKLAND

(Name of Emergency Addressee)

609 LEBANON AVE. CAMPBELLSVILLE, KY

(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

(Location, Name, & No. of Cemetery)

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

1	2	26	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 :	SMITH	CPL 6998426	CO B 307th ENG	27
	(Name)	(Rank)	(ASN)	(Grave No.)

Left side :	BETLEJEWSKI	PVT 36332971	CO H 36th ENG	25
	(Name)	(Rank)	(ASN)	(Grave No.)

F.A. SCHMALTZ

(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

H.Q. - 160-2 643 - 80.000

7274

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.

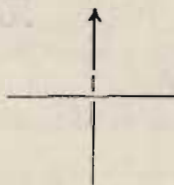
2. BURIAL : Dig grave to a depth of five feet (hasty battlefield burials, to sufficient depth to prevent elements from exposing the body). *Place only one body in a grave.* Dig graves side by side, row behind row.

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 :



TOOTH-CHART

(Left)	(Examinee's)	(Right)
8	8	8
7	7	7
6	6	6
5	5	5
4	4	4
3	3	3
2	2	2
1	1	1
16	16	16
15	15	15
14	14	14
13	13	13

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.

Left
Right

Thumb

Thumb

57
Cpl. Harold R. Kirkland, 35 106 831
Plot B, Row 8, Grave 85,
United States Military Cemetery
Naples, Italy

23 October 1947

Mr. George C. Kirkland

Edmonton, Kentucky

Dear Mr. Kirkland:

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. LANKIN
Major General
The Quartermaster General

Incls.

fat

OCT 30 11 30 AM '47

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

16 October 1946

Mr. George C. Kirkland

Edmonton, Kentucky

Dear Mr. Kirkland:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Corporal Harold R. Kirkland, A.S.W. 35 106 831.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Naples, plot B, row 8, grave 85. 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. LARKIN
Major General
The Quartermaster General

Oct 17 4 25 PM '46

RECORDS BRANCH

ypa

10 October 1945

Mr. George C. Wickham

Wickham, Kentucky

Dear Mr. Wickham:

The War Department is now desirous that you be furnished information regarding the burial location of your son, the late Raymond A. Wickham, A.S.N. 32 100 841.

The records of this office indicate that his remains are interred in the U.S. Military Cemetery, France, Plot B, Row 3, Grave 87. It may be assumed that the identification and interment have been completed with fitting dignity and ceremony.

This cemetery is located in England, France, and is under the war-time care and supervision of United States military government.

The War Department has now been authorized to supply, at Government expense, with the possible vision of the next of kin regarding final interment, data on burial, at the expense of your loved one. As a latest date, with office will, without any action on your part, will give the name of the final interment and notify the deceased.

Please accept my sincere sympathy in your great loss.

Sincerely yours,

W. D. L. WICKHAM
Major General
The War Department

RECEIVED
OCT 10 1945
1110

SP-30 314.6
Theater of Operations
(Mediterranean Area)

N.S. misc

14 March 1946

SUBJECT: Corrections of Reports of Internment

TO: Theater Graves Registrations Officer
Mediterranean Theater
APO 774, c/o Postmaster
New York, New York

1. It is requested that the burial reports and grave markers for the following deadents, interred at the U. S. Military Cemetery, Naples, Italy, be changed to correct the discrepancies underlined, and that this office be advised when these corrections have been completed.

NAME	RANK/ GRADE	SERIAL NO.	BRANCH of SERV.	GR.	ROW	PLOT
Sellers, James H.	Pvt	20 449 079	PA	28	3	L
Sent, John J.	T/5	37 129 674	Infantry	115	10	H
X293 Kirkland, Harold R.	Cpl	<u>15 104 031</u>	Ingr	05	8	B
Knott, John E.	Sgt	<u>20 704 561</u>	Infantry	23	2	B
Urban, John J.	Pvt	37 704 790	GR	30	3	L

FOR THE QUARTERMASTER GENERAL:

H. V. TUNER
Colonel, GSC
Assistant

ARMY SERVICE FORCES
TRANSMITTAL SHEET

SECURITY CLASSIFICATION (If any)

FILE No.	SUBJECT		
TO	FROM	DATE	COMMENT No.

