

239 ALLISON, LESLIE 0-24509

LFCOL.

(KY)

1 + 2



*Consolidated  
Storage  
(1943-1953)*

QMGMC 293.5  
Arlington N/C

29 November 1954

SUBJECT: Cancellation of Gravesite Reservation

TO : Superintendent  
Arlington National Cemetery  
Fort Myer, Virginia

The following gravesite reservations have been canceled  
and notation thereof should be made in your records:

| <u>NAME (RESERVE)</u>                   | <u>GRAVE OR LOT<br/>NO. &amp; SECTION</u> | <u>NAME (VETERAN)</u>                 |
|---|---|---------------------------------------|
| Allison, Mary Jane<br>(remarried widow) | 749 NH 11                                 | Allison, Leslie<br>Lt Col             |
| Bowering, Gladys<br>(remarried widow)   | 2304-A 3                                  | Bowering, Benjamin<br>Col.            |
| Reeves, Eva Lillie<br>(remarried widow) | 3674-I 2                                  | Reeves, Isaac S.K., Jr.<br>Lt. Comdr. |
| Sherry, Erna W.<br>(widow's request)    | 6055 8                                    | Sherry, Walter John<br>Capt.          |

FOR THE QUARTERMASTER GENERAL:

JAS. F. WATT  
Lt. Colonel, QMG  
Memorial Division

TGB

ib

✓ X 293 Allison, Leslie SN 24509



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

*Colonel*

NATIONAL ARLINGTON VA  
CEMETERY  
BESIDE  
LESLIE ALLISON

749 11  
(GRAVE) (SECTION)  
LT COL

ALLISON MARY JANE MRS  
6819 JULIAN AVE  
UNIVERSITY CITY 14 MO

PLEASE COMPLETE THE OTHER SIDE OF  
THIS CARD AND RETURN IT PROMPTLY

2

*NAT-File 2900/54  
114  
Cem Bu  
XPS*

DO NOT FOLD, SPINDLE, OR MUTILATE THIS CARD.

100 159137X



THE QUARTERMASTER GENERAL IS MAINTAINING A GRAVESITE RESERVATION IN YOUR NAME IN THE NATIONAL CEMETERY AS INDICATED ON THE OTHER SIDE OF THIS CARD.

IN ORDER THAT THIS OFFICE MAY DETERMINE WHETHER YOU DESIRE TO CONTINUE THE RESERVATION, AND WHETHER YOUR ELIGIBILITY THEREFOR HAS BEEN AFFECTED, PLEASE SUPPLY THE INFORMATION REQUESTED BELOW, AND RETURN THIS CARD IMMEDIATELY TO THIS OFFICE IN THE INCLOSED SELF-ADDRESSED POSTAGE-FREE ENVELOPE.

THE NEXT SURVEY OF YOUR GRAVESITE RESERVATION WILL BE MADE IN APPROXIMATELY TWO YEARS

(CHECK APPLICABLE STATEMENTS)

I DESIRE TO CONTINUE THE GRAVESITE RESERVATION

I HAVE REMARRIED

I DO NOT DESIRE TO CONTINUE THE GRAVESITE RESERVATION

I HAVE NOT REMARRIED.

(Mrs Mary Jane Allison)  
Mrs Arthur F. D. Evans Jr.  
(SIGNATURE)

Nov. 17, 1954  
(DATE)

6819 Julian Ave  
(STREET ADDRESS)

University City 14  
(CITY)

mo  
(STATE)

CEMETERY BRANCH  
NOV 22 4 21 PM '54

BM 159138 X



ORIGINAL

QMC FORM 23  
REV 4 DEC 47

### REPORT OF GRAVE SITE RESERVATIONS

TO: THE QUARTERMASTER GENERAL  
WASHINGTON 25, D. C.

NATIONAL CEMETERY

ARLINGTON

DEC 7 1948

|   |  |  |  |
|---|--|--|--|
| NAME (Last, First, Middle Initial) OF PERSON FOR WHOM RESERVED<br><b>ALLISON, Mary Jane</b> |  | RESERVED FOR (Check one)<br><input type="checkbox"/> VETERAN<br><input checked="" type="checkbox"/> WIFE | NUMBER GRAVE SITE RESERVED<br><b>749 N. H.</b> |
| SECTION<br><b>11</b>  | NUMBER OF ADJOINING GRAVE SITE<br><b>749 S. H.</b> | OCCUPIED BY (Check one)<br><input checked="" type="checkbox"/> VETERAN<br><input type="checkbox"/> WIFE  | DATE OF RESERVATION<br><b>9 Nov 1948</b>       |

|  |                            |                                 |                      |
|--|----------------------------|---------------------------------|----------------------|
| SERVICE DATA   |                            |                                 |                      |
| VETERAN'S NAME (Last, First, Middle Initial)<br><b>ALLISON, Leslie</b> | RANK<br><b>Lt Col</b>      | SERIAL NUMBER<br><b>0-24509</b> | DATE OF LAST SERVICE |
| SERVICE<br><b>U. S. A.</b>   | ORGANIZATION<br><b>AGF</b> |                                 |                      |

REMARKS *6819 Julian Avenue  
University City 14, MO  
Okr Jul str 7-8-52*

*Widow remarried*

*NAT file 290057*

*Joseph J. Walsh, Sr.*

Prepare in triplicate and forward original and duplicate to  
The Quartermaster General, Washington 25, D. C.

SIGNATURE OF SUPERINTENDENT

JOSEPH J. WALSH, Sr.  
Superintendent



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

In Reply Refer To  
QMGMG 293  
Allison, Leslie  
SN O-24 509

*Offet  
Agreen*

1 July 1952

Mrs. Mary Jane Allison  
1310 South Brook Street  
Louisville, Kentucky

*Note Change  
of address -*

Dear Mrs. Allison:

The records of this Office show that a national cemetery gravesite has been reserved in your name.

Regulations provide that The Quartermaster General communicate periodically with reserves for the purpose of determining whether it is desired that the reservation remain in force. In the event it is not possible to obtain a request for continuation, such reservation is subject to cancellation. Accordingly, it is requested that you furnish the information noted below and return it to this Office in the inclosed self-addressed envelope.

Your wishes concerning the continuance of your reservation will be solicited again in approximately two years, precluding any necessity for further action on your part until you hear from this Office further. It is requested, however, that we be notified promptly of any change in your marital status or permanent address which may take place subsequent to the time you furnish the information requested below.

Sincerely yours,

*Jas. F. Watt*  
JAS. F. WATT  
Lt. Colonel, QMC  
Memorial Division

1 Inclosure  
Self-addressed Envelope

-----DO NOT DETACH-----

I desire to continue the gravesite reservation indicated below

I do not desire to continue said gravesite reservation

Lot  
Arlington National Cemetery, ~~XXXXX~~ 749 (NH) Section 11  
beside Lieutenant Colonel Leslie Allison

I have remarried

I have not remarried

Signature Mrs. Mary Jane Allison

Street Address 6819 Julian Ave

Date July 8, 1952

City and State University City 14,

*mg.  
9-14-52  
AT  
ame*

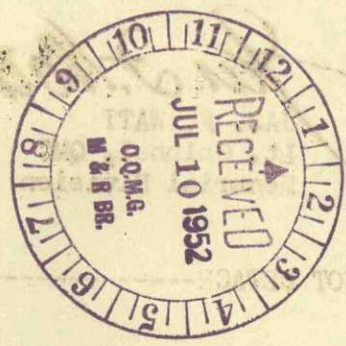


DEPARTMENT OF THE ARMY  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON 25, D.C.

In Reply Refer to  
DA Form 203  
July 10, 1952

The records of this Office show that a national cemetery reservation has been reserved in your name. Regulations provide that the Quartermaster General communicate periodically with reservors for the purpose of determining whether it is desired that the reservation remain in force. In the event it is not possible to obtain a request for continuation, such reservation is subject to cancellation. Accordingly, it is requested that you furnish the information noted below and return it to this Office in the inclosed self-addressed envelope. Your wishes concerning the continuance of your reservation will be solicited again in approximately two years, providing any necessary for further action on your part until you hear from this Office further. It is requested, however, that we be notified promptly of any change in your marital status or permanent address which may take place subsequent to the time you furnish the information requested below.

Sincerely yours,



I inclose  
self-addressed envelope

DO NOT

I desire to continue the cemetery reservation indicated below.  
I do not desire to continue said cemetery reservation.  
National Cemetery, \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_  
Street Address \_\_\_\_\_  
City and State \_\_\_\_\_

JUL 10 2 35 PM '52  
CEMETERY BRANCH



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

In Reply Refer To  
QMGM 293  
Allison, Leslie  
SN 0-24 509

1 July 1952

Mrs. Mary Jane Allison  
1310 South Brook Street  
Louisville, Kentucky

Dear Mrs. Allison:

The records of this Office show that a national cemetery gravesite has been reserved in your name.

Regulations provide that The Quartermaster General communicate periodically with reserves for the purpose of determining whether it is desired that the reservation remain in force. In the event it is not possible to obtain a request for continuation, such reservation is subject to cancellation. Accordingly, it is requested that you furnish the information noted below and return it to this Office in the inclosed self-addressed envelope.

Your wishes concerning the continuance of your reservation will be solicited again in approximately two years, precluding any necessity for further action on your part until you hear from this Office further. It is requested, however, that we be notified promptly of any change in your marital status or permanent address which may take place subsequent to the time you furnish the information requested below.

Sincerely yours,

*Jas. F. Watt*  
JAS. F. WATT  
Lt. Colonel, QMC  
Memorial Division

ATGreen - x5-5806

1 Inclosure  
Self-addressed Envelope

WCS  
EB  
100

JUL 15 5 25 PM '52  
QMGM M&R BR

-----DO NOT DETACH-----

I desire to continue the gravesite reservation indicated below

I do not desire to continue said gravesite reservation

Arlington National Cemetery, <sup>Lot</sup> ~~Grave~~ 749 (NH) Section 11  
beside Lieutenant Colonel Leslie Allison

I have remarried

I have not remarried

Signature \_\_\_\_\_

Street Address \_\_\_\_\_

Date \_\_\_\_\_

City and State \_\_\_\_\_



# RECEIPT OF REMAINS

*Allison Leslie*

DISTRIBUTION CENTER

AGR DISTRIBUTION CENTER, PHILA QM DEPOT

SUPERINTENDENT  
ARLINGTON NATIONAL CEMETERY  
FORT MYER, VIRGINIA

XXXXXX  
ROUTINE  
DAY LETTER

REMAINS CONSIGNED TO:

*53 Allison, Leslie*

FIFTY THREE (53) REMAINS DELIVERED TO YOU BY THIS DEPOT ACCOMPANIED BY  
MILITARY ESCORT AT APPROXIMATELY SEVEN AM NOVEMBER SECOND.

