

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

26785

1 July 1944

SEP 30 1944

Byrd

Thomas

B.

Last Name

First

Initial

Rank

Serial No.

Unknown

505 Para Inf Regt

90th Div

39818382

Organization

France

Unknown

KIA

Place of Death

Date of Death

Cause of Death

1 July 1944

Blossville

France

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

21

2

E

Peg

Grave Number

Row Number

Plot Number

Type of Marker

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

If No Identification Tags

How were remains identified?

BY SOLDIER'S INDIVIDUAL PAY RECORD

What means of identification were buried with the body?

GRS FORM # 1.

IDENTIFICATION ACCEPTED

Initial

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

Who is buried on:

Deceased's Right:

McLaughlin, Robert E. O-1308754 2nd Lt., 82nd A/B Div

22

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

NO GRAVE (BEGINNING OF ROW)

Name

Serial No.

Rank

Organization

Grave No.

Signature or Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.

If print of identification tag is not affixed fill in below:

Emergency Addressee

Mrs. Lila M. Byrd

Name

118 W. Warren, Gallop, New Mexico

Address

Religion Unknown

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

- (2) Parachute pins
- Social Security Card
- Watch certificate

89

Signature of Officer or other person reporting burial

DALE C. SHERWOOD

Verified by G.R.S. Officer

1st. Lt., QMC

IF. DECEASED UNIDENTIFIED

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:

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

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below.) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.

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

TOOTH CHART

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

Deceased's Right								Deceased's Left							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

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

Characteristics:

Other Data:

Left Hand

3

2

1

Thumb

Right Hand

Thumb

3

2

1

1

DISINTERMENT DIRECTIVE

NY 005 R

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 3508 00683	DATE 15 11 47 DAY MONTH YEAR	
NAME BYRD THOMAS B.		SERIAL NUMBER 39848382	RANK PFC	ARM 1
CEMETERY BLOSVILLE - CARENTAN		DISPOSITION OF REMAINS 1 8500 10 CODE DIST. PT.		DATE OF DEATH DAY MONTH YEAR
PLOT E	ROW 2	GRAVE 21	COUNTRY FRANCE	
CAUSE OF DEATH 1				

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE HARRELL FUNERAL HOME CAMDEN STREET DUBLIN, TEXAS	NAME AND ADDRESS OF NEXT OF KIN LILA MAE BYRD (MOTHER) BOX 34 CARLTON, TEXAS
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SECTION C — DISINTERMENT AND IDENTIFICATION

NAME Byrd, Thomas B	SERIAL NUMBER 39848382	RANK Pfc	DATE OF DEATH 15 June, 1944	DATE DISTINTERRED 16 Dec, 1947
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION USAGF	RELIGION Utd	IDENTIFICATION VERIFIED BY R. W. GANSEL 1st Lt, QMC NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Uniform	CONDITION OF REMAINS Advanced Decomposition
OTHER MEANS OF IDENTIFICATION None	

MINOR DISCREPANCIES /
One Identification tag has "Thomas B. Byrd" and other has "Thomas P. Byrd."

REMAINS PREPARED AND PLACED IN CASKET
DATE 20 January, 1948 BY Henry F. Pergande

CASKET SEALED BY
Henry F. Pergande
EMBALMER (Signature)

CASKET BOXED AND MARKED
DATE 20 Jan 48 BY Henry B. Ryder Jr.
SHIPPING ADDRESS VERIFIED BY
E. N. CIAMPO, 1st Lieut, FA

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

E. N. Ciampo
E. N. CIAMPO, 1st Lieut, FA
SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM US MC Blosville		TO Casketing Point "A"-Cherbourg	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Private Michael Strange	
SIGNATURE OF SHIPPER <i>E. N. Ciampo</i>	DATE 16 Jan 48	SIGNATURE OF RECEIVER <i>E. N. Ciampo</i>	DATE 16 Jan 48

2. SHIPPED

FROM Casketing Point A Cherbourg		TO Port Unit Cherbourg	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER <i>J. P. Phillips</i>	
SIGNATURE OF SHIPPER <i>E. N. Ciampo</i>	DATE 10 Mar 48	SIGNATURE OF RECEIVER <i>John E. Hendry Jr</i>	DATE 10 Mar 48

3. SHIPPED

FROM Port Unit Cherbourg		TO NYPOE	
KIND OF CONVEYANCE USAT MC CARLEY		NAME OF CONVOYER ROBERT V. SCHNEIDER 1ST Lt TC	
SIGNATURE OF SHIPPER <i>John E. Hendry Jr</i>	DATE 10 Mar 48	SIGNATURE OF RECEIVER <i>Robert V. Schneider</i>	DATE 10 Mar 48

4. SHIPPED

FROM NYPE		TO NYPE	
KIND OF CONVEYANCE NYPE		NAME OF CONVOYER JAMES E. MCKINNON	
SIGNATURE OF SHIPPER <i>James E. McKinnon</i>	DATE APR 5 1948	SIGNATURE OF RECEIVER <i>James E. McKinnon</i>	DATE APR 5 1948

5. SHIPPED

FROM NYPE		TO NYPE	
KIND OF CONVEYANCE TRAIN		NAME OF CONVOYER JAMES E. MCKINNON	
SIGNATURE OF SHIPPER <i>James E. McKinnon</i>	DATE APR 10 1948	SIGNATURE OF RECEIVER <i>James E. McKinnon</i>	DATE APR 10 1948

6. SHIPPED

FROM NYPE		TO NYPE	
KIND OF CONVEYANCE NYPE		NAME OF CONVOYER JAMES E. MCKINNON	
SIGNATURE OF SHIPPER <i>James E. McKinnon</i>	DATE APR 10 1948	SIGNATURE OF RECEIVER <i>James E. McKinnon</i>	DATE APR 10 1948

7. SHIPPED

FROM NYPE		TO NYPE	
KIND OF CONVEYANCE NYPE		NAME OF CONVOYER JAMES E. MCKINNON	
SIGNATURE OF SHIPPER <i>James E. McKinnon</i>	DATE APR 10 1948	SIGNATURE OF RECEIVER <i>James E. McKinnon</i>	DATE APR 10 1948

WAR DEPARTMENT

3534

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 28 Aug. 44
plm/4627

FULL NAME 243 Byrd, Thomas B.		ARMY SERIAL NUMBER 39 848 382	GRADE PFC	
HOME ADDRESS Winslow, Arizona		ARM OR SERVICE Infantry	DATE OF BIRTH 22 Sept. 20	
PLACE OF DEATH European Area		CAUSE OF DEATH Killed in action		DATE OF DEATH 15 June 44
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 16 July 42	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS	
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Lila M. Byrd, mother, 118 W. Warren, Gallup, New Mexico				
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Lila M. Byrd, mother, address shown above. James Edgar Byrd, father, same as above.				
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT
YES	NO	YES	NO	YES
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS
YES	NO	YES	NO	YES
OTHER PAY STATUS (SPECIFY BELOW)				
* X				

ADDITIONAL DATA AND/OR STATEMENT

* Jump Status

The individual named in this report of death is held by the War Dept. to have been in a missing in action status from 15 June 44 until such absence was terminated on 2 Aug. 44 when evidence considered sufficient to establish the fact of death was received by the Secretary of War from the Commanding General, European Area.

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

<input checked="" type="checkbox"/>	BATTLE
<input type="checkbox"/>	NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR
James W. Reinhart
ADJUTANT GENERAL

8 SEP 1944 FILE

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

3834

108033 *file*

REPORT OF DEATH

DATE 28 Aug. 44
glm/4627

FULL NAME <u>Byrd, Thomas B.</u>				ARMY SERIAL NUMBER <u>39 848 382</u>		GRADE <u>PFC</u>	
HOME ADDRESS <u>-Winslow, Arizona</u>				ARM OR SERVICE <u>Infantry</u>		DATE OF BIRTH <u>22 Sept. 20</u>	
PLACE OF DEATH <u>European Area</u>		CAUSE OF DEATH <u>Killed in action</u>			DATE OF DEATH <u>15 June 44</u>		
STATION OF DECEASED <u>European Area</u>				DATE OF ENTRY ON CURRENT ACTIVE SERVICE <u>16 July 42</u>		LENGTH OF SERVICE FOR PAY PURPOSES	
						YEARS	MONTHS
						DAYS	
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <u>Mrs. Lila M. Byrd, mother, 118 W. Warren, Gallup, New Mexico</u>							
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <u>Mrs. Lila M. Byrd, mother, address shown above.</u> <u>James Edgar Byrd, father, same as above.</u>							
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS	
YES	NO	YES	NO	YES	NO	YES	NO
						AUTHORIZED ABSENCE	
						YES	
						NO	
						IN FLYING PAY STATUS	
						YES	
						NO	
						OTHER PAY STATUS (SPECIFY BELOW)	
						YES	
						NO	
						<u>X</u>	

ADDITIONAL DATA AND/OR STATEMENT

* Jump Status

The individual named in this report of death is held by the War Dept. to have been in a missing in action status from 15 June 44 until such absence was terminated on 2 Aug. 44 when evidence considered sufficient to establish the fact of death was received by the Secretary of War from the Commanding General, European Area.



