

INDIVIDUAL DECEASED

PERSONNEL FILE

RECEIPT OF REMAINS

DISTRIBUTION CENTER

AGR DISTRIBUTION CENTER, PHILADELPHIA QM DEPOT

ALFRED P. G. ROSE
2616 BRIDGE ST.
PHILADELPHIA, PENNA.

~~XXXXXXXXXX~~
DAY LETTER

O.I. 3385

REMAINS CONSIGNED TO:

293
REMAINS OF LATE CPL WILLIAM W YEO 33310586 WILL BE DELIVERED
TO YOU BY THIS DEPOT TWENTY NINE APRIL AT APPROXIMATELY
NINE FORTY FIVE AM VIA GOVERNMENT HEARSE ACCOMPANIED BY
MILITARY ESCORT. REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT
REMAINS UPON DELIVERY. REQUEST YOU NOTIFY NEXT OF KIN.

FRANK M. GREEN, JR.
MAJOR QMC

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

THIS 29 DAY OF April, 1948

1st Sgt James W Duwall
WITNESS (Escort)

Alfred P. G. Rose Funeral Director
CONSIGNEE

she

File
Wart
Records Unit
21 May 48
Mr. Debs
Ad Branch

O.I. 3385

INSPECTION CHECKLIST

(For Use at Distribution Point)

Name YEO, William W. ✓	Rank CPL ✓	Serial Number 33310586 ✓
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Source Mrs. Edith Lillian Wilkins (Mother) 2741 E. Pacific St., Phila., Pa.	Consignee Alfred P. G. Rose, 2616 Bridge St., Phila., Pa. ✓
--	--

SHIPPING CASE - General Appearance (Check ONLY Discrepancies)	Condition of Shipping Case (Check One) <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Unsatisfactory
--	--

<input checked="" type="checkbox"/> FINISH (Exterior) <input type="checkbox"/> FINISH (Interior) <input type="checkbox"/> HANDLES <input type="checkbox"/> HANDLE BOLTS <input type="checkbox"/> STENCILING - NAMEPLATE <input type="checkbox"/> HEALTH PERMIT MARKER <input type="checkbox"/> HEALTH PERMIT NUMBER	Remarks <i>4/27/48</i>
---	---------------------------

CASKET - General Appearance (Check ONLY Discrepancies)	Condition of Casket (Check One) <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Unsatisfactory
---	---

<input checked="" type="checkbox"/> FINISH (Exterior) <input type="checkbox"/> HANDLES AND FASTENINGS <input type="checkbox"/> STENCILING - NAMEPLATE <input type="checkbox"/> CAM LOCKS (Sealing) <input type="checkbox"/> ODOR OR MOISTURE	Remarks
--	---------

ROUTED THROUGH

<input type="checkbox"/> MORTUARY OPERATING ROOM	<input type="checkbox"/> REPAIR SHOP
--	--------------------------------------

Condition of Remains <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Casket Repaired <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

Necessary Disinfection (Explain)	Casket Exchanged <input type="checkbox"/> Yes <input type="checkbox"/> No
----------------------------------	--

	Shipping Case Repaired <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

	Shipping Case Exchanged <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

Remarks

Time	Date 4/27/48	Signature or Mortician	Time	Date	Signature of Inspector Paul G. Gogarty
------	-----------------	------------------------	------	------	---

Remarks <i>La For Ship's</i> <i>Thurscleny</i> <i>(8)</i>
--

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED YEO WILLIAM W BLOSVILLE - CARENTAN				DIRECTIVE NUMBER 3508 05485		DATE 15 11 47 <small>DAY MONTH YEAR</small>			
				SERIAL NUMBER 33310586		RANK CPL		ARM 1	
CEMETERY BLOSVILLE - CARENTAN				CAUSE OF DEATH 1					
NAME YEO WILLIAM W		SERIAL NUMBER 33310586		RANK CPL		ARM 1		DATE OF DEATH <small>DAY MONTH YEAR</small> 3200 03 <small>CODE DIST. PT.</small>	
CEMETERY BLOSVILLE - CARENTAN		CAUSE OF DEATH 1							
PLOT C		ROW 4		GRAVE 73		COUNTRY FRANCE			

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE ALFRED P. G. ROSE 2616 BRIDGE STREET PHILADELPHIA, PENNSYLVANIA		NAME AND ADDRESS OF NEXT OF KIN MRS. EDITH LILLIAN WILKINS (MOTHER) 2741 EAST PACIFIC STREET PHILADELPHIA, PENNSYLVANIA	
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SECTION C — DISINTERMENT AND IDENTIFICATION

