293 BYRD, HENRY O. 34,254,268 CPL. EUROPEAN A, 44tc
(N.C.)

293 Storage
3-14-52.

RECEIPT OF REMAINS

DISTRIBUTION CENTER ATLANTA GENERAL DEPOT
ATLANTA, GEORGIA

4-5-49 DELIVER AND REPORT
ANY CHARGES

ROUTINE

REMAINS CONSIGNED TO: REINS-STURDIVANT FUNERAL HOME
NORTH WILKESBORO, N. C.

REMAINS OF THE LATE CPL HENRY O BYRD 34254268

BEING SHIPPED TO YOU ACCOMPANIED BY ESCORT

LEAVING ATLANTA 1:55 PM 8 APRIL

AND DUE TO ARRIVE NORTH WILKESBORO, N. C. ON SOU # 13 10:50 AM 9 APRIL.

REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT STATION UPON ARRIVAL

AND THAT YOU IMMEDIATELY PASS THIS INFORMATION ON TO NEXT OF KIN

JOHN H. PRUITT
LT. COLONEL, QMC

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

THIS 9TH (DAY) DAY OF APRIL (MONTH), 19 49

M/Sgt John H Dixon
WITNESS (Escort)

W.K. Sturdivant Pres.
CONSIGNEE
REINS-STURDIVANT FUNERAL HOME

(# 1)

MAT
FILE
RECORDS ANNOTATED
DATE MAY 1 1949
NAME B A MATTHEWS
MAIL. DIV.

QMC FORM 15 NOV 46 1193

16—50073-1. U.S. GOVERNMENT PRINTING OFFICE

LH

1

DISINTERMENT DIRECTIVE

8-94 (4)

2

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER	DATE (DAY MONTH YEAR)
3504 00400	15 11 48

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
BYRD HENRY O	34254268	CPL	1	1	1

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS (CODE)	DIST. CTR.
ANDILLY FRANCE	F	6	142	4600	05

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
REINS STURDIVANT, INC FD'S
NORTH WILKESBORO, NORTH CAROLINA
(F/B RONDA, NORTH CAROLINA)

NAME AND ADDRESS OF NEXT OF KIN
MR. ROSCOE BYRD (BROTHER)
~~BOX 514~~ ROUTE #1 Box 49-N
MORGANTON, NORTH CAROLINA

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY (NAME AND TITLE)
☐ REMAINS ☐ MARKER	USAGF		

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

SEE ATTACHED WORK SHEET

MINOR DISCREPANCIES (*Prepare Discrepancy Report QMC Form 1194a for major discrepancies.*)

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY
Elijah H Fields, Embalmer

EMBALMER (Signature)
Elijah H Fields

CASKET BOXED AND MARKED
5 Jan 49 Elijah H Fields
DATE BY

~~XXXXXXXXXXXXXXXX~~ All markings, tags and plates verified by
Rafael T Ruiz, 1st Lt FA

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

Rafael T Ruiz, 1st Lt FA, 7857 AGRC Zone 3 Hq
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

QMC FORM REV 11 FEB 48 1194

374

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM: USMC St Avold France	TO: OIC Casketing Point, Antwerp, Belgium
KIND OF CONVEYANCE: Rail	NAME OF CONVOYER: Pfc Herbert D Chapman, RA- 312777889
SIGNATURE OF SHIPPER: J R Ward, Capt FA — DATE: 28/1/49	SIGNATURE OF RECEIVER: D W Miller — DATE: 1 FEV 1949

2. SHIPPED

FROM: AGRC ANTWERP BELGIUM	TO: USAT HAITI VICTORY
KIND OF CONVEYANCE: VC. 2	NAME OF CONVOYER: A. S. KIMBERLIN 1st. Lt. INF.
SIGNATURE OF SHIPPER: H. D. MILLER, Lt. COL. T.C. — DATE: 1 - MAR 1949	SIGNATURE OF RECEIVER: A. S. Kimberlin — DATE: 1 - MAR 1949

3. SHIPPED

FROM:	TO: NYPE
KIND OF CONVEYANCE:	NAME OF CONVOYER:
SIGNATURE OF SHIPPER: — DATE:	SIGNATURE OF RECEIVER: L. Jacobson for W. W. PREISCH, LIEUT COLONEL, TC, PORT TRANSPORTATION OFFICER — DATE: MAR 15 1949

4. SHIPPED

FROM: NYPE	TO: DC #05
KIND OF CONVEYANCE: Train	NAME OF CONVOYER: Donald W Arthur Pfc
SIGNATURE OF SHIPPER: W. W. PREISCH, LIEUT COLONEL, TC, PORT TRANSPORTATION OFFICER — DATE: Mar 14 49	SIGNATURE OF RECEIVER: Shannonth Capt Dyc — DATE: 3/31/49

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

1

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER	DATE (DAY / MONTH / YEAR)

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH (DAY / MONTH / YEAR)
BYRD HENRY O	34254268	CPL	1	

CEMETERY	DISPOSITION OF REMAINS (CODE / DIST. PT.)

PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
F	6	142	ANDILLY FRANCE	

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
BYRD, Henry O	34254268	Cpl		29 June 1948

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY (NAME AND TITLE)
[X] REMAINS [X] MARKER		P	R A PITTMAN, Embalmer

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Military clothing	Disarticulated; fractured lt. ulna, scapula, rt. tibia & fibula.

OTHER MEANS OF IDENTIFICATION: None

MINOR DISCREPANCIES 1: None

REMAINS PREPARED AND PLACED IN CASKET ~~XXX~~ transfer box

DATE 29 June 1948 BY R A PITTMAN, Embalmer — R A Pittman

CASKET SEALED BY	EMBALMER (Signature)
Geo W.Lowry, Embalmer	Geo W.Lowry, Embalmer — Geo W. Lowry

CASKET BOXED AND MARKED (DATE / BY)	SHIPPING ADDRESS VERIFIED BY
20 Sept 48 Geo W.Lowry, Embalmer	~~XXX~~ All markings, plates & tags verified by Donald H.Tackett 1st Lt QMC — D H Tackett

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

Final Casketing by D H Tackett
Donald H.Tackett 1st Lt QMC

James B Johns
James B JOHNS, 1st Lt. Inf. 337 QM. SV. BN.
SIGNATURE OF GRS INSPECTOR

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

QMC FORM 15 MAR 46 1194

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC ANDILLY, FRANCE		TO OIC, ST. AVOLD, FRANCE	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER W. E. Ford	
SIGNATURE OF SHIPPER E. R. King ELMO R. KING, 1ST.LT.INF.	DATE	SIGNATURE OF RECEIVER JESSE R. WARD, CAPT. FA.	DATE

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

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) ATLANTA, GEORGIA

SECURITY CLASSIFICATION

ACTION TO: MR ROSCOE BYRD
BOX 514
MORGANTON, N. C.