FRANK M. GREEN, JR  
MAJOR, TC

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

THIS 1st DAY OF NOV MONTH 48, 1948

/s/ Leo E. Murphy

WITNESS (Escort) 9:30 AM

/s/ Frank M. Green, Jr

MaJ., QM SIGNEE

NAT  
FILE  
RECORDS ANNOTATED  
DATE JAN 17 1949  
NAME *Leslie*  
R & R BR.



RECEIPT OF REMAINS

DAY LETTER

SUPERINTENDENT  
WASHINGTON NATIONAL CEMETERY  
FORT MYER, VIRGINIA

MILITARY REPORT AT APPROXIMATELY SEVEN AM HOWEVER RECORD  
FIFTY THREE (53) REMAINS DELIVERED TO YOU BY THIS DEPOT ACCOMPANIED BY

FRANK M. GREEN, JR  
MAJOR, USAR

REPAIRS  
RECORDS BRANCH

DEC 28 9 09 AM '48

MEMORIAL DIVISION

FRANK M. GREEN, JR  
MAJOR, USAR

LEO E. MURPHY  
MAJOR, USAR

RECEIVED  
DATE  
TIME

1948



PHILADELPHIA QUARTERMASTER DEPOT  
 AMERICAN GRAVES REGISTRATION SERVICE  
 DISTRIBUTION CENTER #3  
 2800 SOUTH 20TH STREET  
 PHILADELPHIA 45, PA.

SHIPMENT OF 54 REMAINS TO ARLINGTON NATIONAL CEMETERY, FORT MYER, VIRGINIA  
 TO LEAVE NIGHT OF 1 NOVEMBER 1948 AND ARRIVE MORNING OF 2 NOVEMBER 1948

SHIPMENT NO. NY-017-R CARROLL VICTORY

|                         |       |           |     |
|-------------------------|-------|-----------|-----|
| ALLISON, Elmer L.       | TEC 5 | 33210834  | AGF |
| ALLISON, Leslie         | LT C  | 0-024509  | AGF |
| BATES, William P.       | 1 LT  | 0-1010969 | AGF |
| BEALS, Leo L.           | SGT   | 6851938   | AGF |
| BLAYLOCK, John R.       | MAJ   | 0-437451  | AAF |
| BONE, Adam              | 2 LT  | 0-542732  | AAF |
| BRADSHAW, Carl H.       | 1 LT  | 0-461957  | AGF |
| BROTEN, John O.         | 1 LT  | 0-1574610 | AAF |
| BROWNING, Robert E.     | 1 LT  | 0-660546  | AAF |
| BURTON, George R.       | SGT   | 12134714  | AAF |
| CASEY, Ronald J.        | 2 LT  | 0-753980  | AAF |
| CISAR, Earl H.          | PFC   | 15399572  | AGF |
| CONRAD, Doyle E.        | CAPT  | 0-366601  | AGF |
| CURTIN, John F., Jr.    | 1 LT  | 0-463914  | AGF |
| DAVIS, Clark L.         | PFC   | 6998584   | AGF |
| DEBUTTS, Daniel D., Jr. | 1 LT  | 0-659674  | AAF |
| DE CHURCH, Ralph C.     | PFC   | 33246618  | AGF |
| DOLIN, Luther C.        | PFC   | 35780801  | AGF |
| DOWLING, Duncan B., Jr. | LT C  | 0-20334   | AGF |
| ELLER, Jacob A.         | T SG  | 33000817  | AGF |
| ERICKSON, LeRoy W.      | PFC   | 13083877  | AGF |



|                           |      |           |     |
|---------------------------|------|-----------|-----|
| FREUND, Archer F.         | LT C | 0-16125   | AGF |
| GILES, Reavy H.           | CAPT | 0-504188  | AAF |
| GOSSARD, William F.       | PFC  | 13000084  | AGF |
| GREENWOOD, Robert A.      | 2 LT | 0-818664  | AAF |
| HARBOT, Robert S.         | PFC  | 42015852  | AGF |
| HARRISON, Garfield A.     | PFC  | 31368363  | AGF |
| HIGGINS, Dan S.           | PFC  | 33747152  | AGF |
| HOLLOPETER, Blaine M.     | PFC  | 33574081  | AGF |
| JORDAN, Edward H.         | PVT  | 42058987  | AGF |
| KAYE, James E.            | QM 2 | 02851263  | USN |
| KREMER, Isral             | PFC  | 33455535  | AGF |
| LANUM, Elbert C.          | PVT  | 33886661  | AGF |
| LELAND, William F., Jr.   | 2 LT | 0-1311796 | AGF |
| MC CRACKEN, Arthur V.     | 2 LT | 0-1181690 | AGF |
| MC MAHON, Eugene F.       | PFC  | 15126776  | AGF |
| MC MULLEN, Arthur R., Jr. | PVT  | 7025795   | AGF |
| MACHNICZ, Peter           | PFC  | 31380139  | AGF |
| MAXHAM, Robert E.         | PVT  | 13060399  | AAF |
| MEADOWS, George L., Jr.   | T SG | 7022059   | AGF |
| MOFFITT, Ernest L., Jr.   | 2 LT | 0-1996071 | AAF |
| MOTE, Harry E.            | PFC  | 15304312  | AGF |
| MUNRC, Andrew R.          | PVT  | 33649088  | AGF |
| NEWCOMER, David A.        | COL  | 0-12240   | AGF |
| PATTON, Clyde A.          | PVT  | 33043132  | AGF |
| PELTON, Joseph A.         | LT C | 0-329346  | AGF |
| PRESTON, Sidney           | 1 LT | 0-1116619 | AGF |
| RYE, James F.             | PFC  | 33001355  | AGF |



|                     |      |          |     |
|---------------------|------|----------|-----|
| SWACHIL, Jerome     | S SG | 36077356 | AGF |
| SNELLINGS, Ossie F. | PVT  | 33541756 | AGF |
| STEVENS, Walter H.  | PFC  | 33157680 | AGF |
| TUCKER, Harold H.   | 1 LT | 0-809895 | AAF |
| WRIGHT, William J.  | PFC  | 33638556 | AGF |

HONDA KNOT SHIPMENT NO. SF 118-R

|                   |     |          |     |
|-------------------|-----|----------|-----|
| DOANE, Francis E. | MAJ | 0-245330 | AGF |
|-------------------|-----|----------|-----|



JEW

## DISINTERMENT DIRECTIVE

39-70

|   |          |  |                                    |  |
|---|----------|--|------------------------------------|--|
| SECTION A —<br>NAME AND BURIAL LOCATION OF DECEASED   |          | DIRECTIVE NUMBER<br>3504 00042   | DATE<br>15 06 48<br>DAY MONTH YEAR |  |
| NAME<br>ALLISON LESLIE  |          | SERIAL NUMBER<br>0-24509<br><del>0-024509</del>  | RANK<br>LT C                       | ARM<br>1                                     |
| CEMETERY<br>ANDILLY - LAY ST REMY   |          | DISPOSITION OF REMAINS<br>1 3322 03<br>CODE DIST. PT.  |                                    | DATE OF DEATH<br>DAY MONTH YEAR              |
| PLOT<br>E   | ROW<br>1 | GRAVE<br>16  | COUNTRY<br>FRANCE                  | CAUSE OF DEATH<br>1                          |
| SECTION B — CONSIGNEE AND NEXT OF KIN   |          |  |                                    |  |
| NAME AND ADDRESS OF CONSIGNEE<br>ARLINGTON NATIONAL CEMETERY<br>FORT MYER, VIRGINIA   |          | NAME AND ADDRESS OF NEXT OF KIN<br>MARY JANE ALLISON (WIFE)<br>1310 SOUTH BROOK STREET<br>LOUISVILLE, KENTUCKY |                                    |  |
| SECTION C — DISINTERMENT AND IDENTIFICATION   |          |  |                                    |  |
| NAME  |          | SERIAL NUMBER  | RANK                               | DATE OF DEATH                                |
| IDENTIFICATION TAG ON<br><input type="checkbox"/> REMAINS<br><input type="checkbox"/> MARKER  |          | ORGANIZATION<br>USAGF  | RELIGION                           | IDENTIFICATION VERIFIED BY<br>NAME AND TITLE |
| SECTION D — PREPARATION OF REMAINS FOR SHIPMENT   |          |  |                                    |  |
| NATURE OF BURIAL  |          | CONDITION OF REMAINS   |                                    |  |
| OTHER MEANS OF IDENTIFICATION<br>SEE ATCHD WORK SHIT  |          | MINOR DISCREPANCIES / ASN CORR. (HQ.AGRC)  |                                    |  |
| REMAINS PREPARED AND PLACED IN CASKET   |          |  |                                    |  |
| DATE  |          | BY   |                                    |  |
| CASKET SEALED BY<br>SEC   |          | EMBALMER (Signature)   |                                    |  |
| CASKET BOXED AND MARKED   |          | SHIPPING ADDRESS VERIFIED BY   |                                    |  |
| DATE  |          | BY   |                                    |  |
| I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct. |          |  |                                    |  |
| SIGNATURE OF GRS INSPECTOR  |          |  |                                    |  |
| 1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.  |          |  |                                    |  |



RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

|   |  |
|---|--|
| FROM<br><b>UEMC ANDILLY, FRANCE</b>       | TO<br><b>CO. CASKEYING POINT, ANTWERP, BELGIUM</b> |
| KIND OF CONVEYANCE<br><b>RAIL</b>         | NAME OF CONVOYER<br><i>A. E. Meisenheimer</i>      |
| SIGNATURE OF SHIPPER<br><i>E. R. King</i> | SIGNATURE OF RECEIVER<br><i>L. E. Butler</i>       |
| DATE<br><b>18 SEP 1948</b>                | DATE<br><b>17 SEP 1948</b>                         |