NAME Yeo, William W.		SERIAL NUMBER 33310586		RANK Op1		DATE OF DEATH 22 June 44		DATE DISTINTERRED 2 Feb 48	
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION USAGF		RELIGION Prot.		IDENTIFICATION VERIFIED BY T.C. MURRAY, CAPT QMC <small>NAME AND TITLE</small>			



SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Uniform		CONDITION OF REMAINS Adv. Decomposition; Missing Rt. Ulna; Fractured Skull	
OTHER MEANS OF IDENTIFICATION None			

MINOR DISCREPANCIES

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 5 Feb 48		BY H.F. Pergande	
CASKET SEALED BY H.F. Pergande		EMBALMER (Signature) 	
CASKET BOXED AND MARKED		SHIPPING ADDRESS VERIFIED BY 	
DATE 5 Feb 48 BY H.F. Ryder		JOHN PALYOK JR., 1st LT, PA	

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


 JOHN PALYOK JR., 1st LT, PA

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM USMC Blossville		TO Casketing Pt. A	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER R. A. Strange	
SIGNATURE OF SHIPPER <i>West M. Ciampo</i> JIM F. RANDALL, CAPT. QMC	DATE 4 Feb 48	SIGNATURE OF RECEIVER <i>West M. Ciampo</i> E.N. CIAMPO, 1st LT, FA	DATE 4 Feb 48
2. SHIPPED			
FROM Casketing Pt. A		TO Port Unit, Cherbourg	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER P. A. Cain	
SIGNATURE OF SHIPPER <i>West M. Ciampo</i> E.N. CIAMPO, 1st LT, FA	DATE	SIGNATURE OF RECEIVER <i>John E. Henry Jr.</i> JOHN E. HENRY JR. MAJ. CAC	DATE
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. Henry Jr.</i> JOHN E. HENRY JR. MAJOR CAC.	DATE 10 March 1948	SIGNATURE OF RECEIVER <i>Robert V. Schneider</i>	DATE 10 March 1948
4. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER naval	DATE	SIGNATURE OF RECEIVER <i>W. L. McKinney</i> W. L. MCKINNEY COLONEL, T. C.	DATE APR 5 1948
5. SHIPPED			
FROM NYPOE		TO	
KIND OF CONVEYANCE BHTGDEBHV, WEMAGAVIN		NAME OF CONVOYER Capt. J. E. Barrett	
SIGNATURE OF SHIPPER <i>W. L. McKinney</i> W. L. MCKINNEY, T. C.	DATE APR 9 1948	SIGNATURE OF RECEIVER <i>W. L. McKinney</i> W. L. MCKINNEY, T. C.	DATE APR 10 1948
6. SHIPPED			
FROM C. A. 12 WUNCE		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

WESTERN UNION
WU AA365 19 COLLECT

PHILADELPHIA PENN MAR 29 900P

PHILADELPHIA QUARTERMASTER DEPOT ATTN AMERICAN GRAVES
REGISTRATION DIV

A.G.R. DIVISION
PHILA Q.M. DEPOT

1948 MAR 30 AM 9:51

CONFIRMATION DELIVER MREINA XX REMAINS OF LATE CORPORAL
WILLIAM W YEO TO ALFRED P & ROE XX ROSE 2616 BRIDGE STRET
PHILADELPHIA

MRS EDITH WILKINS

954P

2616



MESSAGEFORM

MESSAGE CENTER NO.

TRANSMITTING MEANS

CRYPTOGRAPH OR CLEAR TEXT

CALLS

STA. SER. No.

PRECEDENCE

TRANSMISSION INSTRUCTIONS

ORIGINATOR

DATE-TIME GROUP

V

NR

ACTION

INFORMATION

EXEMPT

OPERATING SIGNALS

GROUP COUNT

GR

SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM: (Originator)

PHILADELPHIA QUARTERMASTER DEPOT
PHILADELPHIA, PENNA.

SECURITY CLASSIFICATION

ACTION TO:

MRS. EDITH LILLIAN WILKINS

2741 E. PACIFIC STREET

PHILADELPHIA, PA.

GOVT PAID

PRECEDENCE FOR

ACTION
Routine

INFORMATION

O. I. 3385

☒ ORIGINAL MESSAGE

IDENTIFICATION

REFERS TO ANOTHER MESSAGE

CLASSIFICATION

INFORMATION TO:

DLR AND CHECK ANY CHGS

WAR DEPARTMENT WILL DELIVER REMAINS OF LATE GPL WILLIAM W. YEO

IN NEAR FUTURE. RECORDS OF

THIS OFFICE INDICATE YOU WISH REMAINS DELIVERED TO ALFRED P. G. ROSE

2616 BRIDGE STREET, PHILADELPHIA, PENNSYLVANIA

REQUEST IMMEDIATE CONFIRMATION BY TELEGRAM COLLECT TO PHILADELPHIA
QUARTERMASTER DEPOT ATTENTION AMERICAN GRAVES REGISTRATION DIVISION