COPIES FURNISHED:		
<input checked="" type="checkbox"/> G. O.	<input type="checkbox"/> F. B. I.	<input type="checkbox"/> F. O. U. S. A.
<input type="checkbox"/> G. O. M. G.	<input type="checkbox"/> O. F. D.	<input type="checkbox"/> ARMY EFFECTS BUREAU
<input type="checkbox"/> G. A. O.	<input type="checkbox"/> VET. ADMIN.	<input type="checkbox"/> CASUALTY BRANCH FILE
		<input type="checkbox"/> A. G. 201 FILE

☒ BATTLE
☐ NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

James W. Reinhart
James W. Reinhart
ADJUTANT GENERAL

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

—BATTLE CASUALTY REPORT

NAME		SERIAL NUMBER		GRADE		ARM OR SERVICE		REPORTING THEATRE	
BYRD, THOMAS B		39848382		PFC		INF		ETO	
PLACE OF CASUALTY		DATE OF CASUALTY		FLYING OR JUMPING STAT		TYPE OF CASUALTY		SHIPMENT NUMBER	
FRANCE		15 JUN 44		J		MIA		130	

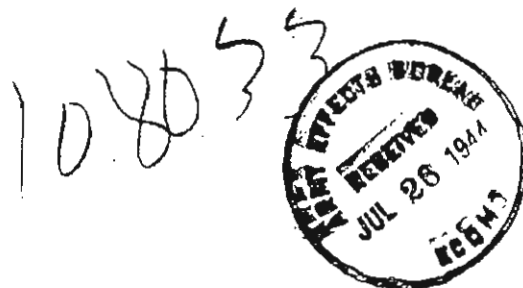
NAME AND ADDRESS OF EMERGENCY ADDRESSEE

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

MR.-MRS.-MISS—FIRST NAME—MIDDLE INITIAL—LAST NAME		RELATIONSHIP		DATE NOTIFIED	
MRS LILA M BYRD		MOTHER		20 JUL 44 AMN	
NO. AND NAME OF STREET—CITY—STATE					
118 WEST WARREN			GALLUP NEW MEXICO		

REMARKS:

☐ CORRECTED COPY



ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED <input checked="" type="checkbox"/> FORM 48 <input checked="" type="checkbox"/> AG 201 REQ <input checked="" type="checkbox"/>									
CASUALTY BRANCH FILE ATTACHED <input checked="" type="checkbox"/> OR CHARGED TO <input type="checkbox"/> DATE <input type="checkbox"/>									
PREVIOUSLY REPORTED NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> (AS INDICATED BELOW):									
FILE NO.		MESSAGE NO.		TYPE		DATE AND AREA		E. A. NOTIFIED	
FORWARDED TO <input type="checkbox"/> SPEC. IDEN. <input checked="" type="checkbox"/> TELEGRAM <input type="checkbox"/> WOUNDED <input type="checkbox"/> LETTER <input type="checkbox"/> CORRESP. <input type="checkbox"/> S. R. & D. <input type="checkbox"/> CERTIF. <input type="checkbox"/> M. & M. <input type="checkbox"/> NON-DEL <input type="checkbox"/>									
REPORT NOT VERIFIED <input type="checkbox"/> NO FORM 48 <input type="checkbox"/> NO CAS. BR. FILE <input checked="" type="checkbox"/> CHECKED BY <i>Chapman</i> REVIEWED BY <i>Chapman</i>									

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

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

DISTRIBUTION "A" ☐ COPIES

(ALL TYPES OF CASUALTIES PERTAINING TO MILITARY PERSONNEL, EXCEPT WOUNDED.)
COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

DISTRIBUTION "B" ☐ COPIES

(ALL WOUNDED MILITARY PERSONNEL AND ALL TYPES OF CASUALTIES PERTAINING TO CIVILIANS WHO ARE W. D. EMPLOYEES, EMPLOYEES OF W. D. CONTRACTORS AND OTHERS SUBJECT TO MILITARY LAW.)
COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

RECEIPT OF REMAINS

DISTRIBUTION CENTER

FORT WORTH QUARTERMASTER DEPOT FORT WORTH TEXAS

ROUTINE

REMAINS CONSIGNED TO: HARRELL FUNERAL HOME
 CAMDEN STREET
 DUBLIN, TEXAS

REMAINS OF LATE THOMAS B. BYRD SERIAL NUMBER 39848382 ACCOMPANIED BY MILITARY
 ESCORT WILL BE DELIVERED TO YOU APRIL 19 DEPARTING THIS DEPOT BY SERVICE CAR DECEASED
 AT SEVEN AM AND SCHEDULED TO ARRIVE DUBLIN APPROXIMATELY ELEVEN AM. REQUEST YOU
 MAKE ARRANGEMENTS TO ACCEPT REMAINS UPON DELIVERY AND THAT YOU IMMEDIATELY PASS
 THIS INFORMATION ON TO NEXT OF KIN.

RECORDS BRANCH

MAY 3 4 36 PM '48

MEMORIAL DIVISION

DUANE H HALLETT
 1ST LT., USAF

APR 16 1948

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

THIS 19 DAY OF APRIL, 19 48
DAY MONTH

W. C. R. Davis
 WITNESS (Escort)

Harrell Funeral Home
 T. Harrell
 CONSIGNEE

File
 May 3 - Am. Ltr.
 Records
 5 May 48
 m. D. B.
 R. R. B. B.

CORRESPONDENCE ACTION SLIP

NAME <i>Byrd, Thomas B.</i>		SERIAL NUMBER <i>39848382</i>	INITIALS <i>DB</i>	DATE <i>7/27/48</i>
NAME OF DECEDENT	ADDRESS	IDENTIFYING DATA		
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		

LETTER TO:

ago wvt

*Evidence attached
for re-check
of service with
82nd Airborne Div*

FILE *17 SEP*
Green

JUL 27 1948

CORRESPONDENCE ACTION SLIP

NAME		SERIAL NUMBER		INITIALS	DATE
Byrd, Thomas B.		39848382		DCS	5/19/48
NAME OF DECEDENT	ADDRESS	IDENTIFYING DATA		LETTER TO: ago WWII	
BRONZE	NO UPRIGHT GRANITE	CONSIGNEE		Any record of service with 82nd Airborne div	
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		<div>FILE 17 SEP 1948</div> <div>6/1/48</div>	

CORRESPONDENCE ACTION SLIP

NAME <i>Byrd, Thomas B</i>	SERIAL NUMBER <i>398 48382</i>	INITIALS <i>El</i>	DATE <i>6/24/48</i>
-------------------------------	-----------------------------------	-----------------------	------------------------

NAME OF DECEDENT	ADDRESS	IDENTIFYING DATA	<p>LETTER TO:</p> <p><i>Appl. no record of service with 82 Air Div. furnish official proof "505 Right Hand" is anti script as listed -</i></p> <p>28 JUN 1948</p>
BRONZE	NO UPRIGHT GRANITE	CONSIGNEE	
DISHONORABLE-DRAFT	NOT PERMANENTLY INTERRED	NOT RECOVERED	
CENETERY 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	

17 SEP 1948
FILED
Elman

CORRESPONDENCE ACTION SLIP

NAME <i>Byrd, Thomas B</i>		SERIAL NUMBER <i>39848382</i>	INITIALS <i>CE</i>	DATE <i>8-31-48</i>
NAME OF DECEDENT	ADDRESS	IDENTIFYING DATA	LETTER TO: <i>Appeal</i> <i>Org will be shown as requested Return letter.</i> <i>RFO</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	RESHIPMENT		
FOREIGN	TRUCK			