Last Name First Name M.I.

Kirkland, Harold R

Army Serial No. 35106831

Name of Cemetery ^{correct} Naples, Italy

Plot B

Row 8

Grave 85

reburial from
Pietà Cem, Naples

Letter To: Field

Remarks: The correct serial
number is: 35106831

9 Mar.

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

(Read Explanation on Reverse Side before completing form)

DATE

Nov 30 - 1948

NAME OF DECEDENT (Last, First, Middle Initial)

Kirkland, Harold R.

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

Cpl.

SERIAL NO.

35106831

INSTRUCTIONS TO PERSONS SIGNING THIS FORM

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

FILL IN THIS STATEMENT IF BOX "A" IS CHECKED

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

NAME:

of Cemetery: Brookside

CITY OR COUNTY:

Campbellsville, Taylor

STATE:

Kentucky

RETURN FOUR COPIES TO

COLUMBIA GENERAL DISTRIBUTION DEPT
COLUMBIA 15, OHIO

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)

SIGNATURE OF CLAIMANT

X George C. Kirkland

ADDRESS (Street number or RFD, City and State)

Campbellsville Ky

RELATIONSHIP TO DECEDENT

Father

REMARKS

PAID ON VOUCHER 711.54

1-4-49 ACCOUNTS OF
W. KNOBELOCH, Lt Col. F. D.

SYMBOL NO. 211-943

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.

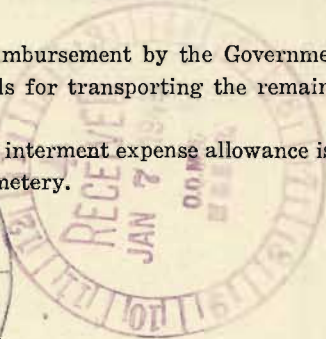
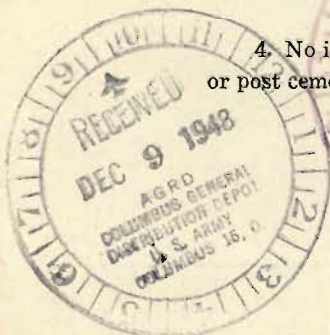
PART B

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.



20,177

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

KCW/ch4635

DATE 15 November 1943

FULL NAME Kirkland, Harold R		ARMY SERIAL NO. 35 106 831
GRADE Cpl	ARM OR SERVICE Corps of Engineers	DATE OF BIRTH 8 Feb 1919
HOME ADDRESS Louisville, Kentucky		
DATE OF DEATH 10 Oct 43	PLACE OF DEATH North African Area	CAUSE OF DEATH Killed in Action
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP, & ADDRESS) Mrs George C Kirkland (mother) 609 Lebanon Ave., Campbellsville, Ky.		
BENEFICIARY (NAME, RELATIONSHIP, & ADDRESS) Mrs George C Kirkland (mother) 609 Lebanon Ave., Campbellsville, Ky. Mr George C Kirkland (father) Edmonton, Ky.		

BY ORDER OF THE SECRETARY OF WAR:

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

(OVER)

J. W. Reinhart
GENERAL

ADDITIONAL DATA: (CONFIDENTIAL)

STATION OF DECEASED

North African Area, (Italy)

Nov 16 4 34 PM '47

MEMORIAL DIVISION

LC 11 '05

293 Kirkland, Harold P. 35-106831

MS

SAVE



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

(S-11-9-44)
JRM:NM:hk
October 9, 1944

IN REPLY REFER TO 36670 M

Mr. George C. Kirkland
609 Lebanon Avenue
Campbellsville, Kentucky

*File
my*

Dear Mr. Kirkland:

The Army Effects Bureau has received additional property belonging to your son, Corporal Harold R. Kirkland.

These effects, consisting of a New Testament and Elgin wrist watch, are being forwarded and should reach you in the near future. It is regretted that the wrist watch was received here in a damaged condition.

