

INDIVIDUAL DECEASED PERSONAL FILE

BEST COPY POSSIBLE
POOR QUALITY ORIGINAL

293 ARNOLD, JAMES L (18,064,076) PVT. C.E. EUROPEAN AREA
(GAL) (MILIT) 1400

704-1

176

9/16:00-1-1

WUG93 21 COLLECT 2 EXTRA OVERTON TEX DEC 2 112PM

ATLANTA DISTRIBUTING DEPOT

GRAVES REG DIV ATTN JOHN H PRUITT LT COL QMC

M WUX ATLA

REFERENCE REMAINS OF PVT HENRY LAVALL ARNOLD ORIGINAL

INSTRUCTIONS AS CONTAINED IN YOUR TELEGRAM DECEMBER 2ND ARE

CONFIRMED.

BERNICE M YORK ROCKY MOUNT HOSPITALXXX HOSPITAL OVERTON
TEXAS.

244PM.

COMMUNICATIONS CENTER
RECEIVED

DEC 3 8 28 AM '44

ATLANTA GEN. DIST. DEPOT

WESTERN
UNION

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UNION

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UNION

RECEIVED
ATL GEN. DIST. DEPOT

DEC 3 8 57 AM 1948

U. S. ARMY
ATLANTA, GEORGIA

3446H

TEXAS

REMNICE IN YOUR BOOKS NOW IN THE U. S. ARMY HOSPITAL OPERATION

CONTINUED

INSTRUCTIONS AS CONTAINED IN YOUR TELEGRAM RECEIVED AND ARE
REFERENCE BEARING OF PAT HENRY GAVITT AMONGD OBICINAT

IN MAX VILA

CHANGES BEC DIA WITH JOHN H BRUNELL FL COL OMC

VIGANTA DISABLING DEPOT

WOCOS SI COLLECT 5 EXINA OPERATION TEX DEC 5 1135H

7-2-90

CASE NO.		INSPECTION CHECK LIST					SPACE NO.	
NAME OF DECEASED (Last, First, Middle Initial)			BRANCH OF SERVICE	RACE	RELIGION	SEX	DATE	
ARNOLD, HENRY L			AGF	W	P	M		
RANK OR GRADE		SERIAL NUMBER	CONSIGNEE					
PVT		19084076	BROWN FUNERAL HOME BOCALUSA LA					
SHIPPING CASE—GENERAL APPEARANCE (Check ONLY Discrepancies)			CONDITION OF SHIPPING CASE (Check One)					
			<input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> UNSATISFACTORY					
FINISH (Exterior)			REMARKS <i>Case scratched</i>					
FINISH (Interior)								
HANDLES								
HANDLE BOLTS								
STENCILING—NAME PLATE								
HEALTH PERMIT MARKER								
HEALTH PERMIT NUMBER								
CASKET—GENERAL APPEARANCE (Check ONLY Discrepancies)			CONDITION OF CASKET (Check One)					
			<input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> UNSATISFACTORY					
FINISH (Exterior)			REMARKS <i>Casket scratched</i>					
HANDLES AND FASTENINGS								
STENCILING—NAME PLATE								
CAM LOCKS (Sealing)								
ODOR OR MOISTURE								
ROUTED THROUGH								
<input type="checkbox"/> MORTUARY OPERATING ROOM CONDITION OF REMAINS <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY NECESSARY DISINFECTION (Explain)			<input checked="" type="checkbox"/> REPAIR SHOP CASKET REPAIRED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 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 checked="" type="checkbox"/> NO REMARKS					
TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTOR			
			1:40	12-10-88	<i>[Signature]</i>			
REMARKS								

22 DEC 1948

LIST

DUPLICATE

CHECK TYPE REQUIRED

(See Instructions attached)

- ☐ UPRIGHT MARBLE HEADSTONE
- ☐ FLAT MARBLE MARKER
- ☒ FLAT GRANITE MARKER
- ☐ BRONZE MARKER

WW II

APPLICATION FOR HEADSTONE OR MARKER

(Please make out and return in duplicate)

ENLISTMENT DATE

Dec. 12, 1942

DISCHARGE DATE

Killed in action

SERIAL No.

19064076

PENSION No.

STATE

Louisiana

RANK

Pvt.

EMBLEM (Check one)

- ☒ CHRISTIAN
- ☐ HEBREW
- ☐ NONE

COMPANY

NAME (Last, First, Middle Initial)

ARNOLD, Henry L.,

DATE OF BIRTH (Month, Day, Year)

Feb. 26, 1925

DATE OF DEATH (Month, Day, Year)

June 6, 1944

NAME OF CEMETERY

Ponemah

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)

Mrs. J. P. Mulford

(SIGNATURE OF CONSIGNEE)

U. S. REGIMENT, STATE ORGANIZATION, AND DIVISION

82nd Air Borne Division
307A/B Engr. Bn.

LOCATION (City and State)

Bogalusa, Louisiana

NEAREST FREIGHT STATION (City and State)

Bogalusa, Louisiana.

POST OFFICE ADDRESS OF CONSIGNEE

639 Avenue "F", Bogalusa, Louisiana

DO NOT WRITE HERE

FOR VERIFICATION

ORDERED

21 DEC 1948

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)

Rocky Mount Hospital, Overton, Texas.

DATE OF APPLICATION

12-15-48


FOR ORD. 10 JAN 1949

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)

Date

12-15-48.


(Signature of superintendent, sexton, or caretaker)

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



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

HENRY L ARNOLD / LOUISIANA / PVT 307 ABN ENGR BN 82 ABN
DIV / WORLD WAR II / FEB 26 1925 JUNE 6 1944

SHIP TO: MRS J F MULFORD
639 AVE F
BOGALUSA
LOUISIANA

R. R. STATION:

FOR:

R. R. STATION:

Do not Remail

APPLICANT: MRS BERNICE M YORK
ROCKY MOUNT HOSPITAL
OVERTON
TEXAS

CEMETERY: PONEMAH
BOGALUSA
LOUISIANA

DEC 31 1946

CBC

APPROVAL AND ACCEPTANCE

SIGNATURE

Mrs Bernice M. York
JAN 23 1949 PM
7-10-49

100-100000-100000

100-100000-100000



RECEIVED
FBI
JAN 3 1949

DEC

RECEIVED
FBI
JAN 3 1949

RECEIVED
FBI
JAN 3 1949

RECEIVED
FBI
JAN 3 1949

3628

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

(Read Explanation on Reverse Side before completing form)

DATE

15 December 1948

NAME OF DECEDENT (Last, First, Middle Initial)

793 / ARNOLD, HENRY L

BRANCH OF SERVICE

AGF

TO BE FILLED IN BY CLAIMANT

G. A. SUMMA
A. ☐ INTERMENT EXPENSES
(Civilian or Private Cemetery)

JAN 1949
B. ☐ TRANSPORTATION EXPENSES
(National or Post Cemetery)

Sta. No. 541

RANK OR GRADE

PVT

SERIAL NO.

19064076

INSTRUCTIONS TO PERSONS SIGNING THIS FORM

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

CLAIM VALID REPATRIATION

GEORGE GREEN
CAPTAIN, QMC.