ORIGINAL ORDER

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

FLAT GRANITE MARKER

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

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

INSCRIPTION: LATIN CROSS

THOMAS B BYRD / *New Mex* ARIZONA / PFC
SEPT 22 1920

505 ARCENT. INF.
82nd AIRBORNE
INFANTRY / WORLD WAR II /
JUNE 15 1944

SHIP TO: CECIL BYRD
CARLTON
TEXAS

R. R. STATION:
HICO
TEXAS

FOR:

R. R. STATION:

10 MAY 1948

APPLICANT: LILA MAE BYRD
BOX 34
CARLTON
TEXAS

L. Mae Byrd
FILE 17 SEP 1948

CEMETERY: CARLTON
CARLTON
TEXAS

QOMG FORM 312
Rev. 1 NOV. 45

APPROVAL AND ACCEPTANCE

SIGNATURE

Lila Mae Byrd

DCS

ORIGINAL ORDER

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

FLAT GRANITE MARKER

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

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

INSCRIPTION: LATIN CROSS

THOMAS B BYRD / NEW MEXICO / PFC 505 PRCHT INF # 82 AEn Dwy
WORLD WAR II / SEPT 22 1920 JUNE 15 1944

SHIP TO: CECIL BYRD
CARLTON
TEXAS

R. R. STATION: HICO
TEXAS

FOR:

R. R. STATION:

APPLICANT: LILA MAE BYRD
BOX 34
CARLTON
TEXAS

2 Green
FILE 17 SEP 1945 CEMETERY: CARLTON
CARLTON
TEXAS

MLF *ew*

7/7/48 OQMG FORM 312
Rev. 1 NOV. 45

APPROVAL AND ACCEPTANCE

SIGNATURE

Lila Mae Byrd

5/19/48 ago WWII - Any record of service with 82 Airborne Div?
 6/7/48 - Let's appl. no record of service with 82 Abn Div - submit proof
 6/24/48 - appl. - no record as 82 abn div.

7/22/48 ago WWII - Evidence attached for re-check of service with 82 Abn Div.

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)

L. W. Fine
 (Signature of superintendent, sexton, or caretaker)

Date APRIL 26, 1948

63 3 3 106

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

CHECK TYPE REQUIRED
(See Instructions attached)

- ☐ UPRIGHT, MARBLE HEADSTONE
- ☒ ~~FLAT MARBLE MARKER~~
- ☒ FLAT GRANITE MARKER
- ☐ BRONZE MARKER. (NOTE RESTRICTIONS)

ENLISTMENT DATE

JULY 30, 1942

DISCHARGE DATE

APPLICATION FOR HEADSTONE OR MARKER

(Please make out and return in duplicate)

SERIAL No.

39848382

PENSION No.

STATE

RANK

PFC

COMPANY

D

U. S. REGIMENT, STATE ORGANIZATION, AND DIVISION
USA

NAME (Last, First, Middle Initial)

BYRD, THOMAS B.

DATE OF BIRTH (Month, Day, Year)

SEPT. 22, 1920

DATE OF DEATH (Month, Day, Year)

JUNE 15, 1944

NAME OF CEMETERY

CARLTON CEMETERY

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)

Cecil Byrd

SIGNATURE OF CONSIGNEE

LOCATION (City and State)

CARLTON, TEXAS

NEAREST FREIGHT STATION (City and State)

HICO, TEXAS

POST OFFICE ADDRESS OF CONSIGNEE

CARLTON, TEXAS

DO NOT WRITE HERE

FOR VERIFICATION

MAY 4 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

ADDRESS (Street, City, State)

Liba Mae Byrd
CARLTON, Texas Box 34

DATE OF APPLICATION

APRIL 26, 1948

CLASS OF SERVICE

This is a full-rate Telegram or Cablegram unless its deferred character is indicated by a suitable symbol above or preceding the address.

WESTERN UNION

JOSEPH L. EGAN
PRESIDENT

1201

1331

M-1

SYMBOLS

DL = Day Letter

NL = Night Letter

LC = Deferred Cable

NLT = Cable Night Letter

Ship Radiogram

The filing time shows

FWR31D 095

and day letters is STANDARD TIME at point of origin. Time of receipt is STANDARD TIME at point of destination

D.LLE118 16 COLLECT=DUBLIN TEX 31 1000A

1918 MAR 31 AM 10 47

DUANE H HALL=

1ST LT A C FTWORTH QUARTER MASTER DEPT FTW

=NO CHANGE IN INSTRUCTIONS. COMPLY WITH ORIGINAL REQUEST
FOR BODY OF PFC. THOMAS B. BYRD=

MRS LILA MAE BYRD.

NY 005 R

MESSAGEFORM		MESSAGE CENTER NO.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT	
CALLS V	STA. SER. NO. NR	PRECEDENCE	TRANSMISSION INSTRUCTIONS DA		ORIGINATOR DATE-TIME GROUP
ACTION		INFORMATION		EXEMPT	OPERATING SIGNALS
					GROUP COUNT GR
SPACE ABOVE FOR SIGNAL CENTER ONLY					
FROM: (Originator) Fort Worth Quartermaster Depot, Fort Worth, Texas			SECURITY CLASSIFICATION NY AC R		
ACTION TO:		DLR & REPORT ANY CHARGES		PRECEDENCE FOR ACTION INFORMATION	
LILA MAE BYRD BOX 34 CARLTON, TEXAS					
INFORMATION TO:		<input type="checkbox"/> ORIGINAL MESSAGE REFERS TO ANOTHER MESSAGE IDENTIFICATION CLASSIFICATION			
<p>THIS HEADQUARTERS HAS BEEN ADVISED THAT THE REMAINS OF THE LATE</p> <p>PTC THOMAS B. BYRD ARE ENROUTE TO THE UNITED STATES.</p> <p>RECORDS OF THIS OFFICE INDICATE YOU WISH REMAINS DELIVERED TO</p> <p>HARKELL FUNERAL HOME, CAMDEN STREET, DUBLIN, TEXAS. WE REGRET IT IS NOT</p> <p>POSSIBLE AT THIS TIME TO GIVE YOU A DEFINITE DELIVERY DATE HOWEVER THREE</p> <p>DAYS PRIOR TO SHIPMENT FROM THIS OFFICE YOUR FUNERAL DIRECTOR WILL BE NOTIFIED</p> <p>BY TELEGRAM DATE WHEN REMAINS WILL BE DELIVERED TO HIM. HE WILL BE REQUESTED</p> <p>TO PASS THIS INFORMATION TO YOU SO THAT YOU MAY MAKE FUNERAL ARRANGEMENTS.</p> <p>REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. WITHIN 48 HOURS OF DATE OF</p> <p>THIS MESSAGE PLEASE CONFIRM BY TELEGRAM COLLECT TO FORT WORTH QUARTERMASTER</p> <p>DEPOT, FORT WORTH, TEX. ABOVE DELIVERY INSTRUCTIONS OR SUBMIT NEW DELIVERY</p> <p>INSTRUCTIONS. PLEASE BE ADVISED THAT IT WILL NOT BE POSSIBLE TO COMPLY AT</p> <p>GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY INSTRUCTIONS RECEIVED</p> <p>AFTER THE EXPIRATION OF THE 48 HOUR PERIOD. YOUR PROMPT COOPERATION WILL</p> <p>GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. IF YOU DESIRE MILITARY</p> <p>HONORS AT FUNERAL YOU SHOULD ASK ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATION</p> <p>TO MAKE ARRANGEMENTS. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM.</p>					
SECURITY CLASSIFICATION			AUTHORIZATION		
ORIGINATING AGENCY			SIGNATURE		
SYMBOL E			DUANE R. HALLETT 1st Lt, A. C.		
DATE-TIME GROUP			OFFICIAL TITLE		
			MAR 29 1948		
			PAGE OF		

293 Byrd, Thomas B.
398-48-382

8
Off to
main
8/14/48

AGRS-DF

1st Ind

AGO, Department of the Army, Records Administration Center, St. Louis 20,
Missouri, 16 August 1948.