When you have received the property, I shall appreciate your signing one copy of this letter in the space provided and returning it to this Bureau. For your convenience there is inclosed an addressed envelope which needs no postage.

As previously indicated, such property is forwarded to you for distribution in accordance with the laws of the state of your son's legal residence.

Yours very truly,

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

1 Incl.-Envelope

Receipt acknowledged:

George C. Kirkland
George C. Kirkland

Oct 16 - 44
Date

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Ship to:

Effects Of

Name Cpl. Harold R. Kirkland

ASN 35106831

Case No. 36670 D

Wt.

Mr. George C. Kirkland

609 Lebanon Avenue

Campbellsville, Kentucky

*File
mp*

Ship Via _____ G B/L No. _____

Date October 9, 1944
JRM:NM:hlz

W McMillan
For the Effects Quartermaster

PACKAGES SHIPPED

1 PKG

TOTAL *1* WT. _____

Franked _____
Est. Exp. Chgs. _____
Est. Frt. Chgs. _____

Date Shipped _____

OCT 11 1944

OCT 10 1944

REMARKS:

3rd Inv.

2/B
(Shipping Clerk)

INVENTORY OF EFFECTS

(See AR 600 550)

Kirkland, Harold . R . 35106831
(Last name) (First name) (Middle initial) (Army serial number)
late a Cpl 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	Bible (New Testament)	
1	Wrist Watch (Elgin)	
Nearest of Kin - Mother:		
	Naomi (NMI) Kirkland Edmonton, Kentucky	
Effects delivered to Postal Officer, 82nd Airborne Division, APO 469, for shipment by insured parcel Post to Effects Quartermaster, ETOUSA		

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

CLASS II - Other effects

NUMBER	ARTICLES
	None

CLASS II — Continued

[illegible]

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

(Give name and degree of relationship ; if legal representative

or beneficiary named by the deceased, so state)

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

A. T. ZBINDEN, CWO., USA.,
Personnel Adjutant

APO 469 NY (1) NY
(Station)

10 May, 1944
(Date)

*Strike out words not applicable.

H.O. M B S. MAY 43/25 m

file
6V

JRB

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

IN REPLY REFER TO SPQDK 250.414 (36670 D)

JRM:NM:rb
16 March 1944

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

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

1. Reference is made to letter of the Army Effects Bureau to your office, dated 13 December 1943, file QM 250.414 and subject as above stated, transmitting report of the Summary Court-Martial at this Bureau in connection with the disposition of the effects of Harold R. Kirkland 35106831, Corporal, Corps of Engineers, deceased.

2. Additional personal property of the deceased recently was received here and forwarded to George C. Kirkland, 609 Lebanon Avenue, Campbellsville, Kentucky, father of the deceased, under date of 26 February 1944, in accordance with the previous finding of the Summary Court-Martial under the 112th Article of War.

For the Commanding Officer:

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

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

7-11 NM 36670
(S-3-29-44)

JRM:NM:rb

February 29, 1944

IN REPLY REFER TO #36670 D

Mr. George C. Kirkland
609 Lebanon Avenue
Campbellsville, Kentucky

Dear Mr. Kirkland:

Since transmitting to you our check covering funds belonging to your son, Corporal Harold R. Kirkland, the Army Effects Bureau has received some of his personal property.

This property, consisting of:

- 1 Billfold
- 1 Cigarette case

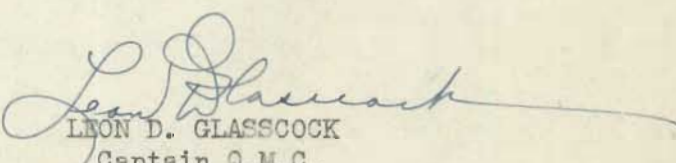
has been forwarded by mail, under separate cover. When you have received the package, please acknowledge receipt by signing one copy of this letter and returning that copy to us here. For your convenience, there is inclosed an addressed envelope which needs no postage.

As previously stated, this property is forwarded to you for distribution in accordance with the laws of the state in which your son resided.