FILL IN THIS STATEMENT IF BOX "A" IS CHECKED

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

NAME of Cemetery Ionema
CITY OR COUNTY: Bogalusa
STATE: Louisiana

RETURN FOUR COPIES TO

AGR DIVISION
ATLANTA GENERAL DEPOT U S ARMY
ATLANTA, GEORGIA

FILL IN THIS STATEMENT IF BOX "B" IS CHECKED

I certify that the sum of \$ _____ was paid by me from personal funds in connection with the transportation of the remains of the above-named decedent from: (City, town, or place from which remains were shipped)

TO: (Name and Location of National or Post Cemetery)

SIGNATURE OF CLAIMANT

ADDRESS (Street number or RFD, City and State)

Rocky Mount Hospital, Overton, Tex

RELATIONSHIP TO DECEDENT

Mother

REMARKS

Paid \$75.00

Atlanta, Ga. JAN 5 1949 84510

Paid on Voucher Money

Accounts of Fin. Dept.

Check No. 431416

PART A

1. When the remains are delivered for interment in a civilian or private cemetery, you are responsible for paying all interment expenses. In this connection, you are entitled to the allowance mentioned in paragraph 2 below.

2. An amount not to exceed \$75 is allowed by the Government toward actual interment expenses when final interment of the remains is in a private or civilian cemetery. No allowance is authorized toward interment expenses when interment is in a national or post cemetery.

3. The \$75 maximum allowance by the Government toward interment expenses includes but is not limited to the payment of one or more of the following items: Hearse hire from the railroad station to your home, the funeral home, church, cemetery, or any other place designated by you; vault; church services; newspaper notices; transportation for friends and relatives to and from cemetery; and the services of a funeral director.

4. Reimbursement by the Government is made only to the person who paid from his personal funds the expenses of or incident to interment in a private or civilian cemetery. Receipted bills are not required to accompany this form. Any expenses over and above the \$75 maximum must be borne by the person who incurred or paid the additional expenses.

PART B

1. When the remains are delivered to you at Government expense prior to burial in a national or post cemetery, you are responsible for all additional expenses necessary to deliver the remains from that point to the national or post cemetery grave site. However, you may be entitled to an allowance for the cost of transporting the remains from your home to the national or post cemetery grave site subject to the conditions outlined in paragraph 2 below.

2. Reimbursement of transportation expenses is allowed only when the cost to the Government to deliver the remains to you is LESS than what it would have cost the Government to deliver the remains direct to the national or post cemetery of final interment. However, the amount which you may be allowed (the difference between cost of delivery to you and cost of delivery by the Government direct to the national or post cemetery) may not exceed the amount actually expended by you to deliver the remains to the cemetery grave site. **WHETHER OR NOT YOU WILL BE GRANTED AN ALLOWANCE IS DEPENDENT UPON AN AUDIT OF THIS REQUEST. IN ANY EVENT YOU WILL BE NOTIFIED OF ANY ALLOWANCE DUE YOU BY THE OFFICE TO WHICH THIS FORM IS SENT.**

3. Reimbursement by the Government will be made only to the person who paid from his personal funds for transporting the remains to the national or post cemetery grave site.

4. No interment expense allowance is authorized since interment is made ultimately in a national or post cemetery.

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

1-3-29-48
PO 17

Pvt. Henry L. Arnold, 19 064 076
Plot I, Row 1, Grave 3,
United States Military Cemetery
St. Mere Eglise #2, France

8 March 1948

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, Bernice M. York

(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

Bogalusa Cemetery

(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 PROC 10/6/48 AB

Coded 6-11-48

M Fields

OQMG FORM 345 MILITARY

14 NOV 1946

16-50411-1

APR 9

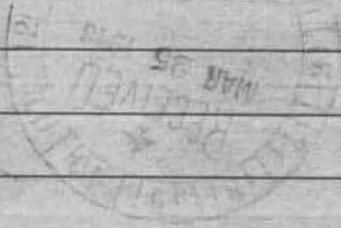
DEPARTMENT OF THE ARMY
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON



DEPARTMENTAL RECORDS BRANCH, A.G.O.

ADDITIONAL REMARKS AND INSTRUCTION

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



PART II — RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

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

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

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

PART III

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

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

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

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

PART I (Continued)

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

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

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

OR

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

FULL NAME OF FUNERAL DIRECTOR			
Brown Funeral Home			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
610 Ave. F	Bogalusa	Washington Parish	Louisiana
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	TELEPHONE No.	
Austin Street Railroad GM & ORR	310 Austin Street	Western Union	

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
Anderson	Myrtle	M.	Aunt
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
500 Columbia Street	Bogalusa	Washington Parish	Louisiana

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

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

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

Mrs. Bernice M. York
 (SIGNATURE OF NEXT OF KIN)
 Mrs. Bernice M. York
 (NAME PRINTED OR TYPED)

Rocky Mount Hospital
 (STREET AND NUMBER)
 Overton, Texas
 (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 22nd day of March, 1948, at city (or town) of Overton, county of Rusk, and State (or Territory or District) of Texas

Mrs. Vera Stone
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
 MRS. VERA STONE
 (OFFICIAL TITLE)

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

8 March 1948

Dear Mrs. York:

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

Am

ROCKY MOUNT HOSPITAL

STATE DEPARTMENT OF HEALTH

P. O. BOX 877

OFFICE OF Medical Director

OVERTON, TEXAS

W
TELEPHONE 283

January 15, 1948

Quartermaster General
War Department
Washington 25, D.C.

Re: Return of the body of
SM 19 064 076
1275 ARNOLD, Henry L. *cc*

Find enclosed Quartermaster Form 345.

Part II, Relinquishment of Disposition Authority, signed
by widow, Mrs. Loraine Arnold, 2218 Casseta Rd., Columbus, Ga.

It is requested that I be furnished with the necessary papers
and proper procedure of having the body of my son returned
to me. My address is:

Mrs. D. A. York
Rocky Mount Hospital
Overton, Texas

Sincerely,

Mrs D. A. York
(Mrs.) D. A. York

DAY:djh
Enc:

*For Jib
New Sat sent
to mother
M. Adams
2-16-48*

*File
7-17-48
16 Feb 48
B. Sisk.*



OFFICE OF THE QUARTERMASTER GENERAL
MEMORIAL DIVISION

SUBJECT: NEW LOI
TO: MACHINE SECTION, R & R BRANCH, MEMORIAL DIVISION
ROOM 2701, TEMPORARY B BLDG

Date 2-16- 1948

5981 PVT
Rank

Henry L. ARNOLD
Name

19064071
Serial No.

LOI to be sent to:

Grave Location:

~~Mr.~~

Mrs.

Miss

D. A. YANK
Name

ST MERE EGLIS #2
Cemetery

Rocky Mount Hospital
Street

I
Plot

1
Row

3
Grave

OVERTON, TEXAS
City

LOI SENT 8 MAR 1948
State

MULLIGAN

5057

matamoras

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

DATE 2 March 1948

TO: Letter of Inquiry Section

(Thru Officer in Charge)

(FORM 734 will indicate file dispatched to LOI SECTION)

Reference:

713 NAME Arnold Henry L RANK Pvt
SERIAL NUMBER 19064076 CEMETERY McMurry
PLOT I ROW 1 GRAVE 3

Request new* LOI be sent to:

NAME DA York RELATIONSHIP Mother
ADDRESS Blacky Mount Hospital
CITY Overton STATE Texas

Basis of request: (Must include definite facts)

Widow relinquished

Request Approved: _____

Approving Officer's Remarks: _____

* Strike out if no LOI previously dispatched

LOI SENT 8 MAR 1948

E Smith
Incl Roda

*File
March 10
V. H. G. H. G.
for Section*

Typed 24 Feb. 1948
By pap

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

293
Pvt Henry L. Arnold, 19 064 076
Plot 1, Row 1, Grave 3,
United States Military Cemetery
Ste. Mere Eglise #2, France

21 November 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. Lorraine Arnold

(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

(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 MAHLETTA, GEORGIA

(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)

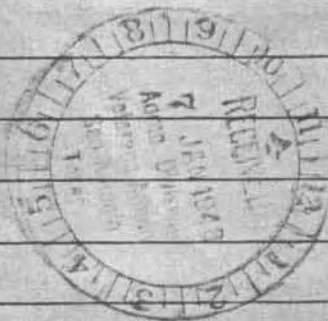
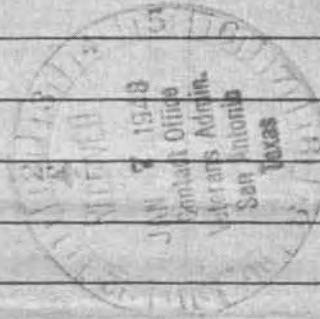
☐ YES☒ NO

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

ADDITIONAL REMARKS AND INSTRUCTIONS

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



RECEIPT OF REMAINS

DISTRIBUTION CENTER ATLANTA GENERAL DEPOT
ATLANTA, GEORGIA

DELIVER AND REPORT
ANY CHARGES

ROUTINE

12-9-48

REMAINS CONSIGNED TO: BROWN FUNERAL HOME
BOLGALUSA, LA.