DELIVER AND REPORT
ANY CHARGES

MAR 9-1949

DL GOVT PRECEDENCE PD FOR
ACTION | INFORMATION

☐ ORIGINAL MESSAGE

REFERS TO ANOTHER MESSAGE
IDENTIFICATION | CLASSIFICATION

INFORMATION TO:

WE HAVE BEEN ADVISED REMAINS OF THE LATE CPL HENRY O BYRD ARE ENROUTE TO THE UNITED STATES PD OUR RECORDS INDICATE YOU WISH REMAINS DELIVERY TO REINS STURDIVANT INC NORTH WILKESBORO N C 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 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 DESIRE 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 PRUITT LT COL QMC

SECURITY CLASSIFICATION: C

AUTHORIZATION — SIGNATURE

ORIGINATING AGENCY — SYMBOL | DATE-TIME GROUP | OFFICIAL TITLE | PAGE OF

WUA173 32 GOVT COLLECT

MORGANTON NCAR MAR 10 516P

ATLA GENERAL DEPOT

ATTN GRAVES REG DIV ATLA

RETEL 9 HEREWITH CONFIRMING INSTRUCTIONS FOR DELIVERY REMAINS OF THE LATE CPL HENRY O BYRD TO REINS STURDIVANT INC NORTH WILKESBORO N C MY CORRECT MAILING ADDRESS ROUTE ONE BOX 49-N

ROSCOE BYRD.

944AM

74 026 R

CASE NO	INSPECTION CHECK LIST	SPACE NO.
		5-2764

NAME OF DECEASED (*Last, First, Middle Initial*)	BRANCH OF SERVICE	RACE	RELIGION	SEX	DATE
BYRD, HENRY O	AGF	W	P	M	

RANK OR GRADE	SERIAL NUMBER	CONSIGNEE
CPL	34254268	REINS STURDIVANT, INC NORTH WILKESBORO, N. C.

SHIPPING CASE—GENERAL APPEARANCE (*Check ONLY Discrepancies*)

- [ ] FINISH (*Exterior*)
- [ ] FINISH (*Interior*)
- [ ] HANDLES
- [ ] HANDLE BOLTS
- [ ] STENCILING—NAME PLATE
- [ ] HEALTH PERMIT MARKER
- [ ] HEALTH PERMIT NUMBER

CONDITION OF SHIPPING CASE (*Check One*): [ ] SATISFACTORY [x] UNSATISFACTORY

REMARKS: Case Scratched

CASKET—GENERAL APPEARANCE (*Check ONLY Discrepancies*)

- [ ] FINISH (*Exterior*)
- [ ] HANDLES AND FASTENINGS
- [ ] STENCILING—NAME PLATE
- [ ] CAM LOCKS (*Sealing*)
- [ ] ODOR OR MOISTURE

CONDITION OF CASKET (*Check One*): [ ] SATISFACTORY [x] UNSATISFACTORY

REMARKS: Casket Scratched

ROUTED THROUGH

[ ] MORTUARY OPERATING ROOM [x] REPAIR SHOP

CONDITION OF REMAINS: [ ] SATISFACTORY [ ] UNSATISFACTORY

NECESSARY DISINFECTION (*Explain*)

CASKET REPAIRED: [x] YES [ ] NO

CASKET EXCHANGED: [ ] YES [x] NO

SHIPPING CASE REPAIRED: [x] YES [ ] NO

SHIPPING CASE EXCHANGED: [ ] YES [x] NO

REMARKS

TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTOR
				11-5-49	J R B T.S. Sullivan

REMARKS

QMC FORM 4 MAR 48 **1251** Replaces QMC Form R-5054, which is obsolete.

16—54755-1 U. S. GOVERNMENT PRINTING OFFICE

7130

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

(Read Explanation on Reverse Side before completing form)

DATE: 10 April 1949

NAME OF DECEDENT (*Last, First, Middle Initial*)	BRANCH OF SERVICE	TO BE FILLED IN BY CLAIMANT
BYRD, HENRY O	AGF	A. [X] INTERMENT EXPENSES (*Civilian or Private Cemetery*)
RANK OR GRADE: CPL	SERIAL NO.: 34254268	B. [ ] TRANSPORTATION EXPENSES (*National or Post Cemetery*)

210-352
G. A. SUMMA
COL., F.D.,
APR 1949
Ft. McPherson, Ga.
Sta. No. 541
WW II
CLAIM VALID REPATRIATION
GEORGE GREEN
CAPTAIN, QMC.

INSTRUCTIONS TO PERSONS SIGNING THIS FORM

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

FILL IN THIS STATEMENT IF BOX "A" IS CHECKED

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

NAME: of Cemetery Pleasant Grove

CITY OR COUNTY: Ronda

STATE: North Carolina

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*)

RETURN FOUR COPIES TO

AGR DIVISION
ATLANTA GENERAL DEPOT, U. S. ARMY
ATLANTA, GEORGIA

SIGNATURE OF CLAIMANT: DO NOT SIGN

ADDRESS (*Street number or R.F.D., City and State*): Route # 1 Box 49-N, Morganton, N. C.,

RELATIONSHIP TO DECEDENT: Brother

REMARKS

COPY

APR 30 1949

Atlanta, Ga.

Paid on Voucher 137226 Money

Accounts of 672663 Fin. Dept.

Check No.

Amt Pd. 75.00

QMC FORM REV 5 MAR 48 **1236** PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

16—54738-1

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.

U. S. GOVERNMENT PRINTING OFFICE 16—54738-1

BUDGET BUREAU No. 49-R277.

REQUEST FOR DISPOSITION OF REMAINS

L-7/30/48

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

DATE:

Cpl Henry O. Byrd, 34 254 268 (ARC)
Plot F, Row 6, Grave 142,
United States Military Cemetery
Andilly, France

10 June 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, Roscoe William Byrd
(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

☐ WIDOW ☐ WIDOWER ☐ SON OVER 21 YEARS OLD ☐ DAUGHTER OVER 21 YEARS OLD

☐ FATHER ☐ MOTHER ☒ BROTHER OVER 21 YEARS OLD ☐ SISTER OVER 21 YEARS OLD

☐ RELATIONSHIP OTHER THAN ABOVE (*Specify*) _____

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

☐ 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS.