PHILADELPHIA, PENNA. FUNERAL DIRECTOR WILL BE NOTIFIED **72 HOURS IN ADVANCE** WHEN REMAINS

WILL BE DELIVERED TO HIM. IF YOU DESIRE MILITARY HONORS AT FUNERAL

YOU SHOULD ASK LOCAL PATRIOTIC OR VETERANS ORGANIZATION OF YOUR

CHOICE TO MAKE ARRANGEMENTS. ~~ADVISE LOCAL PATRIOTIC OR VETERANS ORGANIZATION~~

~~ARRANGEMENTS INCLUDE NAME OF DECEASED IN YOUR TELEGRAM REPLY TO:~~

~~ADVISE LOCAL PATRIOTIC OR VETERANS ORGANIZATION~~ NECESSARY YOU INCLUDE NAME OF DECEASED IN REPLY
TELEGRAM.

D. G. POLLARD
LT. COL., QMC

SECURITY CLASSIFICATION

AUTHORIZATION

SIGNATURE

ORIGINATING AGENCY

SYMBOL

DATE-TIME GROUP

OFFICIAL TITLE

PAGE 1 OF 1

QKMMH 293

Yeo, William W.
SN 333 10 686

3 June 1949

Mr. Albert Yeo
10 Edward Road
Hatboro, Pennsylvania

Dear Mr. Yeo:

Receipt is acknowledged of your letter of recent date forwarded to this office by Mr. M. R. Wellbank, Contact Officer, Veterans Administration, Regional Office #10, Philadelphia, Pennsylvania, wherein information is requested regarding the flat granite marker furnished for the grave of the late William W. Yeo.

The records on file in this office show that this marker was shipped under date of 27 August 1948, to William L. Childs, Superintendent, Oakland Cemetery, Frankford, Pennsylvania.

It is suggested you contact the Superintendent in order to ascertain what disposition has been made of the stone, as this office has received no notice of an unclaimed or lost shipment.

Sincerely yours,

NORMAN S. WIGGS
Lt Col, QMC
Memorial Division

JUN 3 1 29 PM '49
RECORDED
INDEXED



VETERANS ADMINISTRATION

Regional Office #10

~~128 N. Broad Street~~

Philadelphia 2, Pa.

May 19, 1949

YOUR FILE REFERENCE:

IN REPLY REFER TO: 10R3AA/LHH

293 YEO, Cpl. William W.

~~ASN 33 310 586~~

(Deceased)

THE QUARTERMASTER GENERAL
Memorial Division
Washington, D. C.

Dear General:

We are referring the attached correspondence for your attention.

Very truly yours,

M. R. Wellbank

M. R. WELLBANK
Contact Officer

Att.-1

Ltr. dtd. 5/13/49

cpy ltr. dtd. 5/19/49

Regional Office #10
128 N. Broad Street
Philadelphia 2, Pa.

May 19, 1949

10R3AA/LHH

293
YEO, Cpl. William W.
ASN 33 310 586
(Deceased)

Mr. Albert Yeo
10 Edward Road
Hathoro, Pa.

Dear Mr. Yeo:

We are in receipt of your letter of May 13, 1949, forwarded to this office by the Philadelphia Quartermaster Depot, concerning a head stone for your brother's grave.

Unfortunately, our office has no jurisdiction over your problem.

It is therefore necessary to refer your letter to the Quartermaster General, Memorial Division, Washington, D. C.

Very truly yours,

M. R. WILLEANK
Contact Officer

LHH:vcw

A.YEO

UNIVERSAL C.I.T. CREDIT CORPORATION

27 CURREN ARCADE, 51-53 EAST MAIN ST.

NORRISTOWN, PENNSYLVANIA

NORRISTOWN
MAY 13
7 PM
1949

NORRISTOWN
MAY 13
7 PM
1949



THE QUARTERMASTER GENERAL
PHILADELPHIA QM DEPOT
2800 SOUTH 20TH STREET
PHILADELPHIA, PA.

*Veterans
Adm. Bd. 128
97. 100000*

UNIVERSAL C.I.T. CREDIT CORPORATION

27 CURREN ARCADE, 51-53 EAST MAIN STREET
NORRISTOWN, PENNSYLVANIA

TELEPHONE 7804

13 MAY 1949

THE QUARTERMASTER GENERAL
PHILADELPHIA QM DEPOT
2800 SOUTH 29TH STREET
PHILADELPHIA, PA.