To; The Quartermaster General, Department of the Army, OQMG, Washington
25, D. C.

293
The records show that Thomas B. Byrd, ASN 39:848 382, was assigned
to Company D, 505th Parachute Infantry, 82nd Airborne Division.

FOR THE ADJUTANT GENERAL:

John P. Kaylor
Adjutant General

2 Incls
N/C

File 8 25-48
C. E. Kaylor
Gen. B.

505
12 AUG 1948
DEPARTMENT OF THE ARMY
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

IN REPLY REFER TO QMGMH 293

Byrd, Thomas B.
SN 398 48 382

9 August 1948

SUBJECT: Organization


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

1. The inclosed application for a Government flat granite marker and letter dated 9 August 1944, are forwarded with the request a recheck of records be made to ascertain if the late Thomas B. Byrd rendered service with the 82nd Airborne Division.

2. The above information is necessary in order that the correct organization may be inscribed on a Government stone requested to mark the grave of the decedent.


3. Please return the application and letter with your reply.

FOR THE QUARTERMASTER GENERAL:


G. L. RUTH
Memorial Division

✓ 2 Incls *mp*
1. appl
2. ltr dtd 9 Aug 44




744
8-25-48
C. E. ...
Camp...

QMGMH 293

Byrd, Thomas B.

SN 398 48 382

9 August 1948

SUBJECT: Organization

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

1. The inclosed application for a Government flat granite marker and letter dated 9 August 1944, are forwarded with the request a recheck of records be made to ascertain if the late Thomas B. Byrd rendered service with the 82nd Airborne Division.

2. The above information is necessary in order that the correct organization may be inscribed on a Government stone requested to mark the grave of the decedent.

3. Please return the application and letter with your reply.

FOR THE QUARTERMASTER GENERAL:

G. L. RUTH
Memorial Division

2 Encls
H. appl
2. ltr dtd 9 Aug 44

thm

AUG 9 2 02 PM '48
O. S. M. G.
RECORDS BRANCH

QMGMH 293

Byrd, Thomas B.

SN 398 48 382

es
7 July 1948

Mrs. Lila Mae Byrd
Box Number 34
Carlton, Texas

Dear Mrs. Byrd:

Reference is made to the order form covering the authorized inscription to be cut on a Government flat granite marker for the grave of the late Thomas B. Byrd, whereon you have changed the organization to 505 Pch Inf 82nd Airborne.

You are advised the official records fail to indicate that this veteran served with the 82nd Airborne Division; however, if you have any official papers verifying this service and will forward same to this office, a recheck of the records will be made. You may be assured any documents you furnish will be carefully safeguarded and returned to you when they have served their purpose.

In the event you are unable to locate the required documents and will accept the inscription as authorized, there is inclosed a new order form, with the organization shown as 505 Pch Inf, which it is requested you sign and return to this office.

Sincerely yours,

G. L. RUTH
Memorial Division

lp
2 Incls
1. order form
2. env
tim

JUL 8 12 03 PM '48
MAIL & RECORDS BRANCH
O. G. M. C.

293. Byrd, Thomas B.

Byrd, Thomas B. 398 48382
Applications Referred for
further action -
1/17/48 ^{July} ~~1/17/48~~

6/17/48 ^{Jul 5}
Calz ^{two} Br
Cem

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

IN REPLY REFER TO QMGMH 293

Byrd, Thomas B.
SN 398 48 382

1 June 1948

SUBJECT: Recheck of Military Service

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

1. The inclosed application for a flat granite marker is forwarded with the request you recheck the active military service of the late Thomas B. Byrd, to ascertain if he rendered service with the 82nd Airborne Division. If so, please furnish the complete organization for this service.

2. This information is desired in order that the Government marker requested for his grave may be correctly inscribed.

3. Please return the application with your reply.

FOR THE QUARTERMASTER GENERAL:

1 Incl
orig appl

G. L. RUTH
Memorial Division

AGRS-DF -- 1st Ind

AGO, Department of the Army, Records Administration Center, St. Louis 20,
Missouri, 7 June 1948

TO: The Quartermaster General, U.S. Army, Washington 25, D. C.

The records of Thomas B. Byrd, ²⁹³39 848 382 do not indicate that he rendered service with the 82nd Airborne Division. Records show that he was assigned to Company D, 505th Parachute Infantry Regiment from 18 January 1943 to date of death 15 June 1944.

FOR THE ADJUTANT GENERAL:

1 Incl
n/c

John P. Kaylor
Adjutant General BH

File 8-75-48
C. E. Taylor
New 131
RECORDED
INDEXED

JUN 1 3 20 PM '48

DEPARTMENT OF THE ARMY

XXXXXXXXXXXXXXXXXXXX

QMGH 293
Byrd, Thomas B.
SN 398 48 382

1 June 1948

SUBJECT: Recheck of Military Service

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

1. The inclosed application for a flat granite marker is forwarded with the request you recheck the active military service of the late Thomas B. Byrd, to ascertain if he rendered service with the 82nd Airborne Division. If so, please furnish the complete organization for this service.

2. This information is desired in order that the Government marker requested for his grave may be correctly inscribed.

3. Please return the application with your reply.

FOR THE QUARTERMASTER GENERAL:

1 Incl
orig appl

G. L. RUTH
Memorial Division

gbb

1 JUN 1 3 49 PM '48
O. Q. M. G.
ALL RECORDS BRANCH

CERTIFICATE

(AR 30-1830)

NY 005 R

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.

PAID

J. D. FAULDS
Col. F. D.

F. O. U. S. A.

PART A - CIVILIAN OR PRIVATE CEMETERY

APR 1948

REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

Fort Worth, Texas

Station No. 77

Symbol No. 21-500

NAME OF DECEDENT

BYRD, THOMAS B.

GRADE

PFC

SERIAL NUMBER

39848382

COMPONENT

USA

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

Carlton

CITY OR COUNTY

Carlton - Hamilton Texas

STATE

SIGNATURE OF CLAIMANT

Lila Mae Byrd

ADDRESS OF CLAIMANT (City, Street or RFD, and State)

Carlton Texas Box 34

RELATIONSHIP TO DECEDENT

Mother

DATE

April 19, 1948

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:

DEPARTMENT OF THE ARMY
FORT WORTH QUARTERMASTER DEPOT
FORT WORTH 1, TEXAS

PART B - NATIONAL OR POST CEMETERY

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:

SIGNATURE OF CLAIMANT

ADDRESS OF CLAIMANT (City, Street or RFD, and State)

RELATIONSHIP TO DECEDENT

DATE

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 to 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.

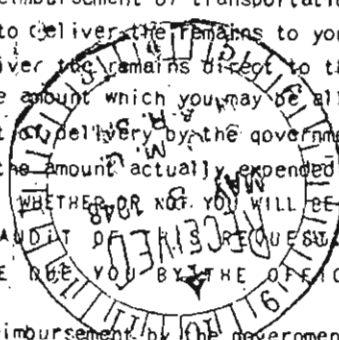
EXPLANATION OF PART B - NATIONAL OR POST CEMETERY

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 YOUR REQUEST. IN ANY EVENT YOU WILL BE NOTIFIED 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. Thomas B. Byrd, 39 848 382
 Plot E, Row 2, Grave 21,
 United States Military Cemetery
 Bloisville, France

293 Atchd
 6 October 47
 9 September 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 Lila Mae Byrd

(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

Carlton Cemetery, Carlton, Texas

(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



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.

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

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

OR

1. 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			
Harrell Funeral Home			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
Camden St.	Dublin	Erath	Texas
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS		TELEPHONE NO.
Dublin, Texas	Dublin Texas		117

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

LAST NAME	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP TO DECEASED
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY

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

Mrs. Lila Mae Byrd, is the wife of James E. Byrd (Deceased)
and a Death Cert. will be attached to this. *filed 1300v*

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.

Lila Mae Byrd
(SIGNATURE OF NEXT OF KIN)

Carlton

(NAME PRINTED OR TYPED)

Box 34

(STREET AND NUMBER)

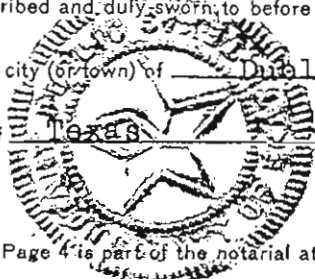
Texas

(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 29th day of Sept.