2. SHIPPED

|  |   |
|--|---|
| FROM<br><b>AGRC ANTWERP BELGIUM</b>                  | TO<br><b>USAT CARROLL VICTORY</b>                     |
| KIND OF CONVEYANCE<br><b>ZEC</b>                     | NAME OF CONVOYER<br><b>K. W. WHEREOTT CAPT. T. C.</b> |
| SIGNATURE OF SHIPPER<br><b>L E Butler Lt Col Inf</b> | SIGNATURE OF RECEIVER<br><i>K. W. Whereott</i>        |
| DATE<br><b>18 SEP 1948</b>                           | DATE<br><b>18 SEP 1948</b>                            |

3. SHIPPED

|                      |  |
|----------------------|--|
| FROM                 | TO<br><i>my Bz</i>                                 |
| KIND OF CONVEYANCE   | NAME OF CONVOYER                                   |
| SIGNATURE OF SHIPPER | SIGNATURE OF RECEIVER<br><i>A. E. Meisenheimer</i> |
| DATE                 | DATE<br><b>OCT 6 1948</b>                          |

4. SHIPPED

|   |   |
|---|---|
| FROM<br><i>my Bz</i>  | TO<br><b>PORT TRANSPORTATION OFFICER DC03</b> |
| KIND OF CONVEYANCE<br><b>Train</b>                              | NAME OF CONVOYER<br><i>J. R. Barry</i>        |
| SIGNATURE OF SHIPPER<br><b>JAMES L. McKINNON COLONEL, T. C.</b> | SIGNATURE OF RECEIVER<br><i>J. R. Barry</i>   |
| DATE<br><b>OCT 12 1948</b>                                      | DATE<br><b>OCT 13 1948</b>                    |

5. SHIPPED

|  |                                     |
|--|-------------------------------------|
| FROM<br><b>PORT TRANSPORTATION OFFICER</b> | TO                                  |
| KIND OF CONVEYANCE                         | NAME OF CONVOYER<br><b>KENTUCKA</b> |
| SIGNATURE OF SHIPPER                       | SIGNATURE OF RECEIVER               |
| DATE                                       | DATE                                |

6. SHIPPED

|                            |                       |
|----------------------------|-----------------------|
| FROM<br><b>E I 10 1948</b> | TO                    |
| KIND OF CONVEYANCE         | NAME OF CONVOYER      |
| SIGNATURE OF SHIPPER       | SIGNATURE OF RECEIVER |
| DATE                       | DATE                  |

7. SHIPPED

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



## DISINTERMENT DIRECTIVE

| SECTION A —<br>NAME AND BURIAL LOCATION OF DECEASED   |          | DIRECTIVE NUMBER                 |                       | DATE                |  |  |           |  |  |                |  |  |
|---|----------|----------------------------------|-----------------------|---------------------|--|--|-----------|--|--|----------------|--|--|
| NAME<br><b>ALLISON LESLIE</b>   |          | SERIAL NUMBER<br><b>X-024509</b> |                       | RANK<br><b>LT C</b> |  | ARM<br><b>1</b>  |           |  |  |                |  |  |
| CEMETERY  |          | DISPOSITION OF REMAINS           |                       | DAY                 |  |  | MONTH     |  |  | YEAR           |  |  |
| PLOT  | ROW      | GRAVE                            | COUNTRY               | CODE                |  |  | DIST. PT. |  |  | CAUSE OF DEATH |  |  |
| <b>E</b>  | <b>1</b> | <b>16</b>                        | <b>ANDILLY FRANCE</b> |                     |  |  |           |  |  |                |  |  |
| 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<br><b>ALLISON LESLIE</b>   |          | SERIAL NUMBER<br><b>024509</b>   |                       | RANK<br><b>LT C</b> |  | DATE OF DEATH<br><b>18 Sept 1944</b>   |           |  | DATE DISTINTERRED<br><b>11 June 1948</b> |                |  |  |
| IDENTIFICATION TAG ON<br><input checked="" type="checkbox"/> REMAINS<br><input checked="" type="checkbox"/> MARKER                                      |          | ORGANIZATION                     |                       | RELIGION            |  | IDENTIFICATION VERIFIED BY<br><b>JOHN G WEST Embalmer.</b>   |           |  |  |                |  |  |
| SECTION D — PREPARATION OF REMAINS FOR SHIPMENT   |          |                                  |                       |                     |  |  |           |  |  |                |  |  |
| NATURE OF BURIAL<br><b>Military clothing</b>  |          |                                  |                       |                     |  | CONDITION OF REMAINS<br><b>Disarticulated. No fractures evident.<br/>Large amount of decomposed flesh.</b> |           |  |  |                |  |  |
| OTHER MEANS OF IDENTIFICATION<br><b>None</b>  |          |                                  |                       |                     |  | MINOR DISCREPANCIES<br><b>None</b>   |           |  |  |                |  |  |
| REMAINS PREPARED AND PLACED IN CASKET <input checked="" type="checkbox"/> transfer box  |          |                                  |                       |                     |  | DATE<br><b>15 June 1948</b>  |           |  |  |                |  |  |
| CASKET SEALED BY<br><b>RICHARD N CONRAD, EMB. SUPV.</b>   |          |                                  |                       |                     |  | BY<br><b>JOHN G WEST Embalmer</b>  |           |  |  |                |  |  |
| CASKET BOXED AND MARKED<br><b>10/9/48</b>   |          |                                  |                       |                     |  | SHIPPING ADDRESS VERIFIED BY<br><b>All markings, plates &amp; tags verified by:</b>                        |           |  |  |                |  |  |
| DATE<br><b>10/9/48</b>  |          |                                  |                       |                     |  | BY<br><b>CHARLES R CARDER</b>  |           |  |  |                |  |  |
| BY<br><b>CLERK RECORDER</b>   |          |                                  |                       |                     |  | BY<br><b>James B Johns</b>   |           |  |  |                |  |  |
| I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct. |          |                                  |                       |                     |  |  |           |  |  |                |  |  |
| SIGNATURE OF GRS INSPECTOR<br><b>James B Johns</b>  |          |                                  |                       |                     |  | NAME AND TITLE<br><b>JAMES B JOHNS 1st Lt Inf 337 QM SV BN</b>   |           |  |  |                |  |  |
| 1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.  |          |                                  |                       |                     |  |  |           |  |  |                |  |  |
| RECORD OF CASKET HANDLING   |          |                                  |                       |                     |  |  |           |  |  |                |  |  |



RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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



| O.I.  |      | INSPECTION CHECK LIST  |  |               |      |
|---|------|--|--|---------------|------|
| 12342   |      | (For Use at Distribution Point)  |  |               |      |
| Name  |      | Rank   |  | Serial Number |      |
| ALLISON, LESLIE   |      | LT C   |  | 024509        |      |
| Source  |      | Consignee  |  |               |      |
| Mary Jane Allison (Wife)<br>1310 South Brook St.,<br>Louisville, Kentucky     |      | SUPERINTENDENT<br>Arlington National Cemetery<br>Fort Myer, Virginia                     |  |               |      |
| SHIPPING CASE - General Appearance<br>(Check ONLY Discrepancies)              |      | Condition of Shipping Case (Check One)   |  |               |      |
|   |      | <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Unsatisfactory |  |               |      |
| FINISH (Exterior)   |      | Remarks  |  |               |      |
| FINISH (Interior)   |      |  |  |               |      |
| HANDLES   |      |  |  |               |      |
| HANDLE BOLTS  |      |  |  |               |      |
| STENCILING - NAMEPLATE  |      |  |  |               |      |
| HEALTH PERMIT MARKER  |      |  |  |               |      |
| HEALTH PERMIT NUMBER  |      |  |  |               |      |
| CASKET - General Appearance<br>(Check ONLY Discrepancies)                     |      | Condition of Casket (Check One)  |  |               |      |
|   |      | <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Unsatisfactory |  |               |      |
| FINISH ( Exterior )   |      | Remarks  |  |               |      |
| HANDLES AND FASTENINGS  |      |  |  |               |      |
| STENCILING - NAMEPLATE  |      |  |  |               |      |
| CAM LOCKS (Sealing)   |      |  |  |               |      |
| ODOR OR MOISTURE  |      |  |  |               |      |
|   |      |  |  |               |      |
| ROUTED THROUGH  |      |  |  |               |      |
| <input type="checkbox"/> MORTUARY OPERATING ROOM                              |      | <input type="checkbox"/> REPAIR SHOP   |  |               |      |
| Condition of Remains  |      | Casket Repaired  |  |               |      |
| <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |      | <input type="checkbox"/> Yes <input type="checkbox"/> No                                 |  |               |      |
| Necessary Disinfection (Explain)  |      | Casket Exchanged   |  |               |      |
|   |      | <input type="checkbox"/> Yes <input type="checkbox"/> No                                 |  |               |      |
|   |      | Shipping Case Repaired   |  |               |      |
|   |      | <input type="checkbox"/> Yes <input type="checkbox"/> No                                 |  |               |      |
|   |      | Shipping Case Exchanged  |  |               |      |
|   |      | <input type="checkbox"/> Yes <input type="checkbox"/> No                                 |  |               |      |
|   |      | Remarks  |  |               |      |
|   |      |  |  |               |      |
| Time  | Date | Signature or Mortician   |  | Time          | Date |
|   |      |  |  |               |      |
| Remarks   |      | Signature of Inspector   |  |               |      |
| Arlington Nov 1   |      | Edwin C Smith  |  |               |      |
|   |      | Fatherly   |  |               |      |