REMAINS OF THE LATE PVT. HENRY L. ARNOLD 19064076

BEING SHIPPED TO YOU ACCOMPANIED BY ESCORT

LEAVING ATLANTA 4:15 PM 14 DEC.

AND DUE TO ARRIVE BOLGALUSA, LA. ON GM&O # 1 8:49 AM 15 DEC.

REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT STATION UPON ARRIVAL PD

XX

THIS OFFICE HAS ADVISED NEXT OF KIN AS TO ARRIVAL OF REMAINS IN BOLGALUSA, LA.

JOHN H. FRUITT
LT. COLONEL, QMC

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

THIS 15 DAY OF December, 1948

WITNESS (Escort)

CONSIGNEE

BROWN FUNERAL HOME

(# 1)

NAT
FILE
RECORDS ANNOTATED
DATE 31 Jan 49
R & R M.

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 MRS KORAINA ARNOLD Wife (PLEASE INSERT RELATIONSHIP) AS THE NEXT OF KIN OF THE DECEASED 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 <u>YORK</u>	FIRST NAME <u>MRS D.A.</u>	MIDDLE INITIAL
RELATIONSHIP TO THE DECEASED <u>Mother</u>		
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.

Mrs Louise Arnold (SIGNATURE OF NEXT OF KIN) JAN. 2, 1948 (DATE)
2218 Casseta Rd. (STREET AND NUMBER)
MRS. KORAINA ARNOLD (NAME PRINTED OR TYPED) Columbus, GA. (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 I OF THIS FORM. THE FOLLOWING PERSON, TO THE BEST OF MY KNOWLEDGE, IS THE NEXT OF KIN TO WHOM THIS FORM SHOULD BE DIRECTED.

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

(DATE)

(SIGNATURE)

(STREET AND NUMBER)

(NAME PRINTED OR TYPED)

(CITY AND STATE)

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			
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.

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 YORK	FIRST NAME ✓	MIDDLE INITIAL D.R.	RELATIONSHIP TO DECEASED MOTHER
NUMBER AND STREET 3606 HUMBOLDT	CITY OR TOWN SAN DIEGO	COUNTY OR PROVINCE ✓	STATE OR TERRITORY OF U. S. A., OR COUNTRY CALIFORNIA

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

✓

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

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

(SIGNATURE OF NEXT OF KIN) Mrs. LORAIN HERNOLD	2218 Consett Road (STREET AND NUMBER)
(NAME PRINTED OR TYPED)	Columbus, Missouri (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this _____ day of _____, 19____, at city (or town) of _____, county of _____, and State (or Territory or District) of _____.

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

(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

(OFFICIAL TITLE)

file
Pvt Henry L. Arnold, 19 064 076
Plot 1, Row 1, Grave 3,
United States Military Cemetery
Ste. Marie Eglise #2, France

21 November 1947

Cusseta
Mrs. Henry L. Arnold
2216 Cusseta Road
Columbia, Georgia

Dear Mrs. Arnold:

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

12/21/47
Incls.
MAIL & RECORDS DIV.

DEPARTMENT OF THE ARMY
~~WAR DEPARTMENT~~

OFFICE OF THE QUARTERMASTER GENERAL

WASHINGTON 25, D. C.

242
IN REPLY REFER TO BURIAL OF

Pvt. Henry L. Arnold, 19 064 076
Plot I, Row 1, Grave 3,
United States Military Cemetery
St. Mere Eglise #2, France *MB*

24 September 1947

Mrs. Henry L. Arnold
1009 Broadway
Columbus, Georgia

Dear Mrs. Arnold:

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.

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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.

Incls.

Sincerely,

Thomas B. Larkin

THOMAS B. LARKIN
Major General
The Quartermaster General

New L.O.I. SENT 21 NOV 1947 *Z. window* *ht*

NAT
File
11-19-47
[Signature]

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL

WASHINGTON, D. C.

OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID

PAYMENT OF POSTAGE, \$300.

(PMGC)



REASON
Unclaimed
Moved. Let no address
No such office in
RETURNED TO SENDER
Postage Guaranteed

POSTMASTER: If addressee has removed and new address is known, notify sender on FORM 3547, postage for which is guaranteed.

Pvt. Henry L. Arnold, 19 064 076
Plot I, Row 1, Grave 3,
United States Military Cemetery
St. Mere Eglise #2, France

24 September 1947

Mrs. Henry L. Arnold
1009 Broadway
Columbus, Georgia

Dear Mrs. Arnold:

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.

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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

Encls.
ms

ENC
L.O.I. SENT 21 NOV 1947 To widow

CHGR 314.6
Graves Registration
(European) *NS misc*

25 November 1946

SUBJECT: Burial Records *etc*

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 be changed to read as underscored:

Cemetery: U. S. Military Cemetery St. Mere Eglise #2, France

NAME	RANK/ GRADE	SERIAL NO.	DATE OF DEATH	ORGAN.	PLOT	ROW	GRAVE
<i>X793</i> Arnold, Henry L.	<u>PVT</u>	19 064 076	<u>6 Jun 44</u>	<u>Co "B"</u> <u>FRONT</u> <u>307th A/B</u> <u>Engr BN</u> <u>82nd A/B Div</u>	<u>I</u>	<u>1</u>	<u>3</u>
Banks, Raymond H.	PVT	35 673 344	<u>14 Jun 44</u>	<u>Co "G"</u> <u>325th Glider</u> <u>Inf Regt</u> <u>82nd Arbn Div</u>	<u>T</u>	<u>9</u>	<u>175</u>
Bowers, Franklin H.	<u>PFC</u>	<u>42 022 271</u>	<u>9 Jul 44</u>	<u>Co "E"</u> <u>330th Inf Regt</u> <u>83rd Inf Div</u>	<u>M</u>	<u>2</u>	<u>32</u>

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

FOR THE QUARTERMASTER GENERAL:

MARTIN G. RILEY
Major, QMC
Assistant

REPatriation RECORDS BRANCH

31 OCTOBER 1946-

DATE

NAME ARNOLD, HENRY L. PUT.

SERIAL NO 19 064 076

Cemetery ST. MERE EGLISE #2 FRANCE

PLAT I

ROW 1

GRAVE 3

LETTER FIELD

Correct Records to Read

RANK- PUT.

Org-

DATE OF DEATH 6 JUNE 1944

V. SIMPSON

SPECIAL CHECKER

K. W. 25 Nov 46
V. Dougherty
Amstrong

Att Green
ltm 10-21-46
Basic Ltr, OQMG, QMGYG 293, dtd 21 October 1946, Subj: Burial Records.