RE: CPL. WILLIAM W. YEO
ASN 33 310 586
DECEASED

DEAR SIR:

APPROXIMATELY ONE YEAR AGO MY BROTHER'S
REMAINS WERE RETURNED FROM OVERSEAS AND PLACED IN
OUR FAMILY LOT IN THE OAKLAND CEMETERY, PHILADELPHIA.
IMMEDIATELY FOLLOWING WE APPLIED FOR A HEAD STONE
ABOUT WHICH WE HAVE RECEIVED NO ADVICE TO DATE. IF
THIS IS THE NORMAL TIME WE WOULD APPRECIATE WORD AS
TO DELIVERY DATE, IF THE APPLICATION HAS JOINED THE
LOST, STRAYED OR STOLEN WE WOULD APPRECIATE YOUR
ACTION TO EXPIDITE MATTERS.

APPLICATION WAS MADE BY MY MOTHER, MRS.
EDITH WILKINS OF 2741 EAST PACIFIC STREET, PHILADELPHIA.

THANK YOU FOR YOUR USUAL EXCELLENT CO -
OPERATION.

VERY TRULY YOURS,

Albert Yeo
ALBERT YEO
10 EDWARD ROAD,
HATBORO, PA.

VETERANS ADMINISTRATION

128 NORTH BROAD STREET

PHILADELPHIA 2, PENNSYLVANIA

OFFICIAL BUSINESS

RETURN AFTER FIVE DAYS



PENALTY FOR PRIVATE USE TO AVOID

PAYMENT OF POSTAGE, \$300

(PMED)

**BUY U.S. SAVINGS
BONDS**

ASK YOUR POSTMASTER

The Quartermaster General
Memorial Division
Washington, D. C.

STATUS OF HEADSTONE APPLICATION

NAME OF DECEDENT

33310586

Yeo, William W

DATE RECEIVED

21 May 1948

TYPE OF STONE

Fl granite

DATE ORDERED

26 June 48

DATE SHIPPED

27 Aug 48

QUARRY AND RAILROAD

Miami Gr + Marble Co

BILL OF LADING

3235082

CONSIGNEE

William L. Childs, Supt
Oakland Cem
Frankford, Pa
Appli - Edith L. Wilkins
2741 E - Pacific Str
Phila, Penna

LAST SHIPMENT

BILL OF LADING

ORDERED

SHIPPED

Suggest she contact Cons.

27 MAY 1949

CERTIFICATE

(AR 30-1830)

WORLD WAR II DEC'D

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

PART A - CIVILIAN OR PRIVATE CEMETERY

A

REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT 293 Yoo, William W.	GRADE Cpl	SERIAL NUMBER 33310586	COMPONENT AGF
--	---------------------	----------------------------------	-------------------------

I certify that the sum of \$ **219.50** 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 Oakland Cemetery	CITY OR COUNTY Philadelphia	STATE Pa.
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: Commanding Officer Philadelphia Quartermaster Depot 2800 S. 20th St. Phila. 45, Pa. ATTN: AGR Division		
SIGNATURE OF CLAIMANT <i>Edith S. Wilkins</i>		
ADDRESS OF CLAIMANT (City, Street or RFD, and State) 2741 E. Pacific St., Philadelphia, Pa.		
RELATIONSHIP TO DECEDENT Mother		DATE 13 May 1948

PART B - NATIONAL OR POST CEMETERY

B

REQUEST FOR REIMBURSEMENT OF TRANSPORTATION EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT	GRADE	SERIAL NUMBER	COMPONENT
<p>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:</p>			
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: <div style="font-size: 2em; font-weight: bold; text-align: center;">PAID</div>		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 in a private or civilian cemetery. Receipted bills are not required to accompany this form. Any expenses over and above the \$75 maximum must be borne by the person who incurred or paid the additional expenses.

EXPLANATION OF PART B - NATIONAL OR POST CEMETERY

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



REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Cpl. William V. Yoo, 33 310 506
 Plot C, Row 4, Grave 73,
 United States Military Cemetery
 Bloisville, France

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, Edith Lillian Wilkins
 (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

Oakland Phila. Pa.
 (NAME AND LOCATION OF CEMETERY)

- ☐ 3. BE RETURNED TO _____ THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT _____
 (FOREIGN COUNTRY) (LOCATION OF CEMETERY SELECTED)

- ☐ 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____
 (LOCATION OF NATIONAL CEMETERY SELECTED)
 (Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)
☐ YES ☐ NO

THE NAME OF THE DECEASED, THE SERIAL NUMBER AND GRADE ARE CORRECT EXCEPT FOR THE FOLLOWING CHANGES: (If no corrections are necessary, indicate this fact by inserting the word "NONE" in the space below.)