ab

*J.F.*

*Und. Insp. 10/29/48 J.F.*



| MESSAGEFORM  |                     | MESSAGE CENTER NO. | TRANSMITTING MEANS  | CRYPTOGRAPH OR CLEAR TEXT |                                |
|--|---------------------|--------------------|---|---------------------------|--------------------------------|
| CALLS<br>V   | STA. SER. No.<br>NR | PRECEDENCE         | TRANSMISSION INSTRUCTIONS                                     | ORIGINATOR                | DATE-TIME GROUP<br>SEP 30 1948 |
| ACTION   | INFORMATION         | EXEMPT             | OPERATING SIGNALS   | GROUP COUNT<br>GR         |                                |
| SPACE ABOVE FOR SIGNAL CENTER ONLY   |                     |                    |   |                           |                                |
| FROM: (Originator)<br>PHILADELPHIA QUARTERMASTER DEPOT, PHILA., PA.  |                     |                    | SECURITY CLASSIFICATION                                       |                           |                                |
| ACTION TO:<br>• MARY JANE ALLISON<br>• 1310 SOUTH BROOK ST<br>• LOUISVILLE, KENTUCKY<br>DLR AND CHECK ANY CHGS |                     |                    | GOVT PAID   |                           |                                |
|  |                     |                    | PRECEDENCE FOR<br>ACTION INFORMATION<br>DAY LETTER O.I. 12342 |                           |                                |
|  |                     |                    | <input checked="" type="checkbox"/> ORIGINAL MESSAGE          |                           |                                |
|  |                     |                    | REFERS TO ANOTHER MESSAGE<br>IDENTIFICATION CLASSIFICATION    |                           |                                |
| INFORMATION TO:  |                     |                    |   |                           |                                |
| WE HAVE BEEN ADVISED REMAINS OF THE LATE <u>LT C LESLIE ALLISON</u>  |                     |                    |   |                           |                                |
| ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS INTERRED                               |                     |                    |   |                           |                                |
| IN <u>ARLINGTON</u> NATIONAL CEMETERY. WITHIN FORTY EIGHT HOURS AFTER RECEIPT OF                               |                     |                    |   |                           |                                |
| THIS MESSAGE PLEASE CONFIRM YOUR ORIGINAL INSTRUCTIONS OR SUBMIT NEW DELIVERY IN-                              |                     |                    |   |                           |                                |
| STRUCTIONS AND FURNISH YOUR CORRECT MAILING ADDRESS BY TELEGRAM COLLECT TO COMMAND-                            |                     |                    |   |                           |                                |
| ING OFFICER PHILA. QUARTERMASTER DEPOT, PHILA. PENNA. 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. WHILE FINAL INTERMENT OF THE REMAINS WILL BE MADE AS SOON AS PRACTI-                              |                     |                    |   |                           |                                |
| CABLE AFTER RECEIPT FACTORS BEYOND OUR CONTROL MAY DELAY DELIVERY OF REMAINS TO                                |                     |                    |   |                           |                                |
| THE NATIONAL CEMETERY FOR SEVERAL WEEKS. HOWEVER NATIONAL CEMETERY SUPERINTENDENT                              |                     |                    |   |                           |                                |
| WILL NOTIFY YOU BY TELEGRAM DATE AND HOUR FUNERAL SERVICES WILL BE HELD IN SUFFI-                              |                     |                    |   |                           |                                |
| CIENT TIME TO PERMIT YOUR ATTENDANCE AT YOUR OWN EXPENSE. APPROPRIATE JOINT MILI-                              |                     |                    |   |                           |                                |
| TARY AND RELIGIOUS SERVICES WILL BE PROVIDED AT GRAVESIDE BY VETERANS ORGANIZATIONS                            |                     |                    |   |                           |                                |
| OR MILITARY OR NAVAL PERSONNEL. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT.                                |                     |                    |   |                           |                                |
| INTERMENT EXPENSE ALLOWANCE OF SEVENTY FIVE DOLLARS IS NOT AUTHORIZED IN ANY CASE                              |                     |                    |   |                           |                                |
| WHERE BURIAL IS MADE IN A NATIONAL CEMETERY. YOUR PROMPT COOPERATION WILL GREATLY                              |                     |                    |   |                           |                                |
| ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. PLEASE INCLUDE FULL NAME OF DE-                                   |                     |                    |   |                           |                                |
| CEASED IN REPLY TELEGRAM.  |                     |                    |   |                           |                                |
| C. R. YOST, LT COL., QMC   |                     |                    |   |                           |                                |
| SECURITY CLASSIFICATION  |                     |                    | AUTHORIZATION   |                           |                                |
| ORIGINATING AGENCY   |                     |                    | SIGNATURE   |                           |                                |
| SYMBOL   | DATE-TIME GROUP     | OFFICIAL TITLE     | PAGE 1 OF 1   |                           |                                |

WD AGO FORM 11-168  
15 JUN 1945This form supersedes WD AGO Form 11-168, 23 Aug 44,  
and WD AGO Form 801, 12 Mar 43, which are obsolete.

T-3

eO-16-45801-1 U. S. GOVERNMENT PRINTING OFFICE



WESTERN UNION  
WESTERN UNION  
WESTERN UNION  
WESTERN UNION

WU AA23 50/48 COLLECT

A.G.R. DIVISION  
PHILA. QM DEPOT

LOUISVILLE KY SEPT 30 937P

COMMANDING OFFICER, PHILADELPHIA QM DEPOT

1948 OCT 1 AM 9 11

REFERENCE TELEGRAM FROM C R YOST LT COL QMC YOUR OFFICE

9-30-48 I WISH TO CONFIRM MY ORIGINAL INSTRUCTIONS TO

HAVE MY HUSBAND THE LATE LT COL LESLIE ALLISON SN

0-24509 BURIED IN ARLINGTON NATIONAL CEMETERY. MY

CORRECT MAILING ADDRESS IS 1310 SOUTH BROOK STREET, LOUISVILLE KENTUCKY

MRS MARY JANE ALLISON

QMC 9-30-48 SN 0-24509 1310 822A OCT 1.M



1..





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

IN REPLY REFER TO  
QMGM 293  
Allison, Leslie SN 0-24509

20 January 1950

Mrs. Mary Jane Allison  
1310 South Brook Street  
Louisville, Kentucky

Dear Madam:

The National Cemetery Regulations require that gravesite reservations in national cemeteries be renewed periodically. It is now necessary that you complete the renewal request form below and return it, using the enclosed self-addressed postage-free envelope, in order that this Office will be informed of your wishes. It is important that you reply promptly, as failure to do so may result in the cancellation of your reservation. It is also important that you notify this Office of any change in your permanent address.

The remarriage of a non-service widow or widower of a deceased serviceman or woman automatically terminates the privilege of interment in a national cemetery. Cancellation of a reservation, except when due to remarriage, does not preclude the privilege of burial in the same grave with the deceased.

Sincerely yours,

R. G. AMLONG  
Colonel, QMC  
Memorial Division

1 Incl  
Return Envelope

-----DO NOT DETACH-----

I have remarried  Yes  No

I desire to renew the following gravesite reservation  Yes  No

Cemetery Arlington, Section 11, Lot 749 N.H.,

Grave \_\_\_\_\_, beside the late Lt. Col. Leslie Allison.

Signature Mary Jane Allison

Date JANUARY 24, 1950

Address 1310 South Brook Street

City and State Louisville, Kentucky

gib  
1/26/50  
patt





1950 JAN 26 AM 10 40  
FIVE 11 P. BRANCH







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

IN REPLY REFER TO  
QMGM 293  
Allison, Leslie SH 0-24509

20 January 1950

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Sincerely yours,

R. G. ANLONG  
Colonel, QMG  
Memorial Division

JFN

1 Incl  
Return Envelope

DS/gph

-----DO NOT DETACH-----

I have remarried  Yes  No

I desire to renew the following gravesite reservation  Yes  No

Cemetery Arlington, Section 11, Lot 749 N.H.,

Grave \_\_\_\_\_, beside the late Lt. Col. Leslie Allison.

Signature \_\_\_\_\_

Date \_\_\_\_\_ Address \_\_\_\_\_

City and State \_\_\_\_\_



Date 22 November 1948

TO: Mrs. Mary Jane Allison  
1310 South Brook Street  
Louisville, Kentucky

The authorized inscription for a Government headstone of the general type (furnished for all decedents except those who served only during the Civil and Spanish-American Wars) includes: (1) The State from which the veteran came; (2) religious emblem in a small circle above the inscription on the face of the headstone; and (3) the dates of birth and death.

In order that the appropriate information, as desired by the next of kin, may be shown on the headstone for the decedent whose name is listed below, it is requested that you fill in the proper spaces indicated below the data called for, and RETURN THIS FORM PROMPTLY TO THE

Executive Officer  
Arlington National Cemetery  
Fort Myer, Virginia

Superintendent of Cemetery or Commanding Officer of Post

If this form is not returned to the Superintendent within fifteen (15) days from date of mailing, the headstone will be ordered with the data as to religious emblem, State and date of birth inscribed thereon as shown in the official records, and NO CHANGE WILL BE MADE AT A LATER DATE AT GOVERNMENT EXPENSE.

To be filled in by Superintendent or Commanding Officer

Name of Veteran Leslie Allison  
Rank, etc. Lt. Col. AGF  
Grave or lot No. 749 S<sup>n</sup> Section 11  
Date of death 9-16-44  
Date buried 9 November 1948

To be filled in by Next of Kin

State desired Kentucky  
Religious emblem desired Latin Cross  
(Latin Cross for Christian Faith, Star of David for Hebrew Faith)  
Date of birth 6-13-17  
Address of kin 1310 So. Brook Street, Louisville, Ky.  
Signature Mrs. Mary Jane Allison Date Dec. 1, 1948

file  
20 Dec 48  
J. J. [unclear]



Date 22 November 1948

TO: Mrs. Mary Jane Allison  
1310 South Brook Street  
Louisville, Kentucky

The authorized inscription for a Government headstone of the general type authorized for all decedents except those who served only during the Civil and Spanish American Wars is: (1) The State from which the veteran came; (2) religious emblem in a small circle above the inscription on the face of the headstone; and (3) the date of birth and death.

In order that the appropriate information, as desired by the next of kin, may be shown on the headstone for the decedent whose name is listed below, it is requested that you fill in the proper spaces indicated below the data called for, and RETURN THIS FORM PROMPTLY TO THE

Arlington National Cemetery  
Fort Myer, Virginia

Subintendent of Cemetery or Commanding Officer of Post

If this form is not returned to the Subintendent within fifteen (15) days from date of mailing, the headstone will be ordered with the data as to religious emblem, State and date of birth inscribed thereon as shown in the official records, and NO CHANGE WILL BE MADE AT A LATER DATE AT GOVERNMENT EXPENSE.