RRE(Ste.Mere Eglise #2, I-1-3) 1st Ind.

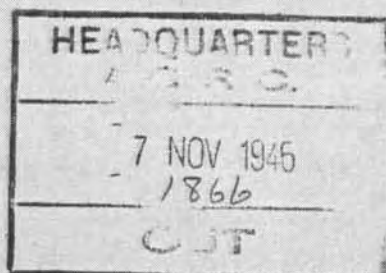
HQ, AMERICAN GRAVES REGISTRATION COMMAND, EUROPEAN THEATER AREA, APO 887, US ARMY, 6 November 1946.

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

Basic communication complied with.

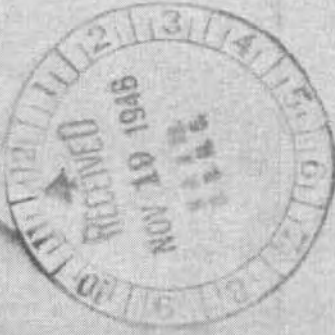
FOR THE COMMANDING OFFICER:

Edward F. Price
EDWARD F. PRICE
Capt., QMC
Actg Asst Adj Gen



293 Arnold, Henry L. (19064076)

l
20 NOV 1946
FILE
Battle



REGISTRATION AND
RECORDS BRANCH

Nov 19 2 41 PM '46

MEMORIAL DIVISION

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL

WASHINGTON 25, D. C.

IN REPLY REFER TO QMGYG 293

Arnold, Henry L.
SN 19 064 076

21 October 1946



SUBJECT: Burial Records

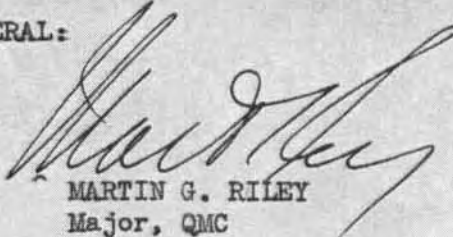
TO: Commanding Officer
American Graves Registration Command
European Theater Area
APO 887, c/o Postmaster
New York, New York

1. Request the burial report and grave marker for the following decedent, interred at the United States Military Cemetery Ste. Mere Eglise #2, France, be changed to read as underscored:

NAME	RANK/ GRADE	SERIAL NO.	PLOT	ROW	GRAVE
Arnold, Henry <u>L.</u>	Pvt	19 064 076	I	1	3

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

FOR THE QUARTERMASTER GENERAL:


MARTIN G. RILEY
Major, QMC
Assistant

QMSY 203
Arnold, Henry L.
SN 19 084 076

21 October 1946

SUBJECT: Burial Records

TO: Commanding Officer
American Graves Registration Command
European Theater Area
APO 867, c/o Postmaster
New York, New York

1. Request the burial report and grave marker for the following decedent, interred at the United States Military Cemetery Ste. Mere Eglise #2, France, be changed to read as underscored:

NAME	RANK/ GRADE	SERIAL NO.	PLOT	ROW	GRAVE
Arnold, Henry L.	Pvt	19 084 076	I	1	3

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

FOR THE QUARTERMASTER GENERAL:

MARTIN G. RILEY
Major, QMC
Assistant

cdb

Oct 21 3 46 PM '46

RECEIVED AND
RECORDED
Oct 21 3 17 PM '46
REGIMENTAL DIVISION

VD

REPATRIATION RECORDS BRANCH

14 Oct 46

Date

NAME ARNOLD, HENRY L. PVT

SERIAL NO. 19064076

Cemetery ST MERE EGLISE #2 FR,

PLOT I

ROW 1

GRAVE 3

LETTER FIELD

Correct Records to Read:

ARNOLD, HENRY L.

a. a. a. a.
Special Checker

FILE
21 OCT 1946
W. Daugherty
md

4 October 1946

Mrs. Lorraine Arnold
2216 Cusseta Road
Columbus, Georgia

Dear Mrs. Arnold:

293 The War Department is most desirous that you be furnished information regarding the burial location of your husband, the late Private Henry L. Arnold, A.S.N. 19 064 076.

The records of this office disclose that his remains are interred in the United States Military Cemetery Ste. Mere Eglise #2, plot I, row 1, grave 3. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

This cemetery is located twenty miles southeast of Cherbourg, France, and is under the constant care and supervision of United States military personnel.

The War Department has now been authorized to comply, at Government expense, with the feasible wishes of the next of kin regarding final interment, here or abroad, of the remains of your loved one. At a later date, this office will, without any action on your part, provide the next of kin with full information and solicit his detailed desires.

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

Oct 4 10 09 AM '46
MAIL & RECORDS
BRANCH

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

IN REPLY REFER TO QMGYB 293

Arnold, Henry L.
S. N. 19 064 076

22 August 1946

SUBJECT: Address of Legal Next of Kin of Deceased Veteran

TO: Veterans Administration,
New York Branch, Central Office
2 Park Avenue
New York, New York
Attn: Chief, Insurance Division

1. Records on file in this office indicate that Mrs. Henry L. Arnold, wife, residing at 1009 Broadway, Columbus, Georgia, is the legal next of kin of:

NAME: Arnold, Henry L.
SERIAL NO.: 19 064 076
RANK: Private

2. It is requested that this office be furnished, by notation below, the latest address and relationship of the legal next of kin of the deceased veteran mentioned above.

FOR THE QUARTERMASTER GENERAL:

Martin G. Riley
MARTIN G. RILEY
Major, QMC
Assistant

VETERANS ADMINISTRATION

September 17, 1946

NAME: Loraine Arnold

RELATIONSHIP: Widow

ADDRESS: 2216 Gusseta Road. Columbus, Georgia
(Street) (City) (State)

Also- Bernice M. York, Mother
639 Avenue F, Bogalusa, Alabama.

R. J. Hinton
R. J. HINTON

Director, Dependents and Beneficiaries
Service

File 94 SEPT 46
10/2/46

2. N. 19 024 078
Arnold, Henry J.
PAGE 232

SUBJECT: Address of David Mark of Kin of Deceased Veteran

Veterans Administration,
 New York Branch, General Office
 2 Park Avenue
 New York, New York
 Special Agent, Insurance Division

1. Records on file in this office indicate that Mrs. Mary L. Arnold, wife, residing at 1008 Broadway, Columbia, Georgia, is the latest next of kin of:

NAME : Arnold, Henry J.

270 230 21 : ON JALHET

Page: 11

below, the latest address and relationship of the legal next of kin of the deceased veteran mentioned above.

FOR THE QUARTMASTER GENERAL:

RECEIVED
SEP 4 1948
MAIL ROOM
ADAM

RECEIVED
AUG 23 3 24 PM '40
MAIL RECORDS BRANCH
U.S. DEPT. OF JUSTICE
WASHINGTON, D.C.

AUG 2 6 1946
 RECURRENT ACCOUNT
 CONTROL SUBDIVISION
 N. Y. BR. OF

RECORDS BRANCH

10 36 AM 3/45

RECORDING BRANCHES

SEP 19 12 17 PM '44

REMEMORANCE DIVISION

MEMO TO THE DIRECTOR
FROM THE CHIEF OF BUREAU
DATE: 10/10/54

A circular postmark from San Francisco, CA, dated AUG 27 1946. The text 'RECEIVED' is prominently displayed in the center, with 'MAILS' written below it. The words 'SAN FRANCISCO' are curved along the top inner edge, and 'CALIF.' is at the bottom. The numbers 1 through 24 are arranged around the perimeter of the circle.