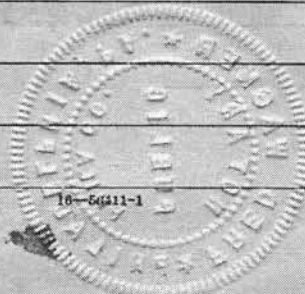
None

DD Process 11/21/47 EMM

Coded 13 Nov 47
Hallagher

QQMG FORM 14 NOV 1946 345 MILITARY

NOV 12



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)

(NAME PRINTED OR TYPED)

(DATE)

(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)

(NAME PRINTED OR TYPED)

(DATE)

(STREET AND NUMBER)

(CITY AND STATE)

PART I (Continued)

If on Page 1 of this form you have selected Option Number 2 or 3, or Option Number 4 with your own funeral ceremonies desired at a location other than the selected national cemetery, complete one of these sections.
 I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE THE REMAINS TO BE SENT TO THE FOLLOWING PERSON WHO HAS AGREED TO RECEIVE THEM:

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

OR

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

FULL NAME OF FUNERAL DIRECTOR Alfred P. G. Rose			
NUMBER AND STREET 2616 Bridge Street	CITY OR TOWN Philadelphia 37	COUNTY OR PROVINCE Philadelphia	STATE OR TERRITORY OF U. S. A., OR COUNTRY Penna.
EXPRESS OFFICE (Nearest railroad passenger station) Frankford Junction	TELEGRAPH ADDRESS Same		TELEPHONE NO. JEfferson 5-3080

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 Yeo	FIRST NAME Albert	MIDDLE INITIAL	RELATIONSHIP TO DECEASED Brother
NUMBER AND STREET 10 Edward Road	CITY OR TOWN Hatboro	COUNTY OR PROVINCE Montgomery	STATE OR TERRITORY OF U. S. A., OR COUNTRY Penna.

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.

Edith Lillian Wilkins 2141 E. Pacific St
 (SIGNATURE OF NEXT OF KIN) (STREET AND NUMBER)
EDITH LILLIAN WILKINS Phila. Pa
 (NAME PRINTED OR TYPED) (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 16th day of October, 1947, at city (or town) of Philadelphia, county of Philadelphia, and State (or Territory or District) of Pennsylvania

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

Fred Wagner
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
 2826 E. Venango St., Phila., Pa.
 (OFFICIAL TITLE) PUBLIC
 My Commission Expires Jan. 27, 1948

Cpl. William W. Yeo, 33 310 586
Plot C, Row 4, Grave 73,
United States Military Cemetery
Blignyville, France

9 September 1947

Mrs. Edith L. Wilkins
2741 East Pacific Street
Philadelphia, Pennsylvania

Dear Mrs. Wilkins:

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

SEP 15 1947
MAIL 6
CM

SPQY 293
Yeo, William W.

7 March 1946

Mrs. Edith L. Wilkins
2741 E. Pacific Street
Philadelphia, Pennsylvania

Dear Mrs. Wilkins:

The War Department is most desirous that you be furnished the burial location of your son, the late Corporal William W. Yeo, A.S.N. 33 310 568.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery, Bloisville, France, plot C, row 4, grave 73.

This cemetery is located approximately twenty miles northwest of St. Lo, twenty-four miles southeast of Cherbourg and five miles north and slightly west of Carentan, all in France, and is under the constant care and supervision of United States military personnel.

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

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

mm

K

Mar

2 27 PM '46

RECEIVED

RECEIVED
RECEIVED
RECEIVED

RESTRICTED
REPORT OF BURIAL
TM 10-630 AND AR 30-1815

12898
23 June 1944
Date

Yeo William W. Cpl 33310586
Last Name First Initial Rank Serial No.
Unit 307 A/A ENG. Bn 82nd A/B Div
Unit Organization
France 22 June 1944 KIA
Place of Death Date of Death Cause of Death
22 June 1944 Bloisville France
Time and Date of Burial Name of Cemetery Name or Coordinates of Location
73 4 C Peg
Grave Number Row Number Plot Number Type of Marker

17 OCT 1944

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

If No Identification Tags

How were remains identified?

What means of identification were buried with the body?

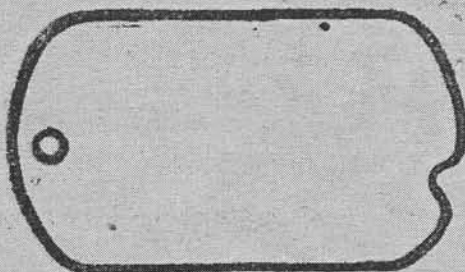
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right: Osenbauh, Jefferson A. 37189147 Pfc 82nd A/B Div 74
Name Serial No. Rank Organization Grave No.