19 47, at city (or town) of Dublin, county of Erath, and State (or Territory or

District) of Texas



J.P. Ex-Officio
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

(OFFICIAL TITLE)

Erath County Texas.

10-50411-1

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

1. PLACE OF DEATH STATE OF TEXAS COUNTY OF <u>Hamilton</u>		TEXAS DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH	
CITY OR PRECINCT NO. <u>Carlton, Texas</u>		(Formerly of Gallup, N. M.) GIVE STREET AND NUMBER OR NAME OF INSTITUTION	
2. FULL NAME OF DECEASED <u>James Edgar Byrd</u>			
LENGTH OF RESIDENCE WHERE DEATH OCCURRED YEARS _____ MONTHS _____ DAYS _____ (SOCIAL SECURITY NO. _____)			
RESIDENCE OF (STREET AND NO. _____) CITY _____ COUNTY _____ STATE _____			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL PARTICULARS	
3. SEX <u>Male</u>		17. DATE OF DEATH <u>Aug 30</u> 194 <u>2</u>	
4. COLOR OR RACE <u>White</u>		18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____ 194 <u>2</u> TO _____ 194 <u>2</u>	
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (WRITE THE WORD) <u>Married</u>		I LAST SAW HIM _____ ALIVE ON _____ 194 <u>2</u>	
6. DATE OF BIRTH <u>July 8, 1888</u>		THE DEATH OCCURRED ON THE DATE STATED ABOVE AT _____ M.	
7. AGE <u>54</u> YEARS <u>1</u> MONTHS <u>22</u> DAYS IF LESS THAN 1 DAY HOURS _____ MIN. _____		THE PRIMARY CAUSE OF DEATH WAS: <u>Pyloric Stenosis</u>	
8A. TRADE, PROFESSION OR KIND OF WORK DONE <u>Carpenter</u>		CONTRIBUTORY CAUSES WERE:	
8B. INDUSTRY OR BUSINESS IN WHICH ENGAGED		DURATION	
9. BIRTHPLACE (STATE OR COUNTRY) <u>Fairy, Hamilton Co., Texas</u>		IF NOT DUE TO DISEASE, SPECIFY WHETHER: ACCIDENT, SUICIDE, OR HOMICIDE _____	
10. NAME <u>Isaac Berry Byrd</u>		DATE OF OCCURRENCE _____	
11. BIRTHPLACE (STATE OR COUNTRY) <u>Mississippi</u>		PLACE OF OCCURRENCE _____	
12. MAIDEN NAME <u>Kittie Francis White</u>		MANNER OR MEANS _____	
13. BIRTHPLACE (STATE OR COUNTRY) <u>Tenn.</u>		IF RELATED TO OCCUPATION OF DECEASED, SPECIFY _____	
14. SIGNATURE <u>Docia Lackey</u>		SIGNATURE <u>F. P. Kennedy</u> M. D.	
ADDRESS <u>Carlton</u> TEXAS		ADDRESS <u>Carlton</u> COR. TEXAS	
15. PLACE OF BURIAL OR REMOVAL _____ DATE _____ 194 <u>2</u>		20. FILE NO. _____ SIGNATURE OF LOCAL REGISTRAR <u>W. P. Barnett</u> POSTOFFICE ADDRESS _____ TEXAS	
16. SIGNATURE <u>T. H. Harrell</u>		IF DECEASED HAS RENDERED MILITARY SERVICE, FILL OUT THE FOLLOWING:	
ADDRESS <u>Dublin</u> TEXAS		(1) IS THE DECEASED REPORTED TO HAVE BEEN IN SUCH SERVICE? _____ (2) NAME OF ORGANIZATION IN WHICH SERVICE WAS RENDERED? _____ (3) SERIAL NUMBER OF DISCHARGE PAPERS OR ADJUSTED SERVICE CERTIFICATE? _____	
20. FILE NO. _____		(4) NAME OF NEXT OF KIN OR OF NEXT FRIEND? _____ POST OFFICE ADDRESS? _____	
IF DECEASED IS UNKNOWN NON-RESIDENT, FILL OUT THE FOLLOWING:			
(A) COLOR OF HAIR? _____		(B) COLOR OF EYES? _____	
(C) HEIGHT? _____ FEET _____ INCHES		(D) WEIGHT? _____	
(E) DEFORMITIES? _____		(F) TATTOO MARKS? _____	
(G) OTHER MARKS OF IDENTIFICATION? _____			

STATE OF TEXAS

COUNTY OF Hamilton

I HEREBY CERTIFY that the above certificate is a true and accurate copy of the record of death of _____

James Edgar Byrd, filed in my office, and is of record onPage 79 Vol. 7 of the Records of Deaths of Hamilton County, Texas.Witness my hand and seal of office this 29 day of September 1942Ira MooreBy Mavis R. Ohnmeiss Deputy.County Clerk Hamilton County, Texas.

(Mavis R. Ohnmeiss)

FORM 514.5

P/O European Area

Graves Reg
U.S. military

6 November 1946

SUBJECT: Burial Records *Con*

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

1. Request the burial reports and grave markers for the following decedents, interred at the United States Military Cemetery, Bloisville, France, be changed to read as underscored:

NAME	RANK/ GRADE	SERIAL NO.	DATE OF DEATH	FILE	ROW	GRAVE
Allen, Lolan E.	<u>Pvt</u>	35 628 810		C	4	63
Bullard, Timothy O.	Pfc	38 057 607	<u>8 Jul 44</u>	O	1	6
<u>293</u> Byrd, Thomas B.	<u>Pfc</u>	39 848 822	<u>15 Jan 44</u>	E	2	21
Cagle, Clyde F.	Pfc	24 472 221	<u>12 Jul 44</u>	L	4	79
<u>Carroll, James F., Jr.</u>	<u>S/Sgt</u>	<u>13 058 287</u>		Z	5	89

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

FOR THE QUARTERMASTER GENERAL:

emj

MARTIN O. HILBY
Major, GPO
Assistant

VI

REPATRIATION RECORDS BRANCH

26 October 46

DATE

NAME

BYRD THOMAS B

SERIAL NO

3984 8382

CEMETERY

BLOSVILLE FRANCE

PLOT

E

ROW

2

GRAVE

21

LETTER

field

Correct Records to Read

RANK

SPQDK 220.87 (108033)

1st Ind.

B
GHG:LH:lc

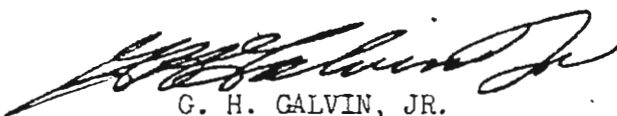
Army Effects Bureau, Kansas City Quartermaster Depot, 601 Hardesty Avenue,
Kansas City 1, Missouri, 31 May 1945

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

293
1. For response to inquiry regarding remains of Thomas B. Byrd,
39848382, Inf.

2. Mrs. Byrd has been informed of this reference.

For the Commanding Officer:



G. H. GALVIN, JR.
Captain Q.M.C.
Assistant

E-2-7
Serial No. 39848352 Name 3410 THOMAS L

Grade Pvt. Rank

Organization 903 Inf.

Address

Nearest Relative Lila M. Oziel (Mother)

Address 118 W. Warren, Gallup, N. Mexico

Killed in Action Yes

Died of Disease

Date 7/1/44

Hospital

Battle Area

Information

Place of Burial Monarch Cemetery

Point of Coordination

Description of Body

Members Missing

Signed Abraham Shyby Pfc.

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

JRM:VJ:ih

Case No. 108033

Date 25 May 1945

SUBJECT: Report of transaction in disposing of the effects of

Thomas B. Byrd

39248322

late

(Name of deceased)

(Army Serial Number)

Private First Class

Infantry

who died

(Grade)

(Organization, Army or Service)

on the 15 day of June, 1944, at European Area

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

1. Complying with A.W. 112, a Summary Court-Martial, convened at Kansas City Mo. Pursuant to S.O., 228 Hq., KCM Depot, dated 25 September 1943, for the purpose of disposing of the effects of the above-named soldier, or person subject to military law, reports that:

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

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

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

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

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 10 February 1945, pursuant to Special Orders 228, Headquarters KCM Depot, dated 25 September 1943, the application or affidavit of Mrs. Lilla M. Byrd for the effects of the above-named deceased soldier, or person subject to military law, now in the possession of the United States, with other relevant evidence, was duly considered.