☒ 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY

Pleasant Grove Baptist Church Cemetery, Ronda, North Carolina
(NAME AND LOCATION OF CEMETERY)

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

☐ 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____ (LOCATION OF NATIONAL CEMETERY SELECTED)

(Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)

☐ YES ☐ NO

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

None

Coded-11/18/48
H Tillman

DD Proc
11-23-48

OQMG FORM 14 NOV 1946 345 MILITARY #1

AUG 10 1948

Paul L Smith

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			
Reins Sturdivant			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
Unknown	N. Wilkesboro	Wilkes Co.	N.C.
EXPRESS OFFICE (*Nearest railroad passenger station*)	TELEGRAPH ADDRESS		TELEPHONE No.
N. Wilkesboro, N.C.	N. Wilkesboro, N.C.		Unknown

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
Vaughn	Berta	V. (Byrd)	Sister
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
22 W. Clemmonsville Road	Winston-Salem	Forsyth	N.C.

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

None

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.

Roscoe Byrd
(SIGNATURE OF NEXT OF KIN)

Box 514
(STREET AND NUMBER)

Roscoe William Byrd
(NAME PRINTED OR TYPED)

Morganton N.C.
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 26th day of July, 1948, at city (or town) of Morganton, county of Burke, and State (or Territory or District) of North Carolina.

Margaret Z. Player
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

Notary Public
(OFFICIAL TITLE)

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

My Commission Expires Nov. 13, 1949.

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 _____ (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	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)

(NAME PRINTED OR TYPED)

(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

(DATE)

(SIGNATURE)

(STREET AND NUMBER)

(NAME PRINTED OR TYPED)

(CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTIONS

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

Form 5

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration Dist. No. 60-95 Certificate No. 508

PLACE OF DEATH:
(a) County: Mecklenburg
(b) Township: (If in town limits, leave blank)
(c) City or town: Charlotte (If outside city or town limits, write RURAL)
(d) Street, hospital or institution: 2801 Rozelle Ferry Road
(e) Length of stay in hospital or institution: (Yrs., mos., or days)
in this community: 2½ months (Yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State: N.C. (b) County: Wilkes
(c) City or town: Ronda
(d) Street or R.F.D.: R 2
(e) Is place of residence in corporate limits? no
(f) If foreign born, how long in U.S.A.? ____ years.

1(a) FULL NAME: Henry Davis Byrd
(b) If veteran, name war:
3(c) Social Security No.:
4. Sex: Male
5. Color or Race: White
6(a) Single, married, widowed, or divorced: Widowed
(b) Name of husband or wife:
(c) Age of husband or wife if alive: years.
Birth date of deceased: 5-30-77 (month, day and year)

AGE: Years	Months	Days	If less than one day hrs. mins.
66	0	7	

Birthplace: Wilkes Co. (City, town, or county) N.C. (State or foreign country)
Usual occupation: farmer & brickmaker
Industry or business:
12. Name: William Byrd
13. Birthplace: Wilkes Co.
14. Maiden Name: Arminda Brown
15. Birthplace: Wilkes Co.
16(a) Informant's Signature: Mrs. J. F. Vaughn
(b) Address: Winston Salem, N.C.
17(a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-8-43 (Month, day, year)
(c) Cemetery: Pleasant Grove
(d) Location: Wilkes Co.
18(a) Funeral director: Kane-Gardiner
(b) Address: N. Wilkesboro, N.C.
19(a) 6-12 1943 (b) Filed Registrar

MEDICAL CERTIFICATION

20. Date of death: 6-6 1943 at 2:15 M
21. I certify that death occurred on the date above stated; that I attended deceased from 19__ to 19__ and that I last saw h__ alive on 19__
Immediate cause of death: Coronary Occlusion
Due to:
Due to:
Other conditions (include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

Duration

Physician: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, in industrial place, in a public place? (Specify type of place)
While at work?
(e) Means of injury:
23. Signature: H. Johnston M.D.
Address: Charlotte Date signed: 6-11-43

File 2429
PB 866
1 sv. of 2 acc.

I hereby certify the foregoing to be a correct copy of original on file with Bureau of Vital Statistics, N. C. State Board of Health.
Carl V. Reynolds M.D. State Registrar

NIF 5 Dus

Repatriation Records Branch
Disinterment Locator Section
Office of the Quartermaster General
Department of the Army
Washington 25, D.C.

DATE: July 30, 1948

FROM: (Miss) Edna Mattox

SUBJECT: BYRD, Henry O. Cpl.
34 254 268
Plot F, Row 6, Grave 142
U S Military Cemetery
Andilly, France

Rec 3 July 48

B-2

COI 29 July 47

Next of Kin:
Old Address:
New Address:

Your Reference:

In compliance with your request of _____ for an investigation in connection with the disposition of the remains of this deceased serviceman, we submit the following information:

1. OQMG Form 345 ☐ has been submitted by _____ (Name), _____ (Relationship)

☐ will be submitted on _____ (date)

2. Remarks: We have reference to your request of June 10, for chapter services in assisting the father of the above named deceased serviceman listed as next of kin, execute form 345.
Our M rganton, N.C. chapter worker informs us that the next of kin is also deceased, and that the brother of the serviceman, Mr. W. Roscoe Byrd, completed the form and mailed it to your office on July 27, accompanied by a photostatic copy of the father's death certificate.
For your information, the brother who completed the form, is not the oldest living brother of the decedent and the natural next of kin, but Mr. Roscoe Byrd was unable to get in touch with him and does not know his present wherabouts.
We hope the above action will be acceptable to your office.

NAT form Cons Bn file to Aug 48 Cap Sec

acc Bn who signed COI
Per latest instr.
Other Bro. unavailable
Lee

Edna Mattox

(Miss) Edna Mattox
Director, Home Service
Southeastern Area

J- 7135

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

In Reply Refer To RR Br: QMGMR 293 Byrd, Henry O., Cpl., 34 254 268
Plot F, Row 6, Grave 142
United States Military Cemetery
Andilly, France

IMPORTANT
Address reply and envelope to:
THE QUARTERMASTER GENERAL
Do NOT include the name of the official who signed the communication.

10 June 1948

P R I O R I T Y

Miss Edna Mattox, Director of Home Service
Southeastern Area, American Red Cross
230 Spring Street, Northwest
Atlanta 3, Georgia

Dear Miss Mattox:

The Next of Kin of the above captioned deceased Father (relationship)
Mr. Henry D. Byrd (name) Ronda, North Carolina (address)
has failed to return a Form 345 indicating disposition instructions for the remains. The form was dispatched 29 July 1947.

It is respectfully requested that the attached OQMG Form 345 be properly accomplished by the Next of Kin and legal documents obtained through assistance of your representative if appropriate, be furnished this office. In the event you are unable to secure disposition instructions from the Next of Kin, it is further requested that a statement of the action taken by your representative be furnished this office for use as a basis for final disposition of remains of the decedent.