I regret that more personal property of your son has not been received at this Bureau. However, if additional personal effects marked as belonging to him are received here, they will be forwarded promptly.

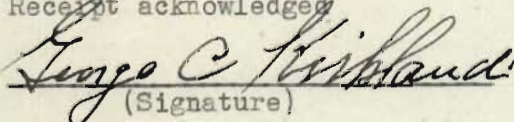
Please accept my sympathy in the loss of your son.

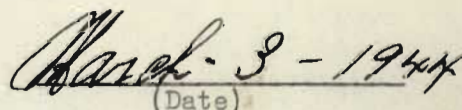
Yours very truly,


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

1 Incl.
Envelope

Receipt acknowledged


(Signature)


(Date)

RECEIVED

RECEIVED

RECEIVED

41

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED



RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

JRM:NM:eb

FEB 28 1944

Suspense 3-10-44

Case No: 36670 D

Date February 25, 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: Corporal Harold R. Kirkland Serial No. 35,106,831

Ship to: Mr. George C. Kirkland

Street and Number Campbellsville, Kentucky - 609 Lebanon Avenue

City and State _____

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

NOTE: 2nd Inventory

De Backer
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 SM

Weight of Shipment: 22

Date FEB 26 1944

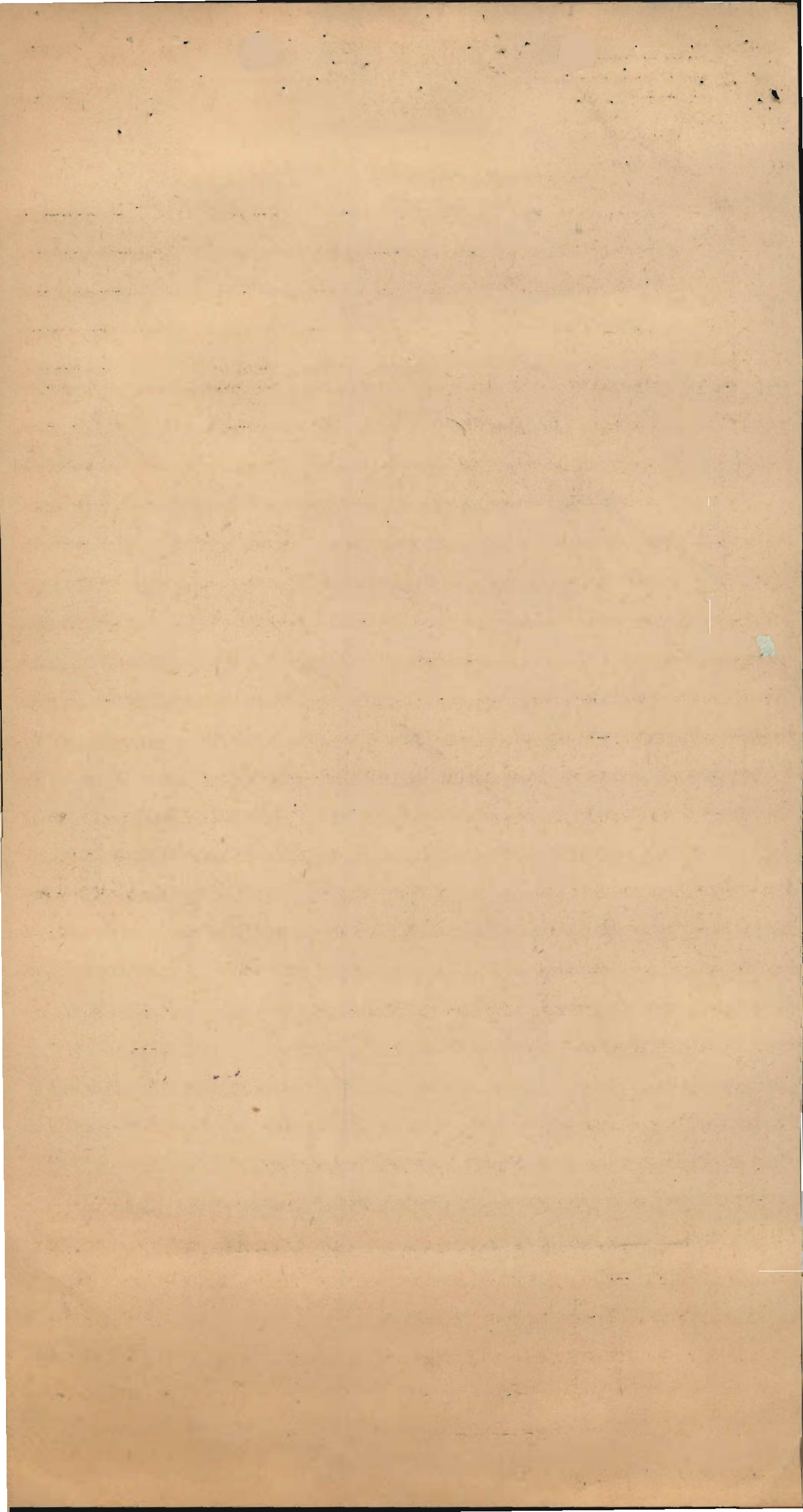
ML:mp

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

File nm. D -

Eff QM Form 11 (Rev. 10/15/43)

2/21/44 GIN:jh FEB 22 1944



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

mh

In reply refer to QM 250.414

JRM:ST:dg
13 December 1943

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>
23628	Jones, Graham E.	1st Lt.	O-495855
32537	Reagan, Lemuel E.	Cpl.	38051489
✓ 33378	DiGiovanni, Joseph W.	P.F.C.	32017927
36670	Kirkland, Harold R.	Cpl.	35206831
38243	Sutton, William J.	Pvt.	37178925

For the Commanding Officer:

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

5 Incls--

- Incl 1--Case Report #23628
- Incl 2--Case Report #32537
- Incl 3--Case Report #33378
- Incl 4--Case Report #36670
- Incl 5--Case Report #38243

DS:jeb

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. 36670 ^{bg}
13 December, 1943
(Date)

Subject: Report of transactions in disposing of the effects of

Harold B. Kirkland 36106631, late a
(Name of deceased soldier) (Army Serial No.)
Corporal Corps of Engineers, who died