Whereupon, this Summary Court-Martial finds that, under the provisions of

A.W. 112, James Edgar Byrd of (Name of person found entitled)

118 W. Warren

Gallup

State of

(Number, Street or Avenue)

(City, Town or Village)

New Mexico

father

of the

(Relationship or Capacity)

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

(Signature of Summary Court Officer)

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

(Name, Rank, Organization)

SUMMARY COURT-MARTIAL

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

In Reply Refer To _____

Postmaster
United States Post Office

Dear Sir:

Information indicated in paragraphs checked below is requested in connection with the following Army Effects Bureau shipment:

Date Shipped	Container	Property of
Addressed to _____ Method of Shipment _____		

☐ Notification of shipment letter to addressee returned marked _____. To date, property has not been returned. Any information you can furnish regarding delivery or non-delivery will be appreciated.

☐ Notification of shipment letter has been received by addressee but property has not. Information regarding delivery or non-delivery will be appreciated.

☐ If the property is being held at your Post Office, please return it to this Bureau, using the inclosed shipping label.

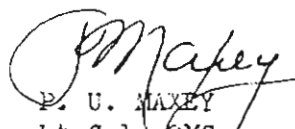
☐ On _____, this Bureau transmitted to your office PD Form 1510 to determine disposition made of above shipment. Your prompt attention to this matter will be appreciated.

☐ This acknowledges your notice that above property is being held undeliverable at your Post Office. Your cooperation in returning the property to this Bureau will be appreciated. Please use the inclosed shipping label.

☐ Please divert the above property to _____, using the inclosed shipping label, and advise this Bureau of action taken.

☐ Reference is made to letter, this Bureau, dated _____, copy inclosed, requesting information regarding above shipment. An early reply will be appreciated.

Yours very truly,


P. U. MAXEY
Lt Col, QMC
Effects Quartermaster

RESTRICTED

HEADQUARTERS
505TH PARACHUTE INFANTRY
APO 469, U. S. ARMY

13-47-687
9/280312 15 JUN 1945

10 June 1945

SUBJECT: Inventory of Personal Effects of:

BYRD	THOMAS	B	PFC	39846382
(Last Name)	(First Name)	(MI)	(Rank)	(ASN)

TO: : Effects Quartermaster, APO #513, U. S. ARMY.

The above named individual of _____ Company "D" _____ 505th
Parachute Infantry, was reported _____ Killed in Action _____ about
(Status - KIA, MIA, Hospitalized etc.)

15 June 1944
(Date)

Designated Beneficiary if information readily accessible:

Lila Mae Byrd (Mother)
118 West Warren
Gallup, New Mexico

INVENTORY OF EFFECTS

1 Certificate of Merit

Money in the amount of none has been turned into _____
(Name of Finance Officer

and Symbol Number) Form WD FD 38 enclosed.

none
(Names and addresses of any banks in which accounts may be carried.)

I certify that the above items constitute all of the effects, secured by me,
of the above named individual and that they were forwarded to 11/11/44
Effects Quartermaster 82nd Air Div 11/94 are transmitted herewith

Name

Morton N. Katz
MORTON N. KATZ

Rank & ASN

1st Lt., O-395448

Organization

505th Pchnt Inf

Additional information:

R E S T R I C T E D

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mr. James Edgar Byrd

SHIP TO:
PFC Thomas B. Byrd

Box 34

Effects of: 59840382

Carlton, Texas

Name

102033 D

AS"

Case No.

Wt.

DATE 8 June 1945

GHG:VJ:co

W. C. Johnson
FOR: Effects Quartermaster

REMARKS:

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

☐ Remove G.I.
☐ Note discrepancy in _____
☐ Films removed
☐ Diary removed
☐ Laundry removed

ROUTING:

☐ Accounting Branch
☒ 1 Warehouse Division
☒ 2 File's Branch, Adm. Div.

REMARKS:

1 phg
Tracked _____ **FRANKED**
Est. Exp. Chgs. _____
Est. Frt. Chgs. _____
No. of packages _____

JUN 14 1945
N.K.

Shipping Clerk

PACKAGE DESCRIPTION <i>11 1 j 1-g</i>	ARMY EFFECTS BUREAU INVENTORY <i>108,033</i> <i>DN</i>	DECEASED MISSING P.O.W. ABANDONED
NAME <i>THOMAS B. BYRD</i>		TALLY NO. <i>7609</i>
A.S.N. <i>39848382</i> RANK <i>PFC.</i>		INV. DATE <i>9-May-1945</i>
		ORIG. NO. OF PKGS. <i>1</i>
		BOX NO. <i>13</i>
		SHEET <i>1</i> OF <i>1</i> SHEETS
		ORGANIZATION <i>Co. D.</i> <i>505th Pict. Inf.</i>

Belt	<u>TOWELS & WASHCLOTHES</u>	<u>WINGS</u>
<u>BELT, MONKY (NO MONKY)</u>	<u>CLOTHING</u>	<u>BAGS, CLOTH OR TRAVEL</u>
Cloth, wash	<u>BRACELET IDENT.</u>	<u>BILLFOLD, (NO MONKY)</u>
Coats	Brushes	Case
Footwear, Pr.	<u>CAMERAS</u>	Footlocker
Gloves, Pr.	Glasses	<u>LET. SEV. FLT. OR WRITING</u>
Handkerchiefs	Knives	<input checked="" type="checkbox"/> <u>BOOKS</u>
Headwear	Lighters	Books, Address
Jackets	<input checked="" type="checkbox"/> <u>MISC. INSIGNIA</u>	Books, Pilot Log
Overcoats	Pen, Fountain	<u>DIARY (REMOVED FOR DDP)</u>
Scarfs	Pencil, Mechanical	<u>FILMS</u>
Shirts	Pipes	Letters
Socks, Pr.	<u>RELIGIOUS ARTICLES</u>	Papers, Personal
Ties	<u>RIBBONS, DECORATION</u>	Photos
Towels	Rings	Shoe Shine Articles
Trousers, Pr.	Tobacco	<input checked="" type="checkbox"/> <u>SHORT SHORTER</u>
Trunks, Pr.	Toilet Articles	<input checked="" type="checkbox"/> <u>SOUVENIRS</u>
Underwear	<u>SATGE</u>	<u>SOUVENIR MONKY</u>
		Stationery
		<input checked="" type="checkbox"/> <u>TESTAMONY</u>
		<u>U.S.</u>

REMARKS <i>Lila Mae Byrd</i> <i>118 West Warren</i> <i>Gallop, New Mexico</i>	ATTACHMENTS <input checked="" type="checkbox"/> FORM #54 <input type="checkbox"/> FORM #100
C.A.T. <i>None</i>	WEIGHT
WAREHOUSE SPACE <i>2432</i>	G.I. REMOVED
INVENTORIED BY <i>L. Hoover</i>	SHORTAGE ON REVERSE
PACKED BY <i>E. H. ...</i>	IDENT. TAGS REMOVED
CHECKED BY <i>[Signature]</i>	DIARY REMOVED
	LOCKED STORAGE
	LAUNDRY REMOVED
	FILM REMOVED
	DATE SHIPPED <i>JUN 14 1945</i>
	ADDITIONAL

SHORTAGES

U. S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

INVENTORY CLERK

SUPERVISOR

G. I. REMOVED

NAME BYRD, THOMAS B. FC 6382

BAY	PALLET	BOX	TALLY
62	38	13	7609
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
CTN			

INVENTORY OF EFFECTS

(See AR 600-550)

BYRD, THOMAS B 39848382

(Last name) (First name) (Middle initial) (Army serial number)

late a PFC CO "D" 505 Prcht Inf

(Grade)

(Organization or arm or service)

MIA

**** on the 15th day of June, 1944

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

NUMBER	ARTICLES	*PACKAGE NUMBER
1	Testament ✓	
4	Snapshots ✓	
1	Set insignia patches ✓	
1	Pamphlet, souvenir ✓	
2	Handkerchiefs souvenir ✓	

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

CLASS II—Other effects

NUMBER	ARTICLES
	NONE

SPQDK 220.87 (108033)

1st Ind.