VETERANS ADMINISTRATION
WASHINGTON 25, D. C.
OFFICIAL BUSINESS



PENALTY FOR PRIVATE USE TO AVOID

PAYMENT OF POSTAGE, \$400

War Department
Office of The Quartermaster General
Washington, 25, D. C.

CAUTION: THESE RECORDS WILL BE USED FOR OFFICIAL PURPOSES ONLY. DO NOT REMOVE PAPERS NOR REVEAL CONTENTS TO PERSON CONCERNED. RETURN THEM PROMPTLY.

TRANSFER SLIP

No. A5 985717

DATE OF REQUEST

1-8-53 S

✓ RECORDS DESIRED	201 FILE	ENL REC	EFF REP	MED REC	LETTER	IND	MEMO	RADIO	OTHER (Specify)	LAST DATE
FILE OR SERIAL NUMBER AND SUBJECT	293. Arnold, Henry L 19064076									REQUESTED PAPERS NOT IN FILE
TO	NAME AND EXTENSION OF PERSON REQUESTING FILE				DIVISION, BRANCH, SECTION, BUILDING AND ROOM NUMBER					
	McLaughlin - Barksdale				DRB, TAGO					
RETURN TO	TECHNICAL RECORDS SECTION							DATE RETURNED	TO RETURN FILE, INITIAL HERE	
	DRB, TAGO									
INSTRUCTIONS	219 N. Lee Street, Alexandria, Virginia									
	When transferring file to another person, complete self-addressed transfer coupon below, detach, stitch to blank letter-size paper and place in out-going mail service.									

TRANSFER COUPON

TO:

NOTE THAT FILE OF:

HAS BEEN TRANSFERRED TO: (Name)

DIVISION, BRANCH, SECTION, BUILDING AND ROOM NO.

DATE

SIGNATURE

TECHNICAL RECORDS SECTION
DRB, TAGO
219 N. Lee Street
Alexandria, Virginia

WD AGO FORM 543 1 MAY 1946 Replaces WD AGO Form 06-33 which may be used until exhausted.

TRANSFER COUPON

TO:

NOTE THAT FILE OF:

HAS BEEN TRANSFERRED TO: (Name)

DIVISION, BRANCH, SECTION, BUILDING AND ROOM NO.

DATE

SIGNATURE

TECHNICAL RECORDS SECTION
DRB, TAGO
219 N. Lee Street
Alexandria, Virginia

U. S. GOVERNMENT PRINTING OFFICE

Q6070 295
Arnold, Henry L.
S. N. 19 064 078

22 August 1946

SUBJECT: Address of Legal Next of Kin of Deceased Veteran

TO: Veterans Administration,
New York Branch, Central Office
2 Park Avenue
New York, New York
Attn: Chief, Insurance Division

1. Records on file in this office indicate that Mrs. Henry L. Arnold, wife, residing at 1009 Broadway, Columbus, Georgia, is the legal next of kin of:

NAME: Arnold, Henry L.
SERIAL NO.: 19 064 078
RANK: Private

2. It is requested that this office be furnished, by notation below, the latest address and relationship of the legal next of kin of the deceased veteran mentioned above.

FOR THE QUARTERMASTER GENERAL:

his

NAME:

ADDRESS:

(Street)

(City)

MARTIN G. RILEY
Major, QMC
Assistant

RELATIONSHIP

MEMORIAL

AUG 23 2 24 PM '46

REGISTERED
RECORDS
BACH

(State)

PR



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

14 August 1946

Mrs. Henry L. Arnold
1009 Broadway
Columbus, Georgia

Dear Mrs. Arnold:

263 The War Department is most desirous that you be furnished information regarding the burial location of your husband, the late Private Henry L. Arnold, A.S.N. 19 064 076.

The records of this office disclose that his remains are interred in the United States Military Cemetery Ste. Mere Eglise #2, plot I, row 1, grave 3.

This cemetery is located twenty miles southeast of Cherbourg, France, and is under the constant care and supervision of United States military personnel.

The War Department has now been authorized to comply, at Government expense, with the feasible wishes of the next of kin regarding final interment, here or abroad, of the remains of your loved one. At a later date, this office will, without any action on your part, provide the next of kin with full information and solicit his detailed desires.

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

File
123 Aug 46
P. Rogers
nat

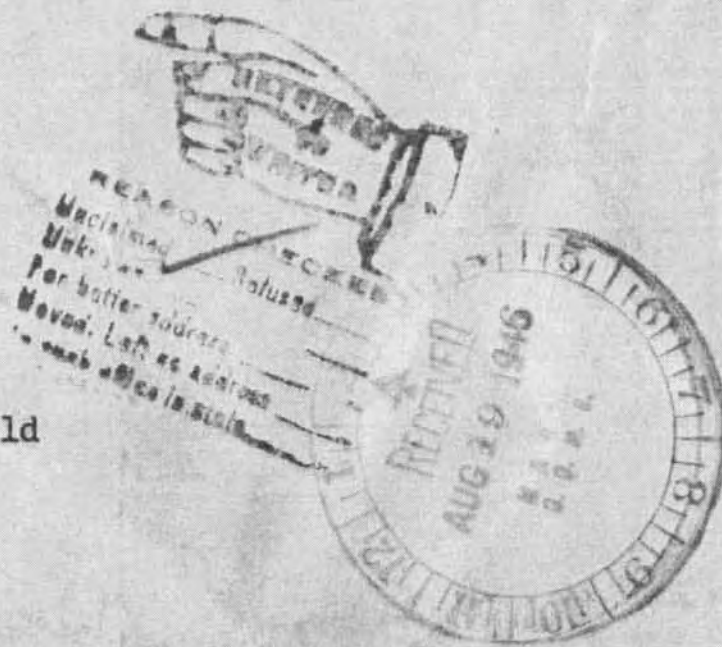
WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

OFFICIAL BUSINESS

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

not at 1009 Broadway

Mrs. Henry L. Arnold
1009 Broadway
Columbus, Georgia



REASON FOR RETURN
Unclaimed ☒ Refused ☐
Undeliverable ☐
Per better address ☐
Moved. Last address ☐
in each office is ☐

MEMO 293
Arnold, Henry L.

14 August 1946

Mrs. Henry L. Arnold
1009 Broadway
Columbus, Georgia

Dear Mrs. Arnold:

The War Department is most desirous that you be furnished information regarding the burial location of your husband, the late Private Henry L. Arnold, A.S.N. 19 064 076.

The records of this office disclose that his remains are interred in the United States Military Cemetery Ste. Mere Eglise #2, plot 1, row 1, grave 3.

This cemetery is located twenty miles southeast of Cherbourg, France, and is under the constant care and supervision of United States military personnel.

The War Department has now been authorized to comply, at Government expense, with the possible wishes of the next of kin regarding final interment, here or abroad, of the remains of your loved one. At a later date, this office will, without any action on your part, provide the next of kin with full information and solicit his detailed desires.

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

how

EWZ

RESTRICTED
REPORT OF BURIAL
TM 10-630 AND AR 30-15

21071

43 8 July 44
Date

Arnold

Henry

Last Name

First

Initial

Rank

19064076

Serial No.

Co B

307th AIR ENGR BN.

82nd A/B Div.

Normandy, France

Place of Death

Unknown

6 June 1944

Organization

K.I.A. Body Decomposed

Cause of Death

8 July 44

Time and Date of Burial

St Mere Eglise #2

Name of Cemetery

St Mere Eglise, Fr.

Name or Coordinates of Location

3

Grave Number

1

Row Number

I

Plot Number

Temp.

Type of Marker

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

If No Identification Tags

How were remains identified?

Name & Serial Number on clothing.

Body disinterred at Grid Coord. 198958.