It is recommended that in contact with the Next of Kin mentioned above, they first be queried as to whether or not they have submitted the appropriate form, as it may have been mailed to this office since receipt by you of this request.

Sincerely yours,

2 Incls.

JOHN O. HYATT
Colonel, QMC
Memorial Division

IMPORTANT: OPTION I IN THIS CASE WILL BE ST. AVOLD, FRANCE.

jpm

Cpl Henry O. Byrd, 34 254 268
Plot F, Row 6, Grave 142,
United States Military Cemetery
Andilly, France

12 January 1948

Mr. Henry D. Byrd

Ronda, North Carolina

Dear Mr. Byrd:

Since the recent dispatch of the Letter of Inquiry "Request for Disposition of Remains", it has been necessary to designate the United States Military Cemetery St. Avold, France, as the permanent resting place for those deceased now interred in the United States Military Cemetery Andilly, France.

In the event that you expressed a desire for permanent overseas burial, the remains of your loved one will be interred in the United States Military Cemetery St. Avold, located twenty-three miles east of Metz, France, inasmuch as grave space is no longer available in the United States Military Cemetery Epinal, France. When final interment has been accomplished, you will be advised of the exact grave location.

In order that your concurrence in this matter may be of official record, it is requested that you complete the form below and return it to this office. The inclosed envelope, which requires no postage, may be used for its return.

Sincerely yours,

1 Incl
Franked envelope

THOMAS B. LARKIN
Major General
The Quartermaster General

I, _____ next of kin of the late _____
Name Name of decedent
_____ have no objection to his remains being permanently
Serial number
interred in the United States Military Cemetery St. Avold, France.

tjh

_____
Signature

Cpl. Henry O. Byrd, 34 254 268
Plot F, Row 6, Grave 142,
United States Military Cemetery
Andilly, France

29 July 1947

Mr. Henry D. Byrd
Ronda, North Carolina

Dear Mr. Byrd:

The people of the United States, through the Congress have authorized the disinterment and final burial of the heroic dead of World War II. The Quartermaster General of the Army has been entrusted with this sacred responsibility to the honored dead. The records of the War Department indicate that you may be the nearest relative of the above-named deceased, who gave his life in the service of his country.

The enclosed pamphlets, "Disposition of World War II Armed Forces Dead," and "American Cemeteries," explain the disposition, options and services made available to you by your Government. If you are the next of kin according to the line of kinship as set forth in the enclosed pamphlet, "Disposition of World War II Armed Forces Dead," you are invited to express your wishes as to the disposition of the remains of the deceased by completing Part I of the enclosed form "Request for Disposition of Remains." Should you desire to relinquish your rights to the next in line of kinship, please complete Part II of the enclosed form. If you are not the next of kin, please complete Part III of the enclosed form.

If you should elect Option 2, it is advised that no funeral arrangements or other personal arrangements be made until you are further notified by this office.

Will you please complete the enclosed form, "Request for Disposition of Remains" and mail in the enclosed self-addressed envelope, which requires no postage, within 30 days after its receipt by you? Its prompt return will avoid unnecessary delays.

Sincerely,

Incls.

THOMAS B. LARKIN
Major General
The Quartermaster General

Cpl. Henry D. Byrd, 34 254 268
Pilot F, Row 6, Grave 142,
United States Military Cemetery
Anzilly, France

29 July 1947

Mr. Henry D. Byrd
Ronda, North Carolina

Dear Mr. Byrd:

The people of the United States, through the Congress have authorized the disinterment and final burial of the heroic dead of World War II. The Quartermaster General of the Army has been entrusted with this sacred responsibility to the honored dead. The records of the War Department indicate that you may be the nearest relative of the above-named deceased, who gave his life in the service of his country.

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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,

Incls.

THOMAS B. LARKIN
Major General
The Quartermaster General

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

In Reply Refer To
QMGYG 314.6 Graves Reg
1/6
European Area 115 misc

19 November 1946

SUBJECT: Burial Records cor

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: United States Military Cemetery Andilly, France

NAME	RANK GRADE	SERIAL NO.	DATE OF DEATH	ORGAN.	PLOT	ROW	GRAVE
Belik, John M.	PVT	32 796 810	20 Jan 44	Co. "K" 315th Inf Regt. 79th Inf. Div.	J	11	280
X 293 Byrd, Henry G.	CPL	34 254 265	20 Jan 44	-	F	6	142
Beamon, Jennings F., Jr.	2nd Lt.	0-1 319 255	6 Oct 44	-	J	9	321
Buonomo, Dominic	PFC	35 162 006	26 Sep 44	-	I	4	77

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

X Riley

REPATRIATION RECORDS BRANCH

6 Nov 46
DATE

NAME BYRD HENRY O

SERIAL NO 34 254 268

CEMETERY ANDILLY FRANCE

PLOT F

ROW 6

GRAVE 142

LETTER FIELD
Correct Records to Read

DATE OF DEATH — 20 SEPT 44

E Browne
SPECIAL CHECKER

File
19 Nov 46
J.B.
V. Dougherty

1 November 1946

Mr. Henry D. Byrd

Ronda, North Carolina

Dear Mr. Byrd:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Corporal Henry O. Byrd, A.S.N. 34 254 268.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Andilly, plot F, row 6, grave 142. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

This cemetery is located fifteen miles northwest of Nancy, 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

kag

RESTRICTED

44110

GRAVES REGISTRATION FORM No. 1 (Revised 1 Sept. 1943)

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

22 Sept. 1944 — Date

145

Last Name	First	Initial	Rank	Serial No.
Byrd,	Henry	O.	Cpl.	34254268

Unit: Co. ~~E~~ C 33rd Engr. ARMD BN / 7TH ARMD DIV

Organization: PR

Place of Death	Date of Death	Cause of Death
Lorry, France ~~Apr.~~	20 Sept. 1944	KIA

Time and Date of Burial	Name of Cemetery	Name or Coordinates of Location
21 Sept. 1944 1700	U.S. Mil. Cem. No. 1	Andilly, France

Grave Number	Row Number	Plot Number	Type of Marker
142	6	F	Cross

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

If No Identification Tags
How were remains identified?

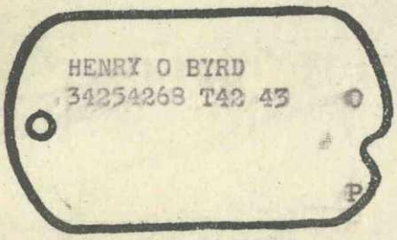
What means of identification were buried with the body?