[Signature] GHG:LN:lc

Army Effects Bureau, Kansas City Quartermaster Depot, 601 Hardesty Avenue,
Kansas City 1, Missouri, 31 May 1945

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

1. For response to inquiry regarding remains of Thomas B. Byrd,
39848382, Inf. ✓

2. Mrs. Byrd has been informed of this reference.

For the Commanding Officer:

G. H. GALVIN, JR.
Captain Q.M.C.
Assistant

[Handwritten signature]
[Handwritten initials]

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mr. James Edgar Byrd

118 W. Warren

Gallup, New Mexico

Effects of:

Name Pfc. Thomas B. Byrd

ASN 39848382

Case No. 108033-B

Wt.

DATE February 10, 1945

Sumpter--dsf

Maurice Tamm
FOR: Effects Quartermaster

REMARKS:

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

☐ Remove G.I.
☐ Note discrepancy in _____
☐ Films removed
☐ Diary removed
☐ Laundry removed

ROUTING:

Accounting Branch
1 Warehouse Division
2 Files Branch, Adm. Div.

REMARKS:

1 pk
Franked **RECEIVED**

Est. Exp. Chgs. _____

Est. Frt. Chgs. _____

No. of packages 1

FEB 13 1945

Mk
Shipping Clerk

FEB 12 1945

SHEET <u>31</u> OF <u>1</u> SHEETS		ARMY EFFECTS BUREAU INVENTORY		DECEASED MISSING POW ABANDONED	
BOX NUMBER <u>22</u>		ORIGINAL NUMBER OF PACKAGES <u>1</u>		CASE NUMBER <u>108033</u>	
TALLY NUMBER <u>5738</u>		INVENTORY DATE <u>15 Jan 45</u>		RANK <u>Pvt 1</u>	
EFFECTS OF <u>Thomas B. Byrd - PW</u>		ORGANIZATION <u>90th Div</u>			
A.S.N. <u>39848382</u>					
PACKAGE DESCRIPTION <u>1 (Pkg)</u>					

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

REMARKS: No other information
Social Security
462-09-1001
Carlton Texas
No Correspondence

ATTACHMENTS: ☒ FORM #50 1 gr. cable ☐ FORM #100

WAREHOUSE SPACE 539

INVENTORIED BY L. A. J.

PACKED BY Lila M. Byrd

STORED BY MAK

CHECKED BY C

WEIGHT	G.I. REMOVED
	SHORTAGE ON REVERSE
	IDENT. TAGS REMOVED
	DIARY REMOVED
DATE SHIPPED	LOCKED STORAGE
	LAUNDRY REMOVED
#3 OR ADDITIONAL	FILM REMOVED

Eff. ON Form 11 (12 Dec 24)

ADDITIONAL REMARKS

SHORTAGES

-U S GOVT: CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

INVENTORY CLERK

G. I. REVIEW

INVENTORY OF EFFECTS

(See AB 600-550)

Byrd Thomas B. 39818382
 (Last name) (First name) (Middle initial) (Army serial number)
 late a Pvt Inf 90th Div
 (Grade) (Organization or arm or service)

who died on the unknown day of June, 1944

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

NUMBER	ARTICLES	*PACKAGE NUMBER
	(2) Parachute pins	✓
	Social Security Card	✓
	Watch certificate	✓

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

CLASS II—Other effects

NUMBER	ARTICLES
	NONE

CLASS II—Continued

NUMBER

ARTICLES

Money { Specie... \$
Notes... \$

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~~

DALE C. SHERWOOD
1st. Lt., OMC

Blosville Cemetery
(Station)

1 July 1911
(Date)

*Strike out words not applicable.

NAME: BYRD, THOMAS. B

Russia

PVI

60N

3984 8382

ORGANIZATION

90TH INF

DATE 11/9/94

CH 54 Nu:

РА.ЛЮБЫ: РЕВ

STATUS K/A

[illegible]

N INVENTORIED: Richard A

WHSE SPACE

BYRD, Thomas B.

Pvt.

39848382

Dec.

6/28.0314

Shipped to K.C.

15.9.44

1582

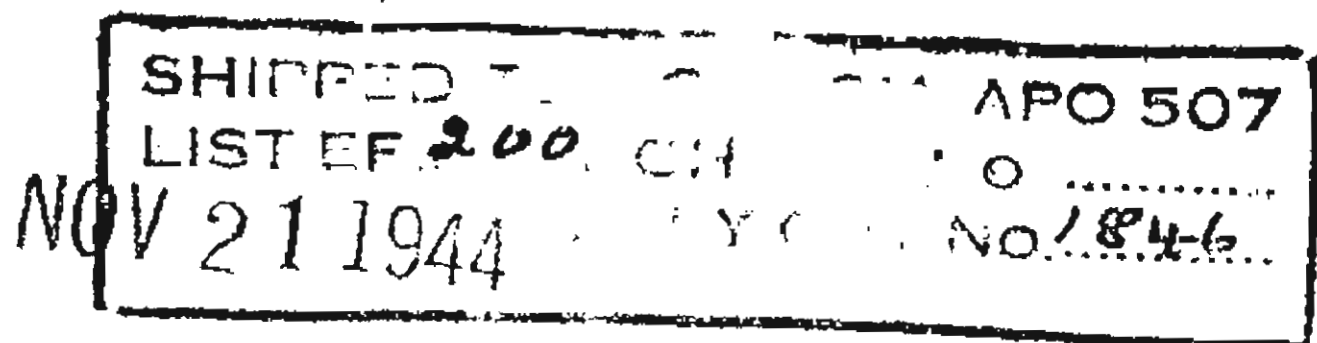
BYRD, Thomas B. Pfc. 848382.

MISSING IN ACTION. M

1 S. Ctn. 31549. *Boxed in Case No. 756.*

Rec'd July 29th, 1944.

FORM 54 REC'D



BYRD, THOMAS B. Pfc. 39848382. KIA. C/280314

RESTRICTED

8033

201 - Byrd, Thomas B.

1st Ind.

E.H./w jln

HEADQUARTERS 82D AIRBORNE DIVISION, APO 469, U. S. Army, 8 August 1944

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

1 Incl ~~(X)~~
n/c



G. B. B.

RESTRICTED

R E S T R I C T E D

29 July 1944

HEADQUARTERS 505TH PARACHUTE INFANTRY, APO #469, U.S. ARMY.

SUBJECT: Personal effect of soldier

Killed in Action

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

THRU : Commanding General, 82nd Airborne Division, APO # 469,
U. S. ARMY.

1. NAME:

Byrd, Thomas B.

2. GRADE OR RANK:

~~39848382~~ **Pfc**

3. ARMY SERIAL NUMBER:.

39848382

4. ORGANIZATION:

Co. D, 505 Precht. Inf.

5. STATUS:

Killed in Action

6. DATE CASUALTY:

15 June 1944

7. DATE AND DISPOSITION OF EFFECTS:

Delivered to QM

82 A/B Div 29 July 1944 for shipment to

8. ~~Beneficiary thru ETOUSA~~ **Beneficiary thru ETOUSA** HAS AN
ACCOUNT:

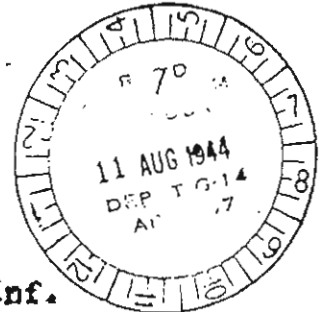
None

9. NAMES OF DEBTORS AND CREDITORS:

None

10. NAME AND ADDRESS OF NEXT OF KIN:

**Lila Mae Byrd
(Mother) 118 West Warren, Gallup, New Mexico**



For the Commanding Officer:

Incls:

1

Incl 1 - WD AGO Form 54

**ARTHUR W. MILLER
1st Lt. Infantry
Personnel Officer**

R E S T R I C T E D



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

JRM:JS:wm
August 21, 1944

IN REPLY REFER TO 108033-D

Mrs. Lilla M. Byrd
Box 34
Carlton, Texas

Dear Mrs. Byrd:

This will acknowledge your letter of August 12, 1944, inquiring about the personal effects of your son, Private First Class Thomas B. Byrd.