(Grade) (Organization, Arm or Service)

on the 10 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., KCCM 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. None)

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 None, Incl. None.)

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 8 December, 1943, pursuant to Special Orders 228, Headquarters, KCCM Depot, dated 25 September 1943, the application and/or affidavit of George C. Kirkland
(Name of _____)
_____ for the effects of the above-named deceased soldier,
(Claimant)
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 George C. Kirkland
(Name of person found entitled)

of 609 Lebanon Avenue, Campbellsville, State
(Number, Street or Avenue) (City, Town or Village)

of Kentucky, 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)

W. E. HEIMAN, Major Q.M.C.
(Name, Rank, Organization)

SUMMARY COURT-MARTIAL

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

(S-1-15-44)

JRM:LK:bt

December 13, 1943

IN REPLY REFER TO 36670

Mr. George C. Kirkland
609 Lebanon Avenue
Campbellsville, Kentucky

Dear Mr. Kirkland:

Thank you for the information given this Bureau in connection with disposal of the effects of your son, Corporal Harold R. Kirkland.

There is inclosed check for \$15.00, which is the only property of Corporal Harold R. Kirkland received at the Army Effects Bureau to date. These funds were received by mail from overseas. It is possible that additional belongings of your son will arrive at a later date, and the information you have furnished will enable us to make prompt shipment of such property.

My action in sending this check does not of itself vest title in you. These funds 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 son's legal residence.

Please acknowledge receipt of the check in the space provided below and return one copy to this Bureau. For your convenience, there is inclosed an addressed envelope which needs no postage.

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

Yours very truly,

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

2 Incls.
Check
Envelope

Receipt acknowledged

George C. Kirkland
Signature

12-18-43
Date



BALTIMORE CITY, MD.