To be filled in by Subintendent or Commanding Officer

Name of Veteran Leslie Allison

Rank, etc. 1st. Col. AGF

Grove or lot No. 449 2nd Section 11

Date of death 9-16-44

Date buried 9 November 1948

To be filled in by Next of Kin

State desired Kentucky

Religious emblem desired Latin Cross

Date of birth 6-13-17

Address of kin 1310 So. Brook Street, Louisville, Ky.

Signature Mrs. Mary Jane Allison Date Dec 1, 1948

FORM 315  
(20 March 1945)

*Handwritten notes:*  
This is the correct name for the headstone.  
12/1/48



ARLINGTON NATIONAL CEMETERY



EXECUTIVE OFFICE  
ARLINGTON NATIONAL CEMETERY  
FORT MYER, VIRGINIA.

18 Nov 1948

TO THE QUARTERMASTER GENERAL U. S. ARMY,  
WASHINGTON, D. C.

1. THE FOLLOWING REPORT OF INTERMENT IS SUBMITTED IN  
ACCORDANCE WITH EXISTING INSTRUCTIONS:

*297*  
NAME: Leslie Allison

RANK: Lt. Col. U. S.A. AGF

DATE: 9 Nov 1948 TIME 2:00

LOT 749 S. H. Section 11

REMARKS: \_\_\_\_\_

*Joseph J. Walsh, Sr.*  
JOSEPH J. WALSH, Sr.  
Superintendent  
*File 2720048  
Cen*



EXECUTIVE OFFICE  
OF THE PRESIDENT  
WASHINGTON, D. C.

18 Nov 1948

The Department of State  
Washington, D. C.

The following report of a witness is submitted in  
accordance with the provisions of the Act of August 1, 1948

Leslie Allison

Lt. Col. U. S. A. ADM

DATE: 9 Nov 1948 TIME: 2:00

VAP S. R. Section II



JOHN W.  
Sunderland



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

SPECIAL INSTRUCTION SHEET

Supplement to Disinterment

Date 2 June 1948

Directive No. 00042

OVERSEAS BURIAL LOCATION:

NAME Allison, Leslie, Lt. Col., O-24509

CEMETERY Andilly, France

PLOT E ROW 1 GRAVE 16

1. The following listed persons in addition to the designated legal Next of Kin desire to be notified the date and time that funeral services will be held for the above named decedent in Arlington National Cemetery in sufficient time to permit their attendance:

Mrs. E. A. Allison  
1208 Pleasant St.,  
Paris, Kentucky

2. Request your office take necessary action to see that the cemetery superintendent complies with the above instructions.

TEM/EB/tj

*Bennett for*  
T. E. MULLIGAN  
Captain, QMC



# REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

293 attached

Lt. Col. Leslie Allison, O 24 509  
Plot E, Row 1, Grave 16,  
United States Military Cemetery  
Andilly, France

29 July 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, Mary Jane Allison (Please indicate relationship to the deceased by placing an "X" in the proper box.)  
(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

- 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 \_\_\_\_\_ (FOREIGN COUNTRY) THE HOMETLAND 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 Arlington National Cemetery Fort Myer, Virginia (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.)

Coded O-18-48  
J. Williams  
None

D. W. Lee  
14 JUL 1948

NOV 24



## PART 1 (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                       |                   |                    |  |
| 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         | FIRST NAME   | MIDDLE INITIAL     | RELATIONSHIP TO DECEASED                   |
| NUMBER AND STREET | CITY OR TOWN | COUNTY OR PROVINCE | STATE OR TERRITORY OF U. S. A., OR COUNTRY |

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

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. Mary Jane Allison* (SIGNATURE OF NEXT OF KIN)      1310 South Brook Street (STREET AND NUMBER)  
 Mrs. Mary Jane Allison (NAME PRINTED OR TYPED)      Louisville, Kentucky (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 3 day of Sept., 1947, at city (or town) of Louisville, county of Jefferson, and State (or Territory or District) of Kentucky.

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

*Richard L. ...* (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)  
 Notary Public (OFFICIAL TITLE)

*Mrs. Chas. E. P.* 11-11-49 16-50411-1



**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)

\_\_\_\_\_  
(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.*

AS THE HEIR OR HEIRS OF THE DECEASED  
I HEREBY CERTIFY THAT THE ABOVE NAMED PERSONS ARE THE ONLY SURVIVORS OF THE DECEASED  
AND THAT THE DECEASED HAS NO OTHER HEIRS OR HEIRS AT LAW.

| LAST NAME | FIRST NAME | MIDDLE INITIAL |
|-----------|------------|----------------|
|           |            |                |
|           |            |                |
|           |            |                |

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

DATE

CITY AND COUNTY

STATE

DECEASED'S SOCIAL SECURITY NUMBER

DECEASED'S GRAVE LOCATION

DECEASED'S MARRIAGE DATE

DECEASED'S MARRIAGE PLACE

DECEASED'S MARRIAGE LICENSE NUMBER

DECEASED'S MARRIAGE OFFICIAL

DECEASED'S MARRIAGE OFFICIAL'S ADDRESS

DECEASED'S MARRIAGE OFFICIAL'S PHONE NUMBER

DECEASED'S MARRIAGE OFFICIAL'S SIGNATURE

DECEASED'S MARRIAGE OFFICIAL'S TITLE

DECEASED'S MARRIAGE OFFICIAL'S EXPIRES

DECEASED'S MARRIAGE OFFICIAL'S STATE

DECEASED'S MARRIAGE OFFICIAL'S COUNTY

DECEASED'S MARRIAGE OFFICIAL'S CITY

DECEASED'S MARRIAGE OFFICIAL'S ZIP CODE

DECEASED'S MARRIAGE OFFICIAL'S ADDRESS

DECEASED'S MARRIAGE OFFICIAL'S PHONE NUMBER

DECEASED'S MARRIAGE OFFICIAL'S SIGNATURE

DECEASED'S MARRIAGE OFFICIAL'S TITLE

DECEASED'S MARRIAGE OFFICIAL'S EXPIRES

DECEASED'S MARRIAGE OFFICIAL'S STATE

DECEASED'S MARRIAGE OFFICIAL'S COUNTY

DECEASED'S MARRIAGE OFFICIAL'S CITY

DECEASED'S MARRIAGE OFFICIAL'S ZIP CODE



OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

**INTRAOFFICE REFERENCE SHEET**

DUE, HOUR AND DATE \_\_\_\_\_

| 1<br>NO. | 2<br>FROM-  | 3<br>TO-  | 4<br>DATE      | 5<br>MESSAGE  |
|----------|---|---|----------------|---|
| 1        | Chief,<br>Family<br>Ltrs Sec<br>F C Br<br>Mem Div | Chief,<br>FR Sec<br>Family<br>Corres<br>Section<br>Mem Div<br>Attn:<br>Mr.<br>Arrow-<br>smith | 27 May<br>1948 | <p>293 Allison, Leslie 0-24509 <i>Qu</i></p> <p>Forwarded for special instruction.</p> <p><i>Coombs</i><br/>1 Att. COOMBS 5072<br/>293 File<br/>Col. Allison<br/>w/postal card 19 May 48</p> <p><i>Krauss</i><br/>KRAUSS 5072<br/><i>Kerscher</i><br/>KERSCHER 5072</p> |

*Special instructions  
written 2 June 48 and  
attached to 345  
Brennan*

(74)

*7-10*  
*20 June 48*  
*NAT*  
*Brennan*



OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

INTRAOFFICE REFERENCE SHEET

ONE HOUR AND DATE

MESSAGE

DATE

TO

FROM

NO.

27 May 1948  
Sgt Allison, Leslie O-24808

Forwarded for special instruction.

*Leslie O-24808*

1 Attn:  
Sgt Leslie  
O-24808  
W/Postal card 19 May 48

Chief,  
Family  
Sec  
Lt Col  
Corres  
Section  
Mem Div  
Attn:  
Mr.  
Arrow-  
smith

REAR  
BOYS  
KITCHEN  
BOYS



THIS FORM WILL REMAIN PART OF THE ORIGINAL RECORD



193 Allison, Leslie

O-24509

Buried Andilly, France

May 19, 1948

Dear Sir:

Request both myself and Mrs

C. A. Allison, 1208

Pleasant Street, Paris

Kentucky be notified

when my husband's

remains are returned

from France and

Date of burial at Arlington

Cemetery.

Mrs Mary Jane Allison  
1310 South Brook Street  
Louisville, Kentucky

APR 21 1948  
Bureau



LOUISVILLE  
MAY 20  
10<sup>30</sup> AM  
2 1948



THIS SIDE OF CARD IS FOR ADDRESS



Department of the  
Quartermaster General  
Memorial Department  
Washington  
D. C.



293 Allison, Leslie 24509 ju

293 Allison, Leslie  
 O-24509  
 Buried Ardilly, France  
 May 19, 1948

Dear Sir:

Request both myself and Mrs E. A. Allison, 1208 Pleasant Street, Paris Kentucky be notified when my husband's remains are returned from France and date of burial at Arlington Cemetery.

Mrs Mary Jane Allison  
 1310 South Brook Street  
 Louisville, Kentucky



293 Allison, Leslie 24509 ju



QMMP 293

Allison, Leslie, 024 509  
Plot E, Row 1, Grave 16  
USMC Andilly, France

21 May 1948

Mrs. Mary Jane Allison  
1310 South Brook Street  
Louisville, Kentucky

Dear Mrs. Allison:

Your letter pertaining to the remains of your husband, the late Lieutenant Colonel Leslie Allison, has come to my attention.

The present plans of the Return of World War II Dead Program indicate that the remains interred in the United States Military Cemetery Andilly, France, will be exhumed during the months of October, November and December of 1948.

Because unforeseen circumstances may retard or accelerate this estimated date of exhumation, it is inadvisable to complete funeral or other personal arrangements at present. You will be informed of a definite date of delivery of the remains in sufficient time to enable you to make such personal and other arrangements as may be necessary.

Please do not hesitate to call upon us at any time if you believe we can assist you further.