We have checked our records and regrettably have not as yet received any property belonging to your son.

All War Department agencies are under instruction to forward the personal effects of military personnel to the Army Effects Bureau for disposition, and it is reasonable to assume that his property ultimately will be received here; however, because of transportation difficulties, considerable time may elapse before the shipment arrives here.

You may be assured that upon receipt here of any of Private Byrd's belongings, you will be promptly notified.

Yours very truly,

J. W. WALKER
Captain Q.M.C.
Assistant



108033

Carlton Texas
August 12, 1944

Effects Quartermaster,
Kansas City, Missouri.

8.15-
File
wm

My Son P.F.C. Thomas B. Byrd
was killed in Action in France on
June 18th. When his personal Effects
Are recovered will you kindly send them
to me.

Sincerely
Mrs Lilla M. Byrd
Carlton, Texas
Box 34

P.F.C. Thomas B. Byrd 39,848,382
Co. D. 505th Inf.
A.P.O. 469
n.y.



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

JRM:JS:cly
February 14, 1945

IN REPLY REFER TO: 108,033

Mr. James Edgar Byrd
118 W. Warren
Gallup, New Mexico

Dear Mr. Byrd:

The Army Effects Bureau has received from overseas some personal effects of your son, Private First Class Thomas B. Byrd.

These effects are being forwarded to you in one package.

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

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

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

Yours very truly,

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

May 7, 1945

108033

Army Service Forces
Kansas City Quartermaster Depot
601 Hardesty Avenue
Kansas City, Missouri

I'm writting requesting that the remains of my Son,
P.F.C. Thomas B. Byrd 39848382 be shipped back to us. He was
killed in action 7 buried in Franch. Now that the war is coming
to a end I wanted to make sure there would be no mistake as to
where he might be sent. He entered the Services from Arizona,
at that time we lived in New Mexico but now our permanent Home
is in Texas--Carlton. Thats where we want his remains brought
and where he would want to be put away.

Sincerly yours,

Mrs. Lilla M. Byrd
Box 34
Carlton, Texas

filed
rec in sec 3
5/30



ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPOT

601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

IN REPLY REFER TO ~~109033~~

GHG:LH:lc
May 31, 1945

Mrs. Lilla M. Byrd
Box 34
Carlton, Texas

Dear Mrs. Byrd:

This refers to your letter of recent date, relative to the personal effects of your son, Private First Class Thomas B. Byrd.

Matters pertaining to the disposition of remains are under the jurisdiction of The Quartermaster General, Memorial Division, Washington 25, D. C. Therefore, your letter has been forwarded to that official for further reply direct to you.

You may be assured that in the event additional property is received at a later date, prompt shipment will be made.

Yours very truly,

R. T. BROWN
1st Lt. Q.M.C.
Asst. to Chief, Adm. Division

file



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

108033

GIG:VJ:na
June 11, 1945

IN REPLY REFER TO _____

Mr. James Edgar Byrd
Box #34
Carlton, Texas

Dear Mr. Byrd:

The Army Effects Bureau has received some additional property of your son, Private First Class Thomas B. Byrd.

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

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

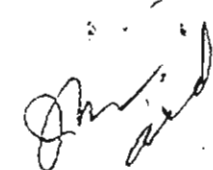
Extending every sympathy, I am

Sincerely yours,

P. L. KOOB
2nd Lt. Q.M.C.
Officer-in-Charge
SJ Unit

43

108033


MEM/JBS/st
1 March 1948

Mr. James Edgar Byrd
Box 34
Carlton, Texas

Dear Mr. Byrd:

The Army Effects Bureau has received a Certificate of Merit which was awarded to your son, Private First Class Thomas B. Byrd.

I am inclosing for your disposition, this certificate.

Sincerely yours,

1 Incl
Certificate

M. E. MOHR
Major, QMC
Effects Quartermaster

Army Service Forces
Kansas City Quartermaster Depot
601 Hardesty Avenue
Kansas City, Missouri

I'm writting requesting that
the remains of my son, P.F.C.
Thomas B. Byrd 39848382 be
shipped back to us. He was killed
in action & buried in France.
Now that the war is coming to a
end I wanted to make sure there
would be no mistake as to where
he might be sent. He entered the
services from Arizona, at that time
we lived in New Mexico but now
our permanent home is in Texas-
Carlton. That's where we want his
remains brought and where he
would want to be put away.

Sincerely yours,

Mrs Lilla M. Byrd
Box 34
Carlton, Texas

SPQYG 293
Byrd, Thomas B.
SN 39 848 382

File
6 Nov. 46
W. Bumphearty
M.H.T.

Mrs. Lilla M. Byrd
Box 34
Carlton, Texas

Dear Mrs. Byrd:

Reference is made to your letter in which you request information concerning the return of the remains of your son, the late Private First Class Thomas B. Byrd.

At the beginning of the war it became necessary to adopt the policy that the remains of military personnel interred outside the United States would not be returned for final interment until after the cessation of hostilities in all theaters of operation.

A notation has been made on the records of this office that it is your desire to have the remains of your son returned to Texas for final interment after the war. At the proper time this office will contact the legal next of kin regarding their wishes as to the final disposition of the remains.

The official records of this office show that the remains of your son were interred in the United States Military Cemetery, Bloisville, France, Plot E, Row 2, Grave 21.

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

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

ARTHUR L. WARREN
Colonel, QMC
Assistant

CCP
CCP

had

JUL 6 10 27 AM '45

MAIL & RECORDS BRANCH

Pfc. Thomas B. Byrd, 39 848 382
Plot E, Row 2, Grave 21,
United States Military Cemetery
Blosville, France

9 September 1947

Mr. James E. Byrd
Box 34
Carlton, Texas

Dear Mr. Byrd:

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. 4
93.4

Q-293
Byrd, Thomas B.
SN 39 848 332

10 September 1948

Mrs. Lila Mae Byrd
Box 54
Carlton, Texas

Dear Mrs. Byrd:

Reference is made to the organization to be inscribed on a Government flat granite marker for the grave of the late Thomas B. Byrd.

You are advised, your application has been placed in line for ordering, in turn, and the organization will be shown as 505 Probt Inf 82 Abn Div. The letter you forwarded in connection with the case is returned herewith.

Sincerely yours,

G. L. RUTH
Memorial Division

ltr. dtd. 8/9/44

Incl

SEP 10 4 19 PM '48
MAIL & RECORDS
DIVISION

8

DEPARTMENT OF THE ARMY
OFFICE OF THE QUARTERMASTER GENERAL

IN REPLY REFER TO QMGMH 293

WASHINGTON 25, D. C.

Byrd, Thomas B.
SN 596 48 382

IMPORTANT

7 July 1948

Address reply and envelope to:
THE QUARTERMASTER GENERAL
Do NOT include the name of the
official who signed the communica-
tion.

Mrs. Lila Mae Byrd
Box Number 34
Carlton, Texas

Dear Mrs. Byrd:

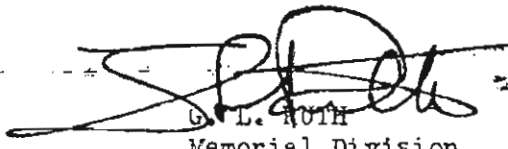
Reference is made to the order form covering the authorized inscription to be cut on a Government flat granite marker for the grave of the late Thomas B. Byrd, whereon you have changed the organization to 505 Prcht Inf 82nd Airborne.

You are advised the official records fail to indicate that this veteran served with the 82nd Airborne Division; however, if you have any official papers verifying this service and will forward same to this office, a recheck of the records will be made. You may be assured any documents you furnish will be carefully safeguarded and returned to you when they have served their purpose.

In the event you are unable to locate the required documents and will accept the inscription as authorized, there is inclosed a new order form, with the organization shown as 505 Prcht Inf, which it is requested you sign and return to this office.

Sincerely yours,

- 2 Incls
1. order form
2. env


G. L. Guinn
Memorial Division

FILE 17 SEP 1948
NAT
Camm
Green

Dear Sir:
Inclosed you will find a letter from Thomas B. Byrd's Commanding General, showing he was a member of the 505th Par. Inf. 82nd Airborne Div. that you wanted information about. I hope this will be satisfactory.

Thank you
Mrs. Lila Mae Byrd