What means of identification were buried with the body?

Embossed Tag

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

Who is buried on:

Deceased's Right:

Killian

Name

33136021

Serial No.

Pfc.

Rank

101st A/B Div.

Organization

4

Grave No.

Deceased's Left:

Neumann

Name

37549247

Serial No.

Pvt.

Rank

101st A/B Div.

Organization

2

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

Name

Address

Religion Unknown

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

None found

Signature of Officer or other person reporting burial

Verified by G.R.S. Officer

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

Decceased's Left		Decceased's Right	
8	7	6	5
6	5	4	3
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WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
 WASHINGTON 25, D. C.

REPORT OF DEATH

5 September 1944
 DATE dlr 4627

FULL NAME Arnold, Henry L.				ARMY SERIAL NUMBER 19,064,076		GRADE Pvt							
HOME ADDRESS San Diego, California				ARM OR SERVICE Corps of Engineers		DATE OF BIRTH 25 Dec 1922							
PLACE OF DEATH European Area			CAUSE OF DEATH Killed in action			DATE OF DEATH 6 June 44							
STATION OF DECEASED European Area				DATE OF ENTRY ON CURRENT ACTIVE SERVICE 16 Dec 1941		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. Henry L. Arnold, wife, 1009 Broadway, Columbus, Georgia													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Bernice M. York, mother, 1732 1/2 Upas Street, San Diego, Calif. Mrs. Hilda England, sister, same as above Subsequent records show existence of life not designated, name & address shown below*													
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

*Jump status

*Mrs. Henry L. Arnold, wife, 1009 Broadway, Columbus, Ga.

The individual named in this report of death is held by the War Department to have been in a missing in action status from 6 June 1944 until such absence was terminated on 11 August 1944, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from the Commanding General of the European Area.

COPIES FURNISHED:		
S. G. O.	F. B. I.	F. O., U. S. A.
S. O. C. 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
James W. Reinhart
 James W. Reinhart
 GENERAL

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Henry L. Arnold

SHIP TO:

1009 Broadway

Pvt. Henry L. Arnold

Columbus, Georgia

Effects of:

Name 19064076

ASN 19064076

Case No.

Wt.

DATE 25 June 1945

GHG:HL:ml

Edwin Crabtree

FOR: Effects Quartermaster

REMARKS:

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

____ I have G.I.
____ It discrepancy in _____
____ Film removed
____ Diary removed
____ Laundry removed

ROUTING

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

REMARKS:

Ship Damaged Property

1 *ctn*
FRANKED
Franked _____
Est. Exp. Chgs. _____
Est. Frt. Chgs. _____
No. of packages _____

N.K.
Shipping Clerk

JUN 19

PACKAGE DESCRIPTION		ARMY EFFECTS BUREAU INVENTORY		DECEASED MISSING <input checked="" type="checkbox"/> P.O.W. ABANDONED TALLY NO. 7609 INV. DATE 5-June-45 ORIG. NO. OF PGS. 1 BOX NO. 17 SHEET 1 OF 1 ORGANIZATION Co B 307 A/B Eng. Bn	
#1 ctn		149.841			
NAME Henry L. Arnold		A.S.N. 19064076		RANK pvt	

Belt		TOWELS & WASHCLOTHES		WINGS	
BELT, MONEY (NO MONEY)		CLOTHING		BAGS, TENTS OF TENTS	
Cloth, Wash		FRACPLET IDENT.	1	BILLFOLD (NO MONEY) WIC	
Coats		Brushes		Case	
Footwear, Pr.		CAMERAS		Footlocker	
Gloves, Pr.		Glasses	3	AIR. SV. TALL CO. T. T. T.	
Handkerchiefs		Knives	X	BOOKS	
Headwear		Lighters		Books, Address	
Jackets		KTSC.		Books, Pilot Log	
Ove coats		Pen, Fountain		DIARY (REMOVED FOR DUE)	
Scarfs		Pencil, Mechanical		PLANS	
Shirts		Pipes		Letters	
Socks, Pr.		RELIGIOUS ARTICLES		Papers, Personal	
Ties	X	RIEHOUS, OCCUPATION		Photos	
Towels		Rings		Shoe Shine Articles	
Trousers, Pr.		Tobacco		SHORT SHOES	
Trunks, Pr.		Toilet Articles		SOUVENIRS	
Underwear		WATCH	X	SOUVENIR MONEY	
				Stationery	
				TRAVELERS	
				U.S. MONEY (REMOVED)	

J. L. Webb

REMARKS (master)		ATTACHMENTS <input checked="" type="checkbox"/> FORM #54 <input checked="" type="checkbox"/> FORM #100	
D. a. York 4542 North Street San Diego, Calif.			
1 Saw note torn, appears to be leather stained			
C.A.T. none		A.K.	
WAREHOUSE SPACE	1950	STORED BY	La
INVENTORIED BY	M Smith	DATE SHIPPED	Jul 2-1945
PACKED BY		CHECKED BY	X

WEIGHT	G.I. REMOVED
	SHORTAGE ON REVERSE
	IDENT. TAGS REMOVED
	DIARY REMOVED
	LOCKED STORAGE
	LAUNDRY REMOVED
	FILM REMOVED

DAMAGED

SHORTAGES

U.S. GOVT. CHECK SHORT

1 Souvenir Coin

NUMBER

DATE

SYMBOL

AMOUNT

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

m Smith
INVENTORY CLERK

SUPERVISOR

G.I. REMOVED

NAME

ARNOLD, HENRY L. T 4076

BAY	PALLET	BOX	TALLY
62	40	17	7609

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
CTN		

INVENTORY OF EFFECTS

(See AR 600 550)

Arnold Henry L 19 064 076
(Last name) (First name) (Middle initial) (Army serial number)

late a Pvt Co B 307 A/B Engr Bn
(Grade) (Organization or A in or Service)

missing in action who died on the 8th day of June, 19 44

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

NUMBER	ARTICLES	* Package NUMBER
1	Wallet ✓	
4	Souvenir Coins ①	
1	EAME Ribbon ✓	
	Snap Shots ✓	
1	Sewing Kit ✓	
3	Hair Brushes & Kit ✓	

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

CLASS II — Other effects

NUMBER	ARTICLES
	None

CLASS II — Continued

[illegible]

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

(Give name and degree of relationship ; if legal representative

or beneficiary named by the deceased, so state)

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

A. T. ZBINDEN, CWO., USA.,
307 A/B Engr Bn Pers Adj

APO 469 US Army
(Station)

16 July, 1944
(Date)

*Strike out words not applicable.

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

149841

CHG:HL:pjj
June 30, 1945

Mr. Henry L. Arnold
1009 Broadway
Columbus, Georgia

Dear Mr. Arnold:

The Army Effects Bureau has received from overseas some personal effects of your husband, Private Henry L. Arnold.

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 action 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 husband.

Yours very truly,

P. L. KOOB
1st Lt. Q.M.C.
Officer-in-Charge
SJ Unit

lu
65

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

Case No. 149841
Date 25 June 1945

SUBJECT: Report of transaction in disposing of the effects of

Henry L. Arnold, 19064076 late a
(Name of deceased) (Army Serial Number)
Private, Corps of Engineers who died
(Grade) (Organization, Army or Service)
on the 6 day of June, 19 44 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., 223 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 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. (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 June 1945, pursuant to Special Orders 223, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Henry L. Arnold 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;

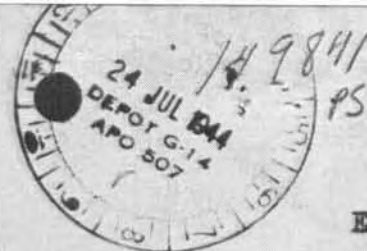
Whereupon, this Summary Court-Martial finds that, under the provisions of A.W. 112, Mrs. Henry L. Arnold of (Name of person found entitled)
1009 Broadway, Columbus State of (Number, Street or Avenue) (City, Town or Village)
Georgia, is the widow of the (Relationship or Capacity)
above-named decedent 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

R E S T R I C T E D



201 - Arnold, Henry L (Enl) 1st Ind.