Deceased's Left: Treml, Joseph G. 36220689 Cpl 82nd A/B Div 72
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 Edith Wilkens
Name

2741 E. Pacific St., Philadelphia, Pennsylvania.
Address

Religion Unknown

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

~~XXXXXXXXXXXXXXXXXXXX~~
~~XXXXXX~~
~~XXXXXXXXXXXXXX~~

NONE

File 11-27-44
V42

Signature of Officer or other person reporting burial

DALE C. SHERWOOD

DALE C. SHERWOOD Verified by G.R.S. Officer
1st. Lt., QMC

Left 74

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.:

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.

TOOTH CHART

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
Upper																Lower															
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 ×; crowns by ○; fillings by □; Bridges by ⊂ linking anchor teeth; replacements by artificial teeth ×

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

Characteristics:

Other Data:

Left Hand

2

1

Thumb

Right Hand

2

1

Thumb

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

REPORT OF DEATH

DATE 21 Aug 44
MLB/mlw/4624

FULL NAME Yeo, William W.				ARMY SERIAL NUMBER 33 310 586		GRADE Cpl.							
HOME ADDRESS Philadelphia, Pa.				ARM OR SERVICE CE		DATE OF BIRTH 16 March 16							
PLACE OF DEATH European Area			CAUSE OF DEATH Killed in action			DATE OF DEATH 17 June 44							
STATION OF DECEASED European Area				DATE OF ENTRY ON CURRENT ACTIVE SERVICE 23 Apr 42		LENGTH OF SERVICE FOR PAY PURPOSES <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">YEARS</td> <td style="width: 33%;">MONTHS</td> <td style="width: 33%;">DAYS</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>		YEARS	MONTHS	DAYS			
YEARS	MONTHS	DAYS											
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Edith L. Wilkins, mother; 2741 E. Pacific St., Philadelphia, Pa.													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Edith L. Wilkins, mother; same as above. Mr. Samuel R. Yeo, brother; 8x Gibbsboro Rd., Lindenwald, N. J.													
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
												I	

ADDITIONAL DATA AND/OR STATEMENT

Parachute Pay

The individual named in this report is shown by the records of the War Department to have been ~~absent~~ absent in a missing in action status on 6 June 1944 and subsequently reported killed in action on 17 June 1944, such absence was terminated on 25 July 1944 on which date evidence of death was received by the Secretary of War from a commander in the European Area.

COPIES FURNISHED:

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

☒ **BATTLE**

☐ **NON-BATTLE**

BY ORDER OF THE SECRETARY OF WAR

ADJUTANT GENERAL

Sw

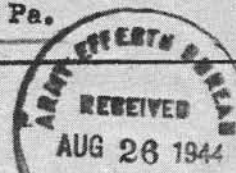
147701

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

REPORT OF DEATH

DATE **21 Aug 44**
MLB/mlw/4624

FULL NAME Yeo, William W.				ARMY SERIAL NUMBER 33 310 586		GRADE Cpl.							
HOME ADDRESS Philadelphia, Pa.				ARM OR SERVICE CE		DATE OF BIRTH 16 March 16							
PLACE OF DEATH European Area			CAUSE OF DEATH Killed in action			DATE OF DEATH 17 June 44							
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YEARS	MONTHS	DAYS											
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Edith L. Wilkins, mother; 2741 E. Pacific St., Philadelphia, Pa.													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Edith L. Wilkins, mother; same as above. Mr. Samuel R. Yeo, brother; 2x Gibbsboro Rd., Lindenwold, N. J.													
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
												X	



ADDITIONAL DATA AND/OR STATEMENT

Parachute Pay

The individual named in this report is shown by the records of the War Department to have been ~~absent~~ absent in a missing in action status on 6 June 1944 and subsequently reported killed in action on 17 June 1944, such absence was terminated on 25 July 1944 on which date evidence of death was received by the Secretary of War from a commander in the European Area.

COPIES FURNISHED:

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

☒ **BATTLE**

☐ **NON-BATTLE**

BY ORDER OF THE SECRETARY OF WAR

[Signature]

ADJUTANT GENERAL

0.2.
nm
147701

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

-BATTLE CASUALTY REPORT

NAME				SERIAL NUMBER			GRADE		ARM OR SERVICE		REPORTING THEATRE	
YEO WILLIAM W				33310586			CPL		CE		ETO	
PLACE OF CASUALTY				DATE OF CASUALTY			FLYING OR JUMPING STAT		TYPE OF CASUALTY		SHIPMENT NUMBER	
FRANCE				06 JUN 44			J		MIA		104	

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

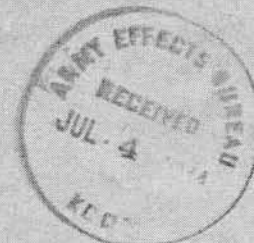
THE INDIVIDUAL NAMED ABOVE DESIGNATED THE FOLLOWING PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON, THE RELATIONSHIP, IF ANY, IS SHOWN BELOW. IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT-OF-KIN 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 EDITH L WILKINS						MOTHER			
NO. AND NAME OF STREET			CITY			COUNTY			STATE		
2741 EAST PACIFIC STREET			PHILADELPHIA PENNSYLVANIA								