DEC 23 1963

QUEST FOR INCLOSURES

Case No. 36670

TO:

 Locked Storage for:

 x Accounting Branch for Check

Account No. 5364 Amount \$ 15.00

Payable to

Mr. George C. Kirkland
Campbellsville
Kentucky

Correspondent

Check No. 3938

Initials

5364

36670

DECEMBER 13 43

GEORGE C. KIRKLAND

15.00

FIFTEEN AND No/100

MAJOR Q.M.C.
ASST.

December 6th 1943

Army Service Forces
Kansas City Quartermaster Depot
601 Hardisty Ave
Kansas City, Missouri

Campbellsville, Ky.

36670

IMMEDIATE ACTION

Dear Sir:

Cpl. Harold R. Kirkland is my son. His father and I reside at the same address. He was not married.

My son did not leave a will. His father and I are his nearest kin. We would like to have his personal property sent to us.

yours truly

Mrs. George C. Kirkland

Refer to No. 36670

file
AK

ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPO
601 Hardesty Avenue
Kansas City 1, Missouri

(S 12-29-43)

JRM:HC:fm

November 29, 1943

IN REPLY REFER TO: 36670

Mrs. George C. Kirkland
609 Lebanon Avenue
Campbellsville, Kentucky.

Dear Mrs. Kirkland:


The Army Effects Bureau has received from overseas some personal property of your son, Corporal Harold E. Kirkland.

To enable this Bureau to make proper disposition of this property, it will be necessary that we have certain information regarding his family. If he was married, please advise the name and address of his wife. If his father is living, we would also like to know his name and address.

In the event that your son left a will which has been probated, please send the original or a certified copy of the letters of administration. Any papers forwarded will be returned to you. For your convenience, a return envelope which requires no postage is inclosed.

This Bureau dislikes exceedingly to resort to a mimeograph letter under circumstances of this kind but we feel that your desire to have the property go forward at as early a time as possible justifies its use.

Yours very truly,



G. H. GALVIN, JR.
1st Lt. Q.M.C.

Chief, Administrative Control Branch

1 Incl.
Envelope



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

ACW/ah4635

36670

DATE 15 November 1943

FULL NAME Kirkland, Harold R		ARMY SERIAL NO. 35 106 831
GRADE Cpl	ARM OR SERVICE Corps of Engineers	DATE OF BIRTH 8 Feb 1919
HOME ADDRESS Louisville, Kentucky		
DATE OF DEATH 10 Oct 43	PLACE OF DEATH North African Area	CAUSE OF DEATH Killed in Action
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP, & ADDRESS) Mrs George C Kirkland (mother) 609 Lebanon Ave., Campbellsville, Ky,		
BENEFICIARY (NAME, RELATIONSHIP, & ADDRESS) Mrs George C Kirkland (mother) 609 Lebanon Ave., Campbellsville, Ky. Mr George C Kirkland (father) Edmonton, Ky.		

BY ORDER OF THE SECRETARY OF WAR:

DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D. C.



15 November 1945

1. 100-01
2. 100-01
3. 100-01

100-01

100-01

100-01

100-01

100-01

100-01

Serial No. 35106231 Name Kirkland, Harold R

Grade _____ Rank _____

Organization Co B - 127th 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 _____



Deceased
Missing
A.W.O.L.
P.O.W.
Abandoned

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

Sheet 1 of 1 Sheets

Flat Box

INVENTORY

Shown on Tally In as _____

TALLY IN NO. _____ INVENTORY DATE 11/18/43 CASE NO. 36670

EFFECTS OF HAROLD R. KIRKLAND RANK Cpl.

ARMY SERIAL NO. 35106831 ORG. 307 A/B Engr Bn.

CONSIGNOR Hq. 307 A/B Engr Bn APO 469 c/o Postmaster, New York, N. Y.

DELIVERING CARRIER Mail G B/L NO: _____ G B/L DATE _____

[illegible]

Warehouse Space _____ Invented By E. Saville 11/18/43

Locked Storage Space Office Safe Packed By _____

DS: job

Eff QM Form 11 (Rev. 10/15/43)

SECRET

EXHIBIT

SECRET

SECRET

SECRET

SECRET

SECRET