Sincerely yours,

RICHARD B. COOMBS  
Major, QMC  
Memorial Division

seh

MAY 21 10 08 AM '48  
O. D. M. G.  
MAIL & RECORDS BRANCH

RBC





GROUP 302  
Allison, Leslie, OSA 608  
Plot E, Row 1, Grave 18  
USMC Annapolis, France

21 May 1948

Mrs. Mary Jane Allison  
1310 South Brook Street  
Louisville, Kentucky

Dear Mrs. Allison:

Your letter pertaining to the remains of your husband, the late  
Lieutenant Colonel Leslie Allison, has come to my attention.

The present plans of the Return of World War II Dead Program indicate  
that the remains interred in the United States Military Cemetery Annapolis,  
France, will be exhumed during the months of October, November and  
December of 1948.

Because unforeseen circumstances may retard or accelerate this estimated  
date of exhumation, it is inadvisable to complete funeral or other personal  
arrangements at present. You will be informed of a definite date of  
delivery of the remains in sufficient time to enable you to make such  
personal and other arrangements as may be necessary.

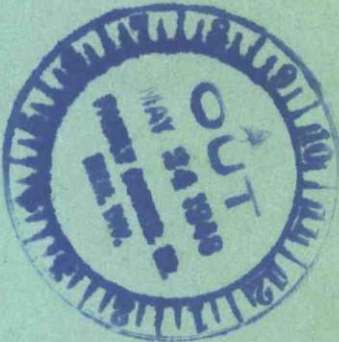
Please do not hesitate to call upon us at any time if you believe  
we can assist you further.

Sincerely yours,

RICHARD B. GODDARD  
Major, GSC  
Memorial Division

seh

MAIL ROOM  
MAY 21 10 08 AM '48  
O.D.M.G. RECORDS DIVISION



Handwritten mark resembling a stylized 'D' or '0'.



## CORRESPONDENCE ACTION SHEET

|   |   |                               |               |
|---|---|-------------------------------|---------------|
| NAME OF DECEDENT (Last, First, Middle)          |   | GRADE                         | SERIAL NUMBER |
| Allison, Leslie                                 |   | St. Cal                       | 024509        |
| PREVIOUS BURIAL LOCATION (Cemetery and Country) |   | PLOT                          | ROW GRAVE     |
|   |   |                               |               |
| PRESENT BURIAL LOCATION (Cemetery and Country)  |   | PLOT                          | ROW GRAVE     |
| Andilly, Fr.                                    |   | E                             | 1 16          |
| ADDRESSEE                                       |   | ADDRESS (Street, City, State) |               |
| MR.<br>MISS<br>MRS.                             | Mary Jane Allison   | 1310 South Brook St           |               |
| RELATIONSHIP                                    | wife  | Louisville, Ky                |               |
| PARAGRAPHS<br>(Sequence)                        | ADDITIONAL DATA — MODIFICATIONS   |                               |               |
| 165A  |   |                               |               |
| 118   | USMC Andilly Fr (line 2) paid<br>during the months of Oct, Nov, Dec, 1948<br>(para 1, line 3) |                               |               |
| 116E  |   |                               |               |
| <p><i>Savage</i></p>                            |   |                               |               |
| ANALYST INITIALS AND DATE                       | TYPIST INITIALS   | REVIEWER INITIALS AND DATE    |               |
| <i>Savage</i><br>19 May 1948                    |   |                               |               |



CONFIDENTIAL

APR 54 10 08 AM '48  
U.S. RECORDS DIVISION  
OF THE O.C.



| DDMG FORM 1901<br>22 APR 48   |                   | REQUEST FOR INFORMATION<br>ON DISPOSITION OF REMAINS         |                                 |                              |
|---|-------------------|--|---------------------------------|------------------------------|
| TO: REPLY FORM ACCEPTANCE SECTION<br>FAMILY CORRESPONDENCE BRANCH   |                   | FROM: FAMILY LETTERS SECTION<br>FAMILY CORRESPONDENCE BRANCH |                                 |                              |
| NAME OF DECEDENT (Last, First, Middle)<br><i>Allison, Leslie</i>  |                   | GRADE<br><i>Lt. Col.</i>                                     | SERIAL NUMBER<br><i>0 24509</i> |                              |
| CEMETERY<br><i>Andilly, France</i>  | PLOT<br><i>E-</i> | ROW<br><i>1</i>  | GRAVE<br><i>16</i>              |                              |
| THE ATTACHED CORRESPONDENCE PERTAINS TO THE DISPOSITION OF THE REMAINS OF THE ABOVE NAMED DECEDENT. IT IS REQUESTED THAT INFORMATION ON ITEMS CHECKED BELOW BE FURNISHED THIS OFFICE IN ORDER TO REPLY TO CORRESPONDENCE. |                   |  |                                 |                              |
| <input type="checkbox"/> HAS DDMG FORM 345 BEEN DISPATCHED?   |                   |  |                                 |                              |
| <input checked="" type="checkbox"/> HAS DDMG FORM 345 BEEN RECEIVED AND ACCEPTED?   |                   | <i>Accepted 4/30/48</i>                                      |                                 |                              |
| <input checked="" type="checkbox"/> WHAT OPTION WAS SELECTED?   |                   | <i># 4 (Arlington Natl Cem. Va.)</i>                         |                                 |                              |
| <input type="checkbox"/> BY WHOM WAS DDMG FORM 345 EXECUTED?  |                   | <i>W. Brown</i>  |                                 |                              |
| <input type="checkbox"/> DID ROSTER INDICATE RELINQUISHMENT OF DISPOSITION AUTHORITY?   |                   |  |                                 |                              |
| <input type="checkbox"/> CHANGE OF DECISION   |                   |  |                                 |                              |
| <input type="checkbox"/> FORWARDED FOR YOUR INFORMATION AND ANY ACTION DEEMED NECESSARY.  |                   |  |                                 |                              |
| REMARKS   |                   |  |                                 |                              |
|   |                   |  |                                 |                              |
| ANALYST SIGNATURE   |                   |  |                                 | DATE                         |
|   |                   |  |                                 | <i>B. Arthur<br/>5/14/48</i> |



Special

1310 South Brook Street  
 Louisville, Kentucky 7  
 May 16, 1948

Department of the Army  
 Office of the Quartermaster General  
 Washington 25, D.C.

Attn: Memorial Division

Subj: <sup>293</sup> Leslie Allison; Swo-24509; Buried Plot 6,  
 Row 1, Grave 16, Military Cemetery, Andilly,  
 France

Dear Sir:

As it is necessary for me to be out of the city the first two weeks in June it is quite important for me to know if my husband's remains are scheduled to arrive in the United States during that period.

Request reply by return mail. I understand you cannot give me exact or even approximate date of the arrival. However, if you can tell me if the first two <sup>weeks</sup> of June are the scheduled date it would be appreciated. Sincerely,

Mrs Mary Jane Allison  
 (widow)







1310 South Brook Street  
Louisville, Kentucky  
April 29, 1948

your file Ref. : GMBMF 293  
293 Allison, Leslie  
In O-24509

Office of the Quartermaster General:  
Washington 25, D. C.

As I find it necessary to be out  
of town around the first two  
weeks in June I would like  
to know if the Remains of  
my late husband will be returned  
to this Country this Spring or  
Summer? It is not necessary



for me to know exact date  
as I realize you can not  
give me that. However, I  
do feel that you could give  
me some idea as to approximate  
month. I am employed so  
that this information would  
be most convenient. My  
husband is buried at Indilly, France  
at present and I desire him  
to be returned to Arlington.

Sincerely,  
Mrs Mary Jane Allison







1310 South Brook Street  
Louisville, Kentucky  
December 4, 1947

Office of the Quartermaster General  
Memorial Division, War Dept.  
Washington 25, D.C.

*[Signature]*  
Lt. Col. Leslie  
Allison  
Sn 0-24509

Dear Sir;

Request a reply to my previous  
letter dated September 3, 1947 for the  
following information:

I have already filed necessary blank  
to have my husband's body returned  
from France and buried in Arlington  
National Cemetery.

NAT  
FILE  
47118 DEC

1. Will all arrangements be made  
through the Quartermaster General?
2. Will it be necessary for me



1. Contact a Funeral Director in Washington D. C. to receive the Remains?
2. Will it be necessary for me to make arrangements for religious services at the Cemetery? I desire Protestant Services.
4. Will I be notified in time to arrive at the Cemetery to receive the Remains? Request two weeks notice if possible.
5. Can you give me approximate date of arrival of Remains?
6. May I make reservation for myself to be buried next to him with the understanding it will be cancelled in case of my remarriage?



ref: Lt. Colonel Leslie Allison 0-24509

7. Will all expenses for myself  
be paid to and from Arlington.

8. What section of Arlington is  
now opened.

I would appreciate a prompt  
and complete reply.

Sincerely,  
Mrs. Mary Jane Allison





RECORDS BRANCH  
DEC 9 11 28 AM '47  
MEMORIAL DIVISION



AG 201 Allison, Leslie  
(10 Nov 47) 024509

RAS/mmh/50830/8550

10 November 1947

MEMORANDUM FOR RECORD:

SUBJECT: Fate of Death of Lieutenant Colonel Leslie Allison, 024509,  
Infantry

1. Lt. Colonel Leslie Allison, 024509, Infantry, was reported seriously wounded in action, in France, 10 September 1944, by ETO Shipment No. 199, and subsequently reported died of wounds, on 16 September 1944 by ETO Shipment No. 208.

2. Photostatic copy of Report of Burial, dated 19 September 1944, contained in his casualty file, reports that Lt. Colonel Allison was killed in action 18 September 1944 and that his remains were interred on 19 September 1944.

3. The medical record of Lt. Colonel Allison contains three medical cards. One card, a field medical tag, Form 52B, Medical Department, shows that he was tagged by 2nd Battalion Aid Station, at 1455 hours, on 10 September 1944, as seriously wounded in action, with disposition shown as transferred to Collecting Company. Medical Card Form No. 52C shows that he was tagged at First Hospital Unit, 30th Field Hospital at 1700 hours on 10 September 1944, and shows under disposition that he died at 2145 hours on 16 September 1944. Medical Card Form 52B, Medical Department, shows he was tagged at US Military Cemetery, Andilly, France, on 19 September 1944, as having been killed in action, with no date of death shown.

4. It is considered that the information shown on medical cards constitutes sufficient evidence that subject person's death occurred on 16 September 1944, as reported, and it is recommended that no action be taken to change the date of death from that date.

