

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

128638

—BATTLE CASUALTY REPORT

NAME CHAVOUS SAMUEL J		SERIAL NUMBER 34054771	GRADE CPL	ARM OR SERVICE INF	REPORTING THEATRE ETO
PLACE OF CASUALTY FRANCE	DATE OF CASUALTY DAY 08 MONTH JUN YEAR 44		FLYING OR JUMPING STAT J	TYPE OF CASUALTY MIA	SHIPMENT NUMBER 107

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

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

MR., MRS., MISS	FIRST NAME	MIDDLE INITIAL	LAST NAME	RELATIONSHIP
MRS	CLARA	A	CHAVOUS	MOTHER
NO. AND NAME OF STREET		CITY	COUNTY	STATE
		CROSS CITY		FLORIDA

REMARKS:

29 JUNE 1944 PW
Corrected to be: Chavous, Samuel J. serial 34,054,771 per
Head of mem. filed. Form 7.3 attached.



Beafield-28 June 44

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED ☒ FORM 43 ☒ AG 201 REQ _____

CASUALTY BRANCH FILE ATTACHED _____ OR CHARGED TO _____ DATE _____

PREVIOUSLY REPORTED NO ☒ YES _____ (AS INDICATED BELOW):

FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED

REPORT NOT VERIFIED ☒ NO FORM 43 ☒ NO CAS. BR. FILE ☒ CHECKED BY *Whitely 27 June 44* REVIEWED BY _____

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

ACCT. AREA	CASUALTY STATUS	ORIGINAL CAS. DATE			MESSAGE NO.	LATEST CAS. DATE			REFERENCE AREA	WORK FOR.	RESIDENCE		COMP	BACF
		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				

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