ENL/wjm

HEADQUARTERS 82D AIRBORNE DIVISION, APO 469, U. S. Army, 18 July 1944.

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

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

1 Incl(s) n/c

R E S T R I C T E D

100-100000

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100-100000



100-100000

RESTRICTED

201 - Arnold, Henry L (Enl) 1st Ind.



ENL/wjm

HEADQUARTERS 82D AIRBORNE DIVISION, APO 469, U. S. Army, 18 July 1944.

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

1 Incl(s) n/c

G. B. B.

RESTRICTED



Date 12 July 1944

SUBJECT: Personal effects of soldier missing in action.

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

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

1. Name. Arnold., Henry L.
2. Grade or rank. Pvt.
3. Army Serial Number. 19064076
4. Organization. Co B 307 A/B Engr Bn
5. Status. (~~WIA~~ MIA, ~~Missing~~)
6. Date of casualty. 6 June 44
7. Date and disposition of effects. 12 July 44 Effects QM 82d A/B Div
8. Bank in United Kingdom in which ~~deceased~~ ^{missing} had an account. None
9. Names of Debtors and Creditors. None
10. Name and address of next of kin. Mrs. D. A. York - Mother
4542 North Street
San Diego, California

For the Commanding Officer:

A. T. Zbinden
A. T. ZBINDEN,
CWO., USA., 307 A/B Engr Bn,
Personnel Adjutant.

1 Incls:

WD AGO Form 54 (trip only)

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

-BATTLE CASUALTY REPORT

NAME				SERIAL NUMBER		GRADE	ARM OR SERVICE	REPORTING THEATRE
ARNOLD HENRY L				19064076		PVT	CE	ETO
PLACE OF CASUALTY			DATE OF CASUALTY		FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER	
FRANCE			DAY 06	MONTH JUN	YEAR 44	J	MIA	104

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

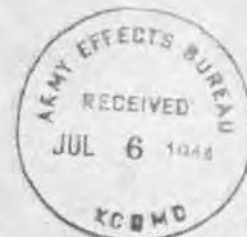
THE INDIVIDUAL NAMED ABOVE DESIGNATED THE FOLLOWING PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON, THE RELATIONSHIP, IF ANY, IS SHOWN BELOW. IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT-OF-KIN 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	BERNICE	M	YORK	MOTHER
NO. AND NAME OF STREET		CITY		STATE
4542 NORTH STREET		SAN DIEGO		CALIFORNIA

REMARKS:

☐ CORRECTED COPY

27 June 1944 ESW



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"/>		
PREVIOUSLY REPORTED <input checked="" type="checkbox"/>		NO <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> (AS INDICATED BELOW):		
FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED
<div style="text-align: center; font-style: italic;">Tele. Proof</div>				
REPORT NOT VERIFIED <input checked="" type="checkbox"/> NO FORM 43 <input checked="" type="checkbox"/> NO CAS. BR. FILE <input checked="" type="checkbox"/> CHECKED BY <u>L.H.P. 181-261-57</u> REVIEWED BY <u>Penton</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

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☐ CHRONOLOGICAL UNIT, CAS. BR.
☐ CHIEF, P.O.W. BR., M.I.S., W.D.G.S.

☐ CHIEF, WAR BOND DIVISION
☐ CHIEF, WAR BOND OFFICE
☐ C.G., ARMY GROUND FORCES
☐ C.G., SERVICE COMMAND
☐ DIR. OF SPECIAL SERVICES DIV.
☐ DIRECTOR, W.A.C.
☐ ENLISTED BRANCH, A.G.O.
☐ FINANCE OFFICER, U. S. ARMY, WASH., D.C.
☐ MACHINE RECORDS BRANCH, A.G.O.
☐ OFFICE OF DEPENDENCY BENEFITS

☐ OFFICERS BRANCH, A.G.O.
☐ P.O.W. INFO. BUREAU, O.P.M.G.
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☐ U.S. EMPLOYEE'S COMPENS. COMM.
☐ WAR SHIPPING ADMINISTRATION
☐ WILLS UNIT, CASUALTY BRANCH

DISINTERMENT DIRECTIVE

<div style="font-size: 40px; font-weight: bold; margin-bottom: 10px;">1</div> <div style="text-align: right; margin-bottom: 10px;">AMB</div>				SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 3586 00102		DATE 15 06 48 <small>DAY MONTH YEAR</small>	
NAME ARNOLD HENRY L				SERIAL NUMBER 19064076		RANK PVT		ARM 1	
CEMETERY ST MERE EGLISE NO 2 - CARENTAN				DISPOSITION OF REMAINS 1 8800 06 <small>CODE DIST. PT.</small>		DATE OF DEATH <small>DAY MONTH YEAR</small>			
PLOT I		ROW 1		GRAVE 3		COUNTRY FRANCE		CAUSE OF DEATH 1	

SECTION B — CONSIGNEE AND NEXT OF KIN	
NAME AND ADDRESS OF CONSIGNEE BROWN FUNERAL HOME 610 AVENUE "F" BOGALUSA, LOUISIANA	NAME AND ADDRESS OF NEXT OF KIN BERNICE M. YORK (MOTHER) ROCKY MOUNT HOSPITAL OVERTON, TEXAS

SECTION C — DISINTERMENT AND IDENTIFICATION									
NAME ARNOLD, Henry L.		SERIAL NUMBER 19064076		RANK Pvt		DATE OF DEATH 28 April 1948		DATE DISINTERRED 28 April 1948	
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER		ORGANIZATION USAGF		RELIGION UTD		IDENTIFICATION VERIFIED BY E. Settle, Embalmer <small>NAME AND TITLE</small>			

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT			
NATURE OF BURIAL CD Uniform		CONDITION OF REMAINS Skeletal form, fractured skull & right scapula	
OTHER MEANS OF IDENTIFICATION None		MINOR DISCREPANCIES None	

REMAINS PREPARED AND PLACED IN CASKET transfer case	
DATE 28 April 1948 BY E. Settle	
CASKET SEALED BY M. H. McWhorter	
CASKET BOXED AND MARKED	
DATE 25 July 48 BY Joe A. Solis	
EMBALMER (Signature)	
SHIPPING ADDRESS VERIFIED BY All markings, tags & plates verified by: Robert B. Howard, 1st Lt Inf.	

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

I certify that the entries on this form are true.

copies of the entries on Copy No. 8 of Form 1194a for major discrepancies.

of the personnel whose names are typed herein.

472

ARNOLD, Henry L. Pvt. 19064076.

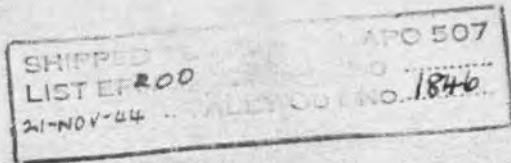
MISSING IN ACTION. M

1 C'Board Box. 30734. *Boxed in Line No. 752.*

Rec'd July 22nd, 1944.

W.D. G.O. FORM # 54 received.