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

Who is buried on:

	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Right:	Roy E. Campbell	34814202	Pvt.		141
Deceased's Left:	Russell F. Sheatler	33614530	Pvt.		143

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 Mr. Roscoe Byrd
Name

Morgantown, N. Carolina
Address

Religion Protestant

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

Signature of Officer or other person reporting burial

WC Nugent

WILLIAM C. NUGENT
1st Lt. QMC

Verified by G.R.S. Officer

File 8

DEC 26 1944

Inc #11

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:
Weight:
Color of Eyes:
Color of Hair:
Race:

Laundry Marks:
Number of Rifle:
Wear Glasses?
Is Tooth Chart Attached?

(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.:

Left Hand: Thumb, 1, 2, 3, 4

Right Hand: Thumb, 1, 2, 3, 4

TOOTH CHART

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

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

Characteristics: .....

Other Data: .....

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.

AG P BR HQ SOS 122560

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 13 November 1944

RF 4627

FULL NAME	ARMY SERIAL NUMBER	GRADE
293 Byrd, Henry O.	34,254,268	Corporal
HOME ADDRESS	**ARM OR SERVICE**	**DATE OF BIRTH**
Lenoir, North Carolina.	Corps of Engineers	4 Jan 1910
PLACE OF DEATH	**CAUSE OF DEATH**	**DATE OF DEATH**
European Area.	Died of wounds received in action.	20 Sept 1944
STATION OF DECEASED	**DATE OF ENTRY ON CURRENT ACTIVE SERVICE**	**LENGTH OF SERVICE FOR PAY PURPOSES** (YEARS / MONTHS / DAYS)
European Area.	9 March 1942	

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mr. Roscoe Byrd, brother, Morganton, North Carolina.

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Henry D. Byrd, father, Ronda, N. C.
Roscoe Byrd, brother, Morganton, N. C.

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		X

ADDITIONAL DATA AND/OR STATEMENT

FILE
NOV 18 1944

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

[X] BATTLE

[ ] NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

James A. Ulio

ADJUTANT GENERAL

WD. AGO. FORM NO. 52-1, 29 MAY 1944

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

291097

REPORT OF DEATH

DATE 13 November 1944

RF 4627

FULL NAME	ARMY SERIAL NUMBER	GRADE
Byrd, Henry O.	34,254,268	Corporal
HOME ADDRESS	**ARM OR SERVICE**	**DATE OF BIRTH**
Lenoir, North Carolina.	Corps of Engineers	4 Jan 1910
PLACE OF DEATH	**CAUSE OF DEATH**	**DATE OF DEATH**
European Area.	Died of wounds received in action.	20 Sept 1944
STATION OF DECEASED	**DATE OF ENTRY ON CURRENT ACTIVE SERVICE**	**LENGTH OF SERVICE FOR PAY PURPOSES** (YEARS / MONTHS / DAYS)
European Area.	9 March 1942	

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mr. Roscoe Byrd, brother, Morganton, North Carolina.

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Henry D. Byrd, father, Ronda, N. C.
Roscoe Byrd, brother, Morganton, N. C.

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		X

ADDITIONAL DATA AND/OR STATEMENT

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

[X] BATTLE

[ ] NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

James A. Ulmer

ADJUTANT GENERAL

WD, AGO, FORM NO. 52-1, 29 MAY 1944

jd

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

291097

TO: The Adjutant General, Washington 25, D.C. 10. Nov. 1945 F.H.

Please complete and return to the Effects Quartermaster, Army Effects Bureau, Kansas City Quartermaster Depot, Kansas City, 1, Missouri.

1. Last Name **	2. First Name	3. Middle Initial	4. Serial Number	5. Grade
BYRD	Henry	O.	34254268	Cpl

6. Casualty Status	7. Organization & APO address
( ) Deceased ( ) Prisoner of War ( ) Missing ( ) Internee ( ) Unknown: Please furnish: Hospitalized DOW 20 Sept. 44	Co C 33rd Armd Engr Bn

8. Name of Beneficiary	9. Relationship	10 Address
Henry L Byrd	Father	Ronda N.C.
11. Alternate Beneficiary	12. Relationship	13. Address
Roscoe Byrd	Brother	Morgantown N.C.
14. Emergency addressee	15. Relationship	16. Address
Pameas "	—	—
17. Bailee	18. Relationship	19. Address
Same	—	—

*. If the above ASN is not assigned to the soldier named, it is requested that the AEB be advised the name, rank and present mailing address of the soldier to whom this ASN is assigned, together with the information requested in 8-19 above.

**. In the event the above ASN is not assigned to this soldier, it is further requested that this Bureau be furnished available information regarding this soldier of record in your office.

Eff. QM Form 20 (12 Dec. 44.)
EPM/ths

Cannot identify 23 Nov. 45 mAG

Trf to Cas Br 25 Oct 45

EDWARD F. WITSELL
Major General
Acting The Adjutant General
By: at PD-P 1/14/46

PD 9 Dec 45

AMOUNT OF CHECK	NOTE DISCREPANCY IN	INCLOSE VALUABLES	RECIPIENT FROM
$2.02	NAME	SHIP VALUABLES	CASUALTY REPORT
ACCOUNT NUMBER	SERIAL NUMBER	VALUABLES SHIPPED BY *(clerk)*	INVENTORY
75266	RANK		FORM 20
			LETTER

Cpl. Henry O. Byrd

34254268 TREASURER OF THE UNITED STATES

291097

NO. & TYPE OF CONTAINER
ENVELOPE
CARTONS
PACKAGE
FOOT LOCKER

SPECIAL INSTRUCTIONS
REMOVE GI
SHIP BLOODSTAINED
SHIP DAMAGED
REMOVE BL'DSTAINED
REMOVE DAMAGED
FILMS REMOVED
DIARY REMOVED

SUMMARY COURT DATA

DATE OF FINDING	APPLICANT

DATE ACTION TAKEN: 18 Dec 50

MAIL REVIEWER *(initials)*: [illegible]

REMARKS

Payment stopped on uncashed Bureau check #62642 amount $2.02
Duplicate check to be issued and sent to F.O.

SHIPPED
FRANKED
EXPRESS
FREIGHT

DATE SHIPPED

SHIPPING CLERK

ROUTING
ACCOUNTING BRANCH
WAREHOUSE
FILE

ORDER FOR ACTION

EFF OM FORM 14
10 OCT 1945

Ck has cleared BK

DUPLICATE

75266 62642

291097

DUPLICATE

18 December 50

TREASURER OF THE UNITED STATES
(Cash effects of Cpl. Henry O. Byrd, 34254268)

2.02

ARMY SERVICES FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO: Mr. Henry D. Byrd
Ronda, North Carolina

Effects of:
Name Cpl. Henry O. Byrd
ASN 34254268
Case No. 291097 D
Wt.