REMARKS:

☐ CORRECTED COPY

27 JUNE 44 MS



ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED <input checked="" type="checkbox"/> FORM 43 <input checked="" type="checkbox"/> AG 201 REQ <input checked="" type="checkbox"/>									
CASUALTY BRANCH FILE ATTACHED <input checked="" type="checkbox"/> OR CHARGED TO <input checked="" type="checkbox"/> DATE <input checked="" 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	
REPORT NOT VERIFIED <input type="checkbox"/> NO FORM 43 <input type="checkbox"/> NO CAS. BR. FILE <input checked="" type="checkbox"/> CHECKED BY <u>Buckner</u> REVIEWED BY <u>Carroll</u>									

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	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-45

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--	---	---

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

19240

-BATTLE CASUALTY REPORT

NAME YEO WILLIAM W	SERIAL NUMBER 33310586	GRADE CPL	ARM OR SERVICE CE	REPORTING THEATRE ETO
PLACE OF CASUALTY FRANCE	DATE OF CASUALTY DAY MONTH YEAR 17 JUN 44	FLYING OR JUMPING STAT J	TYPE OF CASUALTY KIA	SHIPMENT NUMBER 131

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

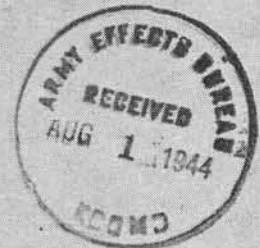
MR.-MRS.-MISS—FIRST NAME—MIDDLE INITIAL—LAST NAME MRS EDITH L WILKINS	RELATIONSHIP MOTHER	DATE NOTIFIED 25 JULY 44 jls
---	-------------------------------	--

NO. AND NAME OF STREET—CITY—STATE

2741 EAST PACIFIC STREET PHILADELPHIA PENNSYLVANIA

REMARKS:

☐ CORRECTED COPY Evidence of death received in W.D.
25 JULY 44



ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED <input checked="" type="checkbox"/> FORM 43 <input checked="" type="checkbox"/> AG 201 REQ <input checked="" type="checkbox"/>									
CASUALTY BRANCH FILE ATTACHED <input checked="" type="checkbox"/> OR CHARGED TO _____ DATE _____									
PREVIOUSLY REPORTED NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> (AS INDICATED BELOW):									
FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED					
	<i>Shipped to no 1001</i>	<i>MIA</i>	<i>6 Jan 45 TO</i>	<i>June 44</i>					
FORWARDED TO	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SPEC. IDEN.	TELEGRAM	WOUNDED	LETTER	CORRES.	S. R. & D.	CERTIF.	M. & M.	NON-DEL.
REPORT NOT VERIFIED <input type="checkbox"/> NO FORM 43 <input type="checkbox"/> NO CAS. BR. FILE <input type="checkbox"/> CHECKED BY <i>ad...</i> REVIEWED BY <i>...</i>									

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

MACHINE RECORDS - BRANCH, A.S.O.																										
ACCT. AREA		CASUALTY STATUS			ORIGINAL CAS. DATE			MESSAGE NO.			LATEST CAS. DATE			REFERENCE AREA		CREW POS.		RESIDENCE				COMP.		NAME		
					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" ☐ 38 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.

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

VC:mas

Case No. 147701-C

Date 28 Nov 1944

SUBJECT: Report of transactions in disposing of the effects of

William W. Yeo

(Name of deceased)

33310586

(Army Serial Number)

late a

Corporal

(Grade)

Engineers Corps

(Organization, Army or Service)

, who died

on the 17 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., KCQM 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 decedents 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. (See 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 21 November 1944, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of _____

Mrs. Edith L. Wilkins 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, Mrs. Edith L. Wilkins of _____ (Name of person found entitled)

2741 E. Pacific Street

(Number, Street or Avenue)

Philadelphia

(City, Town or Village)

State of

Pennsylvania

, is the

Mother

(Relationship or Capacity)

of the

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

(Signature of Summary Court Officer)

W. F. HEHMAN, Major

O.M.C.

(Name, Rank, Organization)

SUMMARY COURT MARTIAL

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Ship to: Mrs. Edith L. Wilkins
2741 E. Pacific Street
Philadelphia, Pennsylvania

Effects of:

Name Cpl. William W. Yeo
ASN 33310586
Case No. 147701-D
Wt.