ROLFE A. SAULS  
Investigator

CONCUR:

SANFORD COFFIN  
Captain, AGD  
OIC, SR&D Unit  
Casualty Section  
Personnel Actions Branch, AGO

COPY FOR:  
OJMG, Memorial Division  
AG 201 file



File  
12/11/47  
Stanton



AS/AM/30830/8220

AG SOL Allison, Leslie  
(10 Nov 47) 024509

10 November 1947

MEMORANDUM FOR RECORD:

SUBJECT: Late of Death of Lieutenant Colonel Leslie Allison, O24509, Infantry

1. Lt. Colonel Leslie Allison, O24509, Infantry, was reported seriously wounded in action, in France, 10 September 1944, by WFO shipment No. 199, and subsequently reported died of wounds, on 10 September 1944 by WFO shipment No. 208.
2. Photostatic copy of report of burial, dated 19 September 1944, contained in his personal file, reports that Lt. Colonel Allison was killed in action 18 September 1944 and that his remains were interred on 19 September 1944.
3. The medical record of Lt. Colonel Allison contains three medical cards. One card, a field medical card, Form 28B, Medical Department, shows that he was tagged by 2nd Battalion Air Section, at 1455 hours, on 10 September 1944 as seriously wounded in action, with disposition shown as transferred to Collecting Company. Medical Card Form No. 28C shows that he was tagged at First Hospital Unit, 30th Field Hospital at 1700 hours on 10 September 1944, and shows under disposition that he died at 2115 hours on 10 September 1944. Medical Card Form 28B, Medical Department, shows he was tagged as US Military Cemetery, Andilly, France, on 19 September 1944, as having been killed in action, with no date of death shown.
4. It is considered that the information shown on medical cards contains sufficient evidence that subject's death occurred on 10 September 1944, as reported, and it is recommended that no action be taken to change the date of death from that date.

CORRIG:

ROSE A. BAILEY  
Investigator



SEARCHED COPY  
Caption, AOD  
OIG, SHAD Unit  
General's Section  
Personal Section

COPY FOR:  
OAG, Memorial Division  
AG SOL file



DEPARTMENT OF THE ARMY  
//////////

QMGMF 293  
Allison, Leslie  
SN 024 509

8 December 1947

Mrs. Mary Jane Allison  
1310 South Brook Street  
Louisville, Kentucky

Dear Mrs. Allison:

Your letter pertaining to the remains of your husband, the late Lieutenant Colonel Leslie Allison, has come to my attention.

Having selected the Arlington National Cemetery for final burial of the remains of your husband, no other burial arrangements are necessary or advisable until you receive notice of the expected date of arrival of the remains from the Distribution Center. This arrival date will be transmitted to you sufficiently in advance to permit completion of all funeral and service arrangements that you may desire.

The remains will be shipped directly to the Arlington National Cemetery, therefore it will not be necessary for you to engage a funeral director to receive them.

The Superintendent of the cemetery where your husband is to be interred, will give you the information concerning the section for burial at the time of arrival of remains.

Military honors and services will be provided by the Army, when desired by the next of kin, for all decedents buried in a National Cemetery. An army chaplain of your faith may officiate; and an army firing squad and bugler may render full military honors at the grave.

At the time of interment of your husband, request may be made by you of the Officer in Charge of the Arlington National Cemetery, for reservation of an adjoining grave site. Your burial is permitted therein only if you do not remarry.



QMGMF 293 Allison, Leslie SN 024 509 (Continued) 8 December 1947

There are no provisions whereby the Government may pay your expenses to and from the cemetery.

Please be assured that we will exert every possible effort to assist you in this circumstance.

Sincerely yours,

at

RICHARD B. COOMBS  
Major, QMC  
Memorial Division

*RBC*

Dec 9 10 12 AM '47  
MAIL & RECORDS BRANCH  
Q.O.M.C.

*[Handwritten signature]*

MEMORIAL DIVISION  
DEC 9 9 29 AM '47  
RECORDS BRANCH



CORRESPONDENCE ACTION SHEET

Mr.  
Miss.  
Addressee: Mrs Mary Jane Allison Widow  
Relationship  
State 1310 South Break Street  
City, State Louisville, Kentucky '47  
Date letter

Cemetery  
Temporary: \_\_\_\_\_  
Permanent: \_\_\_\_\_

| Plot  | Row | Gr | Cem. Name or No. | City | Country |
|---|-----|----|------------------|------|---------|
| --- ADDITIONAL --- DATA --- MODIFICATIONS --- |     |    |                  |      |         |

PARAGRAPHS (sequence)

165A

113B

"Arlington National Cemetery"  
~~"Arlington National Cemetery"~~ Omit "nearest your home"

The remains will be shipped directly to the Arlington National Cemetery, therefore it will not be necessary for you to engage a funeral director to receive them.

The Superintendent of the cemetery where your husband is to be interred, will give you the information concerning the section for burial at the time of arrival of remains.

114A

Omit last sentence

At the time of interment of your husband, request may be made by you of the Officer in Charge, ANC, for reservation of an adjoining grave site. Your burial is permitted therein only if you do not remarry.

There are no provisions whereby the Government may pay your expenses to and from the cemetery. ~~and from the cemetery.~~

166G

Decedent: ALLISON  
Last  
First  
Initial  
Lt Col  
Rank  
024 509  
ASN

ORIGINATOR  
ORDERS  
ANCH

*me*

Analyst Typist Reviewer Modifications OKed



OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY  
INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE

| 1<br>NO. | 2<br>FROM—                             | 3<br>TO—                                | 4<br>DATE             | 5<br>MESSAGE  |
|----------|--|---|-----------------------|---|
| 1        | Chief<br>Dis Loc<br>Section<br>Mem Div | Chief<br>Cem Br<br>Mem Div              | 16<br>October<br>1947 | <p>MULLIGAN/2703</p> <p>1. Transmitted herewith is OQMG Form in regard to Lt. Col. Leslie Allison, ASN O 24 509.</p> <p>2. Next of Kin, Mrs. Mary Jane Allison, request that a burial site be reserved for her next to the deceased in Arlington National Cemetery, Fort Myer, Virginia, with the understanding it will be cancelled in case of her remarriage.</p> <p>1 Incl:<br/>1 - OQMG Form 345<br/>w/ltr</p> <p>OT/iww</p> <p><i>Rogers</i><br/>ROGERS, 7224<br/>72262</p>  |
| 2        | Mem Div<br>Cem Br                      | Mem Div<br>Dis Loc<br>Section<br>R&R Br | 30 Oct<br>47          | <p>1. With reference to preceding comment, it is noted NOK has indicated a desire for shipment of the remains to Arlington National Cemetery. Joint grave side services will be held for remains shipped direct to Arlington National Cemetery. It is not necessary for next of kin to arrange for services unless private services are desired. There is no objection to private services at the grave after the joint services and prior to interment.</p> <p>2. There is no information available in this Branch as to the Section of Arlington National Cemetery in which interment of returned WW II remains will be made.</p> <p>3. At the time of interment of Lt. Col. Allison, request may be made of the Officer in Charge, ANC for reservation of an adjoining grave site for the widow. Her burial is permitted therein only if she does not remarry.</p> <p><i>GC: rhr</i></p> <p><i>Putney</i><br/>PUTNEY<br/>5806</p> <p>MULLEN<br/>2588</p> |

ALLISON, LESLIE  
0-24509 Lt. Col.

RECEIVED  
OCT 15 1947

THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE



OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

INTRACORPS REFERENCE SHEET

DATE HOUR AND DATE

MESSAGE

DATE

TO

FROM

RE

1. Transmitted herewith is OCMG Form in regard to Lt. Col. Leslie Allison, ASN 9 24 500.

2. Next of kin, Mrs. Mary Jane Allison, requests that a burial site be reserved for her next to the deceased in Arlington National Cemetery, Fort Belvoir, Virginia, with the understanding it will be cancelled in case of her remarriage.

1  
 The location is October  
 location from Day 1947  
 from Day

1 Encl:  
 1 - OCMG Form 545  
 w/ltw

3. This reference is provided for your information and is not intended to be used as a basis for action. This reference will be maintained in the OCMG files and will be available for your reference at any time.

RECORDS BRANCH  
 OCT 20 11 31 AM '47  
 MEMORIAL DIVISION



OCT 20 12 03 PM '47  
 MEMORIAL DIVISION

THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE







11

RECEIVED  
 SEP 9 1947  
 MEMORIAL DIVISION  
 Sep 18 9 03 AM '47  
 RECORDS BRANCH



Lt. Col. Leslie Allison, O-24 509  
Plot E, Row 1, Grave 16,  
United States Military Cemetery  
Andilly, France

29 July 1947

Mrs. Mary J. Allison  
441 Second Street, West  
Apartment #304  
Lexington 7, Kentucky

Dear Mrs. Allison:

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

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

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

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

Sincerely,

THOMAS B. LARKIN  
Major General  
The Quartermaster General

Incls.

gh

AUG 15 4 24 PM '47  
U.S. ARMY  
RECORDS BRANCH



Lt. Col. Leslie Allison, O 24 509  
Plot E, Row 1, Grave 16,  
United States Military Cemetery  
Andilly, France

29 July 1947

Mrs. Mary J. Allison  
441 West Second Street  
Lexington 7, Kentucky

Dear Mrs. Allison:

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Sincerely,

THOMAS B. LARKIN  
Major General  
The Quartermaster General

Incls.

JUL 30 10 42 AM '47  
MAIL & RECORDS BRANCH  
D O M G

BH-5

BK

*Heard I sent 29 July 1947*

*7/30/47*



SPQYG 293  
Allison, Leslie  
S.N. 024 509

15 August 1945

Mrs. Mary Jane Allison  
441 West Second Street  
Lexington 7, Kentucky

Dear Mrs. Allison:

Your letter requesting information concerning your husband, the late Lieutenant Colonel Leslie Allison, has been referred to this office for reply.

At the outbreak of the war it became necessary to adopt the policy that the remains of our military personnel who die outside the United States would not be returned for final interment until the cessation of hostilities.

A notation has been made on the records of this office that it is your desire to have the remains of your husband returned, if possible, to the United States for final interment after the cessation of hostilities. At the proper time this office will contact the legal next of kin regarding their wishes as to the final disposition of the remains.