JRM:DW:men
DATE 13 April 1945

V. Russell
FOR: Effects Quartermaster

REMARKS:

x Inclose Bureau Check
Acct. No. 75266
Amount $2.02 emh
Inclose "Valuables" item
Ship "Valuables" item(s)

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

ROUTING:

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

62642 emh

75266

291097

April 17 45

Henry D. Byrd 2.02

Two and 02/100

Stop payment 21 June 50
Dup. Ck. 18 Dec 50
See new Tm 14 for Dup. Ck.

1 pkg

REMARKS:

FRANKED

Franked
Est. Exp. Chgs.
Est. Frt. Chgs.
No. of packages 1

APR 20 1945

mk
Shipping Clerk

Eff. QM Form 14 (26 Dec 44)

BYRD, Henry. O. Cpl 39254268

KIA

$2.02

F-168

C.V.406--CHAS.S. MCCORMICK. JR. LT. COL. F.D

ARMY EFFECTS BUREAU

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

Plat _____ Box _____

Shown on Tally In as _____

TALLY IN NO. _____ INVENTORY DATE 8 Feb 45 CASE NO. 291,097

EFFECTS OF Henry O. Byrd RANK Cpl.

ARMY SERIAL NUMBER 39254268 ORG. ----

CONSIGNOR C.Z.

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

Package No.	Article Description	Remarks
1	$2.02	Included in one
ENVELOPE	96A75266 mmk.	U.S. Treasurer's Check
	Ck # 62642	# 2117
	Dup Ck 18 Dec 50	Dated 8 Nov 44
	See new Fm 14	Symbol 212-779
		Amount 27,959.28 Payable to
		~~Indorsed to~~ Effects QM
		List F-168

Warehouse Space _____ Inventoried by mlm

Locked Storage Space FEB 27 1945 Packed by _____

Eff. QM Form 11a

Standard Form No. 1044—Revised
Form approved by Comptroller General U. S.
June 25, 1936

Extract Copy

SCHEDULE OF COLLECTIONS

Schedule No. 425-6

Sheet No. 3554

Department of the Army, (Department or Establishment) ARMY EFFECTS BUREAU, 601 Hardesty Avenue, (Bureau or Office)

Received by Stanley Zablocki, Captain, QMC, Effects QM, (Name) (Title) at Kansas City 1, Missouri (Station)

Period December 1950 (Month or quarter ended) D. O. Symbol No. 215-200 #645

Date Received	Receipt Number	Name of Remitter	Detail Description of Purpose for Which Collections Were Received	Amount	Fund to be Credited (Symbol and title in full)
			Brot. fwd	28.21	(contd) personnel, Depts of the Army and Air Force, other than Regular Army and Air Force personnel." Lupe R. Vasquez, Pvt, dcd 13Nov44.
Dec 44	62297	Arthur Holmes, Pfc, 32537055, dcd 29Sep44	Cash Effects of Deceased	1.20	218902 "Proceeds from estates of deceased personnel, Depts of the Army and Air Force, other than Regular Army and Air Force personnel." Arthur Holmes, Pfc, 32537055, dcd 29 Sep 44
Feb 45	62642	Henry O. Byrd, Cpl, 34254268, dcd 20Sep44	Cash Effects of Deceased	2.02	218902 "Proceeds from estates of deceased personnel, Depts of the Army and Air Force, other than Regular Army and Air Force personnel." Henry O. Byrd, Cpl, 34254268, dcd 20 Sep 44.
Copy-			Carried fwd. Total,	31.43	GRAND TOTAL $162.62

Received 19 Dec. 1950. 162 62, subject to collection. Forwarded 18 Dec 1950

Wm A. Sarcander Col. F.C. F.O U.S Army (Disbursing clerk or accountable officer) By (Name)

By S/ Ralph M Bauman. 1st Lt. F.C. Deputy Title

Certificate of Deposit No. dated

U. S. GOVERNMENT PRINTING OFFICE 10—1790

SZ/BRK/vlm
18 July 1950

Ref. No. 291,097

Mr. Henry D. Byrd
Ronda, North Carolina

Dear Mr. Byrd:

I wish to refer to a Bureau check in the amount of $2.02 previously sent you as the cash effects of your son, Corporal Henry O. Byrd.

The records show that this check has not as yet cleared the local bank on which drawn, and by reason of the date of issue, is considered by the bank to be staledated and consequently not now negotiable.

A stop-payment order has accordingly been placed against the original check, and the funds will be transferred in the near future, due to the deactivation of this Bureau and the closing of the bank account on which the check is drawn.

Should this check be cashed, and by reason of return of the check against which stop-payment has been entered, other items are returned to you insufficient, this Bureau can in no way be held liable, inasmuch as the period for encashment has since elapsed.

Yours very truly,

STANLEY ZABLOCKI
Captain, QMC
Effects Quartermaster

xxxxxxxxxxxxxxxx

HOB/HRK/hd
26 July 1949

291097

Mr. Henry D. Byrd
Ronda, North Carolina

Dear Mr. Byrd:

A review of the files of the Army Effects Bureau indicates that a check in the amount of $2.02 mailed you in April of 1945 has not as yet been presented to the local depository for payment.

These funds had been received as a portion of the personal effects of your son, Corporal Henry O. Byrd.

Due to the imminent inactivation of this Bureau, it would be appreciated if this check were cashed by you at your earliest opportunity in order that the accounting records may be completed.

In the event that this check has become misplaced, a duplicate will be issued you upon your notification to this Bureau. If you desire to cash the original check, you may also show this letter to any banker if for any reason difficulty is experienced in the encashment of the original due to its date of issue.

In the event that this check has not cleared the bank on which drawn or further communication received from you within the ensuing sixty days, these funds will then be deposited with the Treasurer of the United States in order that the accounting records may be closed.

Your cooperation in the cashing of this check will be highly appreciated.