149841



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

149841

REPORT OF DEATH

DATE 5 September 1944
dlr 4627

FULL NAME Arnold, Henry L.		ARMY SERIAL NUMBER 19,064,076	GRADE Pvt	
HOME ADDRESS San Diego, California		ARM OR SERVICE Corps of Engineers	DATE OF BIRTH 25 Dec 1922	
PLACE OF DEATH European Area	CAUSE OF DEATH Killed in action		DATE OF DEATH 6 June 44	
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 16 Dec 1941	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS	
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Henry L. Arnold, wife, 1009 Broadway, Columbus, Georgia				
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Bernice M. York, mother, 1732 1/2 Upas Street, San Diego, Calif. Mrs. Hilda England, sister, same as above Subsequent records show existence of wife not designated, name & address shown below*				
INVESTIGATION MADE?	IN LINE OF DUTY	OWN MISCONDUCT	WAS DECEASED ON DUTY STATUS	AUTHORIZED ABSENCE
YES NO	YES NO	YES NO	YES NO	YES NO
IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)		
YES NO		YES NO X*		

ARMY EFFECTS BUREAU
RECEIVED
SEP 12 1944

ADDITIONAL DATA AND/OR STATEMENT

*Jump status

*Mrs. Henry L. Arnold, wife, 1009 Broadway, Columbus, Ga.

The individual named in this report of death is held by the War Department to have been in a missing in action status from 6 June 1944 until such absence was terminated on 11 August 1944, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from the Commanding General of the European Area.

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S. O. Q. M. S.	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

James W. Reinhart

GENERAL

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM USMC St Mere Helise #2		TO CP "B" - St Laurent	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER T/S Campbell	
SIGNATURE OF SHIPPER W. T. Delley, Capt. QMC	DATE 1948 30 Apr	SIGNATURE OF RECEIVER T. G. Murray Capt. QMC	DATE 30 Apr. 48
2. SHIPPED			
FROM CP "B" - St Laurent		TO CP "A" - Cherbourg	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER SGT D. H. HAHN	
SIGNATURE OF SHIPPER D. G. MacKenzie, Capt. Inf.	DATE 9/9/48	SIGNATURE OF RECEIVER <i>[Signature]</i> E. N. Ciampo 1st Lt FA	DATE 9/9/48
3. SHIPPED			
FROM CP "A" - Cherbourg		TO Port Unit - Cherbourg	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER SPC Fuller	
SIGNATURE OF SHIPPER E. N. Ciampo 1st Lt FA	DATE 17/11/48	SIGNATURE OF RECEIVER <i>[Signature]</i> John E. Hendry Jr., Major, CAC	DATE 17/11/48
4. SHIPPED			
FROM Port Unit - Cherbourg		TO NYPOB	
KIND OF CONVEYANCE USAT JAMES H. ROBINSON		NAME OF CONVOYER ALLEN W. CANTRELL, 1st Lt. INF	
SIGNATURE OF SHIPPER John E. HENDRY JR., Major, CAC	DATE 27/11/48	SIGNATURE OF RECEIVER <i>[Signature]</i> W. W. PRELSCH LIEUT. COLONEL, TC.	DATE DEC 6 1948
5. SHIPPED			
FROM NYPOB		TO DC #05	
KIND OF CONVEYANCE TRAIN		NAME OF CONVOYER Arnold R. Felber	
SIGNATURE OF SHIPPER W. W. PRELSCH LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER	DATE DEC 7 1948	SIGNATURE OF RECEIVER <i>[Signature]</i> LIEUT. COLONEL, TC.	DATE 12/9/48
6. SHIPPED			
FROM NYPOB		TO NYPOB	
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

MESSAGEFORM		MESSAGE CENTER No.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT	
CALLS V	STA. SER. No. NR	PRECEDENCE	TRANSMISSION INSTRUCTIONS		ORIGINATOR DATE-TIME GROUP
ACTION		INFORMATION	EXEMPT	OPERATING SIGNALS	GROUP COUNT GR

SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM: (Originator) ATLANTA GENERAL DISTRIBUTION DEPOT ATLANTA, GEORGIA	SECURITY CLASSIFICATION					
ACTION TO: * BERNICE M YORK * ROCKY MOUNT HOSPITAL * OVERTON TEXAS	<table style="width: 100%;"> <tr> <td style="text-align: center;">PRECEDENCE FOR</td> </tr> <tr> <td style="text-align: center;">ACTION INFORMATION</td> </tr> <tr> <td> <input type="checkbox"/> ORIGINAL MESSAGE </td> </tr> <tr> <td style="text-align: center;">REFERS TO ANOTHER MESSAGE</td> </tr> <tr> <td style="text-align: center;">IDENTIFICATION CLASSIFICATION</td> </tr> </table>	PRECEDENCE FOR	ACTION INFORMATION	<input type="checkbox"/> ORIGINAL MESSAGE	REFERS TO ANOTHER MESSAGE	IDENTIFICATION CLASSIFICATION
PRECEDENCE FOR						
ACTION INFORMATION						
<input type="checkbox"/> ORIGINAL MESSAGE						
REFERS TO ANOTHER MESSAGE						
IDENTIFICATION CLASSIFICATION						

DEC 2 1948

INFORMATION TO:

WE HAVE BEEN ADVISED REMAINS OF THE LATE PVT HENRY L ARNOLD
 ARE ENROUTE TO THE UNITED STATES PD OUR RECORDS INDICATE YOU
 WISH REMAINS DELIVERED TO BROWN FUNERAL HOME BOGALUSA LA
 PD PLEASE CONFIRM YOUR ORIGINAL INSTRUCTIONS
 WITHIN FORTY EIGHT HOURS AFTER RECEIPT OF THIS MESSAGE OR SUBMIT NEW DELIVERY
 INSTRUCTIONS AND FURNISH YOUR CORRECT MAILING ADDRESS BY TELEGRAM COLLECT TO
 ATLANTA GENERAL DISTRIBUTION DEPOT ATTENTION GRAVES REGISTRATION DIVISION ATLANTA
 GEORGIA PD REPLY IS NECESSARY WITHIN THIS PERIOD SINCE IT WILL NOT BE POSSIBLE TO
 COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY INSTRUCTIONS
 RECEIVED AFTER THE EXPIRATION OF FORTY EIGHT HOURS PD WHILE DELIVERY OF THE REMAINS
 WILL BE MADE AS SOON AS PRACTICABLE AFTER RECEIPT FACTORS BEYOND OUR CONTROL
 MAY DELAY DELIVERY OF REMAINS FOR SEVERAL WEEKS PD HOWEVER AS SOON AS REMAINS ARE
 RECEIVED HERE AND IT IS POSSIBLE TO SCHEDULE THEM FOR DELIVERY YOUR FUNERAL
 DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF RAIL ROUTING AND SCHEDULED TIME REMAINS
 WILL ARRIVE AT RAILROAD STATION PD ALSO HE WILL BE REQUESTED TO FURNISH YOU THIS
 INFORMATION SO THAT YOU MAY COMPLETE FUNERAL ARRANGEMENTS PD THIS TELEGRAM WILL
 BE SENT AT LEAST THREE DAYS PRIOR TO ACTUAL SHIPMENT FROM THIS DISTRIBUTION CENTER
 PD PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION UPON
 ARRIVAL PD IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK ANY LOCAL
 PATRIOTIC OR VETERANS ORGANIZATIONS TO MAKE ARRANGEMENTS PD PLEASE INCLUDE FULL
 NAME OF DECEASED IN REPLY TELEGRAM PD

JOHN H FRUITT LT COL QMC

SECURITY CLASSIFICATION		AUTHORIZATION	
ORIGINATING AGENCY		SIGNATURE	
SYMBOL (C)	DATE-TIME GROUP	OFFICIAL TITLE	PAGE OF