The official records of this office show that the remains of your husband were interred in the U.S. Military Cemetery #1, Andilly, France, Plot E, Row 1, Grave 16. With reference to other larger cities the approximate location of Andilly, France is five miles north of Toul and fourteen miles south and east of St. Mihiel, both in France.

This office regrets, sincerely, the delay in answering your letter and wishes to extend its deepest sympathy in the loss of your husband.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

ARTHUR L. WARREN  
Colonel, QMC  
Assistant

MEMORIAL DIVISION

AUG 17 10 12 AM '45

GRAVES REGISTRATION SECTION

CCP

emd



HEADQUARTERS, ARMY SERVICE FORCES

## MEMO ROUTING SLIP

TO THE FOLLOWING IN ORDER INDICATED:

|   | NAME OR TITLE   | ORGANIZATION | BUILDING AND ROOM | INITIALS                     |
|---|---|--------------|-------------------|------------------------------|
| 1 | Chief, Memorial Branch,<br>Room 1007, Temp C.,<br>Washington 25, D. C., |              |                   | DATE <i>amh</i><br>8 June 45 |
| 2 |   |              |                   |                              |
| 3 |   |              |                   |                              |

1. For necessary action.

2. Lieutenant Colonel <sup>293</sup> Leslie Allison 024509, died on 16 September 1944, as a result of wounds received in action.

3. The basic communication has been sent to the Commanding General of the European Area.

4. Writer has been informed of this reference.

(3) Incl.



| NAME  | ORGANIZATION | BUILDING AND ROOM | DATE                          |
|---|--------------|-------------------|-------------------------------|
| FROM: Casualty Branch, Comp. Sec. # One,<br>Family Relations Sub-Sec. Room 2827,<br>Munitions Bldg. |              |                   | 8 June 1945                   |
|   |              |                   | TELEPHONE<br>79040 <i>Amh</i> |

W. D., A. G. O. Form 0115  
1 October 1944This Form supersedes W. D., A. G. O. Form 0115, 23 March 1944,  
which may be used until existing stocks are exhausted.

16-31046-2 GPO



W.D., A.G.O. Form 0118  
1 October 1944  
This form supersedes W.D., A.G.O. Form 0118, 23 March 1944,  
which may be used until existing stocks are exhausted.  
10-31046-2 GPO

|           |                   |
|-----------|-------------------|
| TELEPHONE | FROM:             |
| DATE      | NAME              |
|           | ORGANIZATION      |
|           | BUILDING AND ROOM |

1. For necessary work.

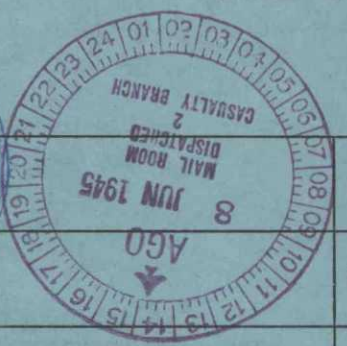
2. The head's commission has been received in action.

3. The head's commission has been received in action.

4. The head's commission has been received in action.

|   |               |              |                   |                 |
|---|---------------|--------------|-------------------|-----------------|
| 3 | AGD           | MAIL ROOM    | DISPATCHED        | CASUALTY BRANCH |
| 2 | 8 JUN 1945    |              |                   |                 |
| 1 | NAME OR TITLE | ORGANIZATION | BUILDING AND ROOM | INITIALS        |
|   | DATE          |              |                   |                 |

MEMO ROUTING SLIP  
HEADQUARTERS, ARMY SERVICE FORCES  
TO THE FOLLOWING IN ORDER INDICATED:  
JUN 11 11 33 AM '45





AGFC-201 Allison, Leslie,  
(25 May 45) 024509

8 June 1945.

Mrs. Mary Jane Allison,  
441 W. Second Street,  
Lexington, 7, Kentucky.

Dear Mrs. Allison:

This is in reply to your recent letter relative to your husband,  
Lieutenant Colonel Leslie Allison.

I can fully understand your desire to receive a detailed  
account of the circumstances surrounding his death and regret that  
you have not received a communication from overseas containing this  
information. I am forwarding your letter to the commanding general  
of the theater of operations in which he was serving at the time of  
his death requesting that the desired letter be transmitted to you.

I feel confident you realize the magnitude of the task  
to prepare, assemble, and verify all available information in each  
case and the variations of time required but I wish to assure you that  
our theater commanders make every effort to dispatch these letters as  
expeditiously as possible.

The Quartermaster General, Washington 25, D. C., has jurisdiction  
over all matters pertaining to the burial and personal effects of our  
military personnel who die overseas and a copy of your letter is, there-  
fore, being referred to that official for appropriate attention.

It is hoped that the information you so earnestly desire  
will soon be forthcoming and that it will be a source of sustaining  
comfort to you. Permit me again to express my heartfelt sympathy.

Sincerely yours,

ROBERT H. DUNLOP  
Brigadier General,  
Acting The Adjutant General of the Army.



AGPC-201 Allison, Leslie  
(25 May 45) 024509

1st. Ind.

amh

War Department, AGO, Washington 25, D. C.,

8 June 1945.

TO: Commanding General, USF, European Theater of Operations, APO 887,  
c/o Postmaster, New York, New York.

For necessary action.

BY ORDER OF THE SECRETARY OF WAR

Adjutant General.



441 Second Street, (West),  
Apartment 304,  
Lexington, 7, Kentucky.

Allison, Leslie , Lt.Col.  
ASN 024509 XC 3730353, 23rd Arm'd Inf.  
Bn. 7th Arm'd APO 257, New York.  
Died from wounds received in action.  
Died 16 September 1944 in France.

Dear Sir:

At your convenience please send me the details of my husband's death and burial including the location of his grave. Will the Government pay expenses for the widow to visit the grave? How long after total victory before the remains can be brought to this country?

Thank You,

Mrs. Mary Jane Allison.



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

**RESTRICTED**  
**REPORT OF BURIAL** 19 <sup>43461</sup> 19 Sept. 1944

TM 10-630 AND AR 30-1815

Date

**Allison** **Leslie** **NMI** **Lt.Col.** **0-24509**

Last Name First Initial Rank Serial No.

**7th Armd.** **73 Armd**

Unit Organization

**Metz France** **18 Sept. 1944** **KIA**

Place of Death Date of Death Cause of Death

**19 Sept. 1944** **1130** **US Mil. Cem. No. 1 Andilly France**

Time and Date of Burial Name of Cemetery Name or Coordinates of Location

**16** **E** **Cross**

Grave Number Row Number Plot Number Type of Marker

Disposition of Identification Tags: Buried 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: **Harold Eller 35901813 Ukn. Ukn. 15**

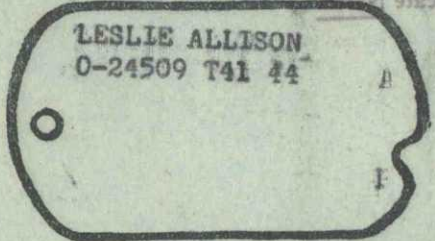
Deceased's Right: Name Serial No. Rank Organization Grave No.

Deceased's Left: **Elton Kelly 6654963 Wkn. Pfc. Ukn. 17**

Name Serial No. Rank Organization Grave No.

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

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



Emergency Addressee **Unknown**

Name

Address

Religion **Protestant**

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

Signature of Officer or other person reporting burial

**WILLIAM C NUGENT**  
1st. Lt. QMC.

**DEC 14 1944**



### 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.:

Left Hand

Right Hand

Thumb

Thumb

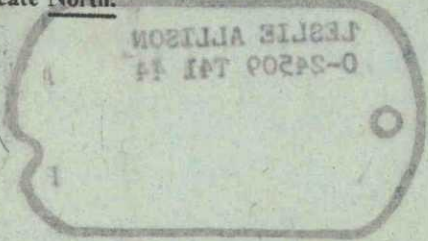
#### TOOTH CHART

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

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

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

Characteristics: \_\_\_\_\_  
 Other Data: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Religion: Protestant  
 Emergency Address: Unknown



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

AG P BR HQ SOS 122560

WILLIAM C MULLINEY  
Jat.-J. CMO

Upper Lower



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

## REPORT OF DEATH

DATE 18 October 1944War 4627

|   |    |  |   |                      |
|---|----|--|---|----------------------|
| FULL NAME<br>Allison, Leslie  |    | ARMY SERIAL NUMBER<br>024509                         | GRADE<br>Lt. Col.                                       |                      |
| HOME ADDRESS<br>Paris, Kentucky   |    | ARM OR SERVICE<br>Infantry                           | DATE OF BIRTH<br>13 Jun 1917                            |                      |
| PLACE OF DEATH<br>European Area   |    | CAUSE OF DEATH<br>Died of Wounds Rec'd in action     | DATE OF DEATH<br>16 Sep 44                              |                      |
| STATION OF DECEASED<br>European Area  |    | DATE OF ENTRY ON CURRENT ACTIVE SERVICE<br>20 Feb 42 | LENGTH OF SERVICE FOR PAY PURPOSES<br>YEARS MONTHS DAYS |                      |
| EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)<br>Mrs. Mary Jane Allison, wife, 1208 Pleasant St., Paris, Ky. |    |  |   |                      |
| BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)<br>No record of beneficiary.<br>No prior service.                      |    |  |   |                      |
| INVESTIGATION MADE?   |    | IN LINE OF DUTY                                      |   | OWN MISCONDUCT       |
| YES   | NO | YES  | NO  | YES                  |
|   |    |  |   | NO                   |
| WAS DECEASED ON DUTY STATUS   |    | AUTHORIZED ABSENCE                                   |   | IN FLYING PAY STATUS |
| YES   | NO | YES  | NO  | YES                  |
|   |    |  |   | NO                   |
| OTHER PAY STATUS (SPECIFY BELOW)  |    |  |   |                      |
| YES   | NO |  |   |                      |
|   |    | X  |   |                      |

## ADDITIONAL DATA AND/OR STATEMENT

81 OCT 1944 FILE

## COPIES FURNISHED:

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

 BATTLE NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

*James W. Reinhart*

ADJUTANT GENERAL