Sincerely yours,

H. O. CALDWELL
Effects Quartermaster

MEM/EW/zrs
August 22, 1947

291.097

Mr. Henry D. Byrd
Ronda, North Carolina

Dear Mr. Byrd:

2.02

ck # 62642 for $2.02
not cleared to date 3/25/48
aw

291,097

WFH:GC:mw
February 8, 1946

Mr. Henry D. Byrd
Ronda, North Carolina

Dear Mr. Byrd:

2.02

AMOUNT OF CHECK	NOTE DISCREPANCY IN	INCLOSE VALUABLES	RECIPIENT FROM
	NAME	SHIP VALUABLES	✓ CASUALTY REPORT
ACCOUNT NUMBER	SERIAL NUMBER	VALUABLES SHIPPED BY (clerk)	INVENTORY
	RANK		FORM 20
			LETTER

Mr. Henry D. Byrd

Ronda, North Carolina

Cpl. Henry O. Byrd

34254268

291097 D

NO. & TYPE OF CONTAINER	
	ENVELOPE
1	CARTONS
	PACKAGE
	FOOT LOCKER

SPECIAL INSTRUCTIONS	
	REMOVE GI
	SHIP BLOODSTAINED
	SHIP DAMAGED
	REMOVE BL'DSTAINED
	REMOVE DAMAGED
	FILMS REMOVED
	DIARY REMOVED

RTB:GC:tdl

SUMMARY COURT DATA

DATE OF FINDING

APPLICANT

DATE ACTION TAKEN 1-18-46

MAIL REVIEWER (initials) ER

REMARKS

File

	SHIPPED
	FRANKED
	EXPRESS
	FREIGHT

DATE SHIPPED

SHIPPING CLERK JAN 23 1946 JMK

ROUTING	
	ACCOUNTING BRANCH
1	WAREHOUSE
2	FILE

ORDER FOR ACTION

EFF QM FORM 14
10 OCT 1945

291,097

ATTACHMENTS	
X	INBOUND INVENTORY
	G. R. OR SUB GR LABEL
	WILL OR POWER OF ATTY.
1	TALLY IN FORM 43

EFFECTS INVENTORY
ARMY EFFECTS BUREAU

STATUS	
DECEASED	
MISSING	
P. O. W.	
ABANDONED	
UNKNOWN	

	BAGS, CLOTH OR TRAVEL		BELT		OVERCOATS		
	BELT, MONEY (NO MONEY)		BOOKS, ADDRESS		PAPERS, PERSONAL		
	BILLFOLD (NO MONEY)		BOOKS, PILOT LOG		PENCIL, MECHANICAL		
	BOOKS		BRUSHES		PEN, FOUNTAIN		
	BRACELET, IDENT.		CASE		PHOTOS		
	CAMERAS		CLOTH, WASH		PIPES		
	CLOTHING		COATS		RINGS		
X	MISC. ARTICLES		FOOTLOCKER		SCARFS		
	RELIGIOUS ARTICLES		FOOTWEAR, PR.		SHIRTS		
	RIBBONS, DECORATION		GLASSES		SOCKS, PR.		
	SHORT SNORTER		GLOVES, PR.		STATIONERY		
	SOUVENIR MONEY		HANDKERCHIEFS		TIES		
	SOUVENIRS		HEADWEAR		TOBACCO		
	TESTAMENTS		JACKETS		TOILET ARTICLES		
	TOWELS & WASHCLOTHS		KITS		TOWELS		
	U. S. MONEY (AMOUNT)		KNIVES		TROUSERS, PR.		
	WATCH		LETTERS		TRUNKS, PR.		
	WINGS		LIGHTERS		UNDERWEAR		

CONTAINERS ADDRESSED TO	INFORMATION
none	(taken from New Testament) pleasant Grove Sundayschool Randa N.C.
NAME AND STATUS VARIATIONS	CROSS REFERENCE

		REC'D BY				
	CHECK		NUMBER			BUREAU CHECK
	MONEY ORDER					TRANSMIT ORIGINAL
	BOND		SYMBOL			ORIG. REG. MAIL
	TRAV. CHECK					TO G. A. O.
	FOREIGN CURRENCY		AMOUNT			MUTILATED
	U. S. CURRENCY					TO ISSUING AGENCY

DATE

BANK OR PLACE OF ISSUE

PAYEE

REMITTER OR DRAWER

TALLY NO.	ORIG. NO. OF PKGS.	EXAMINING DATE	BOX NO.	SHEET ___ OF ___ SHEETS
6250		7 JAN 46		

NAME: HENRY O BYRD

A. S. N.: 34254268

ORGANIZATION:

RANK: Cpl

CASE NO.:

WAREHOUSE SPACE: 1774

EXAMINED BY: A. Schmidt

PACKED BY: Hackbarth

INSPECTED BY:

STORED BY:

DIARY REMOVED

PHOTO FILM REMOVED

MOTION PICTURE FILM REMOVED

PACKAGE DESCRIPTION: 1 ctn

WEIGHT:

SHIPPED

DATE: JAN 22 1946

BY WHOM: RMK

EFF. OM FORM 11 (15 JUNE 45) 360M LA RUE, K. C. 8-17-45

BC

ADDITIONAL REMARKS

REMOVALS (*other than G. I.*)	DAMAGES (*List type of damage-extent*)

SHORTAGES

U. S. GOV'T CHECK SHORT

	NUMBER
	DATE
	SYMBOL
	AMOUNT

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

INVENTORY CLERK

SUPERVISOR

G. I. REMOVED

BYRD, HENRY O. CPL 4268

BAY	PALLET	BOX	TALLY		TYPE PKG
			6250		CTN.

RESTRICTED

12 octobre 1944
Date

SUBJECT: Inventory of Personal Effects of:

Byrd (Last Name) Henry (First Name) O. (MI) Cpl. (Rank) 34254268 (ASN)

TO: Effects Quartermaster, Communication Zone, APO _____ US Army

The above named individual of Co "C" 33rd Armd Engr Bn. (Unit)

_____ (Organization) was reported Hospitalized (Status-Killed, MIA,

_____ Hospitalized, etc.) about 19 September (Date) 1944

Designated Beneficiary if information readily accessible _____

_____

- -

INVENTORY OF EFFECTS

20 EA. Pictures ✓
1 Pr. Glasses ✓ And Case ✓
1 EA. Medal Award ✓
1 EA. German Coin ✓
1 EA. New Testament ✓

RESTRICTED

RESTRICTED

Money in the amount of NONE has been turned into

Form WDFD 38

(Name of finance officer and symbol number)

enclosed.

Names and addresses of any Banks in which accounts may be

carried:

I certify that the above items constitute all of the effects, secured by me, of the above named individual and that they were forwarded to the Effects Depot by TRUCK on
(Rail, Truck, etc.)

10/17 1944.

Name Robert Moreno

Rank & ASN 204 [illegible]

Organization Co. "C", 33rd Armd Engr. Bn.

Any additional pertinent information:

RESTRICTED

291097

RTB:GC:sh
January 18, 1946

Dear Mr. Byrd:

The Army Effects Bureau has received some additional property of your son, Corporal Henry O. Byrd.