Ship Via FRANKED G B/L No. _____

Date 22 November 1944
JRM:VC:mas

For the Effects Quartermaster

PACKAGES SHIPPED

1 ctn

TOTAL 1 WT. _____

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

Date Shipped NOV 24 1944

NOV 23 1944

REMARKS:

NOV 25 1944

Eff QM Form 14 (19 Aug 44)

(Shipping Clerk)

Pal 55
Bay 49
Box 346

Deceased ☒
Missing ☐
P.O.W. ☐
Abandoned ☐

SHOWN ON TALLY-IN AS Yeo, W. W. ORIGINAL NO. OF PKGS. EW
TALLY-IN NO. 5361 INVENTORY DATE 11-14-44 CASE NO. 147,701
EFFECTS OF William W Yeo RANK cpl.
A.S.N. 33310586 ORG. Co B. 307 A/B Engn Bn.

PACKAGE DESCRIPTION:	
ARTICLE DESCRIPTION	
1 Box w/ souvenirs	1 Sweater
1 razor in case	1 Souvenir Flag
1 money Belt	
1 money Bag	
1 lot Letters	
1 Belt	
2 Sew Kits	
1 mech Pencil	
Souvenir Coins	
* 1 Souvenir Bracelet (damaged)	
1 religious medal	
1 ring	
1 lot 8 photos	
2 Pr Wings	
2 ribbons w/ 2 stars	
Mus. Insignia	
2 games	
2 Pr. Socks	

REMARKS: mother

ATTACHMENTS:

Edith L. Watkins
2741 East Pacific St
Philadelphia Penna.
Correspondence

2 Forms 54

NO CORRESPONDENCE
SHORTAGE ON REVERSE
G.I. ON REVERSE

STORAGE }
SPACE }

SAFE STORAGE
VAULT STORAGE

WEIGHT
SHIPPED

Inventoried by

Packed by

Shortage

1 Esterbrook Pen.

147701
R E S T R I C T E D

201 - Yeo, William W. (Enl) 1st Ind.

ENL/wjm

HEADQUARTERS 82D AIRBORNE DIVISION, APO 469, U. S. Army, 16 July 1944

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

G. B. B.
G. B. B.

1 Incl(x) n/c



R E S T R I C T E D

Date July 4 1944

SUBJECT: Personal effects of soldier killed in action.

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

THRU : Commanding General, 82d Airborne Division, APO 469, U. S. Army.

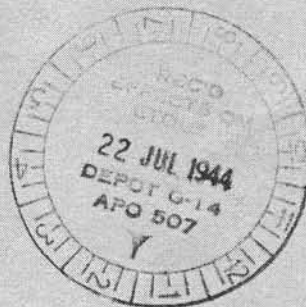
1. Name. William W. Yeo
2. Grade or rank. Corporal
3. Army Serial Number. 33 310 586
4. Organization. Co "B" 307 Airborne Engineer Battalion
5. Status. (KIA, ~~MIA, MISSING~~)
6. Date of casualty. 17 June 1944
7. Date and disposition of effects. 4 July 1944 :82d A/B Division QM
8. Bank in United Kingdom in which deceased had an account. None
9. Names of Debtors and Creditors. None
10. Name and address of next of kin. Edith L. Wilkins, - Mother
2741 East Pacific Street,
Philadelphia, Penn.

For the Commanding Officer:

A. T. Zbinden
A. T. ZBINDEN,
CWO, USA,
Pers. Adj.

1 Incls:

WD AGO Form 54 (trip only)



With Effects

INVENTORY OF EFFECTS

(See AB 600)

Yeo William W 33310586

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

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

who died on the 17th 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	Packet of Letters	✓
1	Packet of V-Mail Letters	✓
1	Esterbrook Pen	①
1	Eversharp Pencil	✓
2	Paratrooper Wings	✓
2	ETO Ribbons (2 Stars)	✓
1	Packet of Personal Papers	✓
1	Packet of Snapshots	✓
2	Pairs of Socks	✓
1	Belt	✓
1	Sweater	✓
1	Money Belt	✓
1	Shaving Kit	✓
1	Italian Flag	✓
1	Chess Game	✓
1	Checker Set	✓

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

CLASS II—Other effects

NUMBER	ARTICLES
1	Part of Bracelet ✓
1	Tin of Assorted Foreign Patches ✓

SAVE



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

IN REPLY REFER TO #147701 C

JRM:VO:man
November 22, 1944

Mrs. Edith L. Wilkins
2741 E. Pacific Street
Philadelphia, Pennsylvania

Dear Mrs. Wilkins:

The Army Effects Bureau has received from overseas some personal effects of your son, Corporal William W. Yeo.

These effects are being forwarded to you in one carton.

If, by any chance, the property has not reached you at the expiration of thirty days from this date, please notify us 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,

B. B. PRIEST
Administrative Assistant
Army Effects Bureau