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

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

Sincerely yours,

HARRY NIEMIEC
2nd Lt., QMC
Chief, Correspondence Branch

S/R
1-18-46

SHEET 1 OF 1 SHEETS

ARMY EFFECTS BUREAU INVENTORY

BOX NUMBER

ORIGINAL NUMBER OF PACKAGES 1

DECEASED X
MISSING
P O W
ABANDONED

TALLY NUMBER 6915-

INVENTORY DATE 21 mar 1945

CASE NUMBER 291097

EFFECTS OF HENRY O. BYRD

RANK CPL.

A.S.N. 34254268

ORGANIZATION Co. EM. 331st Eng -

PACKAGE DESCRIPTION #I Pkg

CLOTHING		PERSONAL ITEMS		CONTAINERS	
	BELT		BRACELET, IDENTIFICATION		BAGS, CLOTH
	BELT, MONEY (NO MONEY)		BRUSHES		BAGS, TRAVEL
	CLOTH, WASH		CAMERAS	1	BILLFOLD, (NO MONEY)
	COATS		GLASSES		CASE
	FOOTWEAR, PR.		KNIVES		FOOTLOCKER
	GLOVES, PR.	1	LIGHTERS		KIT, SEWING
	HANDKERCHIEFS		MISC. INSIGNIA		KIT, TOILET
	HEADWEAR		MISC. ITEMS		KIT, WRITING
	JACKETS	* 1	PEN, FOUNTAIN		PAPERS AND MISC.
	OVERCOATS		PENCIL, MECHANICAL		BOOKS
	SCARFS		PIPES		BOOKS, ADDRESS
	SHIRTS		RELIGIOUS ARTICLES		BOOKS, NOTE
	SOCKS, PR.		RIBBONS, DECORATION		BOOKS, PILOT LOG
	TIES		RINGS		DIARY (REMOVED FOR DURATION)
	TOWELS		TOBACCO		FILMS
	TROUSERS, PR.		TOILET ARTICLES		LETTERS
	TRUNKS, PR		WATCH	X	PAPERS, PERSONAL
	UNDERWEAR		WINGS	X	PHOTOS
					SHOE SHINE ARTICLES
					SHORT SNORTER
					SOUVENIRS
				X	SOUVENIR MONEY
					STATIONERY
					TESTAMENTS
					U.S. MONEY (AMOUNT)

REMARKS: Mrs. Hattie Vaughn
652 E. sprague st.
Winston Salem N.C.

ATTACHMENTS: FORM #54 | FORM #100
1 G.R. label
1 inventory

* 1 - fountain pen broken

C.A.T. Roscoe Byrd (brother)
Morantown N. Carolina

WEIGHT

GI REMOVED

X SHORTAGE ON REVERSE

IDENT. TAGS REMOVED

DIARY REMOVED

WAREHOUSE SPACE 1693

STORED BY

DATE SHIPPED APR 20 1945

LOCKED STORAGE

INVENTORIED BY

LAUNDRY REMOVED

PACKED BY

CHECKED BY

X MS OR ADDITIONAL

FILM REMOVED

Eff. QM Form 11 (12 Dec 44)

ADDITIONAL REMARKS

SHORTAGES

10 shillings

U.S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

INVENTORY CLERK

SUPERVISOR

C.I. REMOVED

Eff. QM Form 11 (12 Dec 44)

ENRY O BYRD
4254268 T42 43 O

P

INVENTORY OF PERSONAL EFFECTS

US Mil. Cem. #1 Andilly, France
22 Sept. 1944
Date

SUBJECT: Inventory of Personal Effects of:

Byrd	Henry	O.	Cpl	34254268
(Last Name)	(First Name)	(MI)	(Rank)	(ASN)

TO: Effects Quartermaster, Communication Zone, APO _____ US Army

The above named individual of Co. Em 33rd Eng. (Unit) (Organization)

was reported KIA (Status-Killed, MIA, Hospitalized, etc.) about 20 Sep. 1944 (Date)

Designated Beneficiary if information readily accessible _____

INVENTORY OF EFFECTS

Class 1

Photo
Postal MO rec. $30.00
Soc. Sec. card
Billfold
Cig. lighter
Pen
2 WD forms
3 Souv. Fr. 6

Money in the amount of 10 Shillings 0 has been turned into B. P. GUERIN, (Name of finance officer and symbol number)

Lt. Col. 11th Finance Office. Form WDFD 38 enclosed.

Names and addresses of any Banks in which accounts may be carried:

I certify that the above items constitute all of the effects, secured by me, of the above named individual and that they were forwarded to the Effects Depot by _____ (Rail, Truck, etc.) on _____ (Date) 1944.

Name W C Nugent
WILLIAM C. NUGENT
Rank & ASN 1st Lt.

Organization QMC

Any additional pertinent information:

NAME BYRD, HENRY D. CPL 4018

BAY	PALLET	BOX	TALLY
			6915

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
GRB		

Ef. QM Form 43

Serial No. 34254268 Name BYRD HENRY D.
Grade PVT. Rank
Organization 33 ENG.
Address
Nearest Relative ROSCOE BYRD - BROTHER
Address MORANTOWN N. CAROLINA
Killed in Action YES Died of Disease
Date Hospital
Battle Area Information

Place of Burial U.S. MIL. CEM. EL ANDILAY-FR
Point of Coordination
Description of Body

Members Missing

081 KIA

291097

JRM:DW:men
April 13, 1945

Mr. Henry D. Byrd
Ronda, North Carolina

Dear Mr. Byrd:

The Army Effects Bureau has received from overseas some personal effects of your son, Corporal Henry O. Byrd.

I am inclosing a check for $2.02, representing funds which belonged to him. The remainder of the property, is being forwarded to you in one package.

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

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

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

Yours very truly,

A. G. SCHUMACHER
1st Lt. Q.M.C.
Asst. Chief, Admin. Division

1 Incl--
check

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

Case No. 291097

Date 12 April 1945

SUBJECT: Report of transaction in disposing of the effects of

Henry O. Byrd (Name of deceased); 34254268 (Army Serial Number) late a

Corporal (Grade), Corps of Engineers (Organization, Army or Service) who died

on the 20 day of September, 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., 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 10 April 1945, pursuant to Special Orders 228, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of Henry D. Byrd for the effects of the above-named deceased soldier, or person subject to military law, now in the possession of the United States, with other relevant evidence, was duly considered;

Whereupon, this Summary Court-Martial finds that, under the provisions of A.W. 112, Henry D. Byrd (Name of person found entitled) of _____ (Number, Street or Avenue); Ronda (City, Town or Village) State of North Carolina, is the Father (Relationship or Capacity) of the 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

Eff. QM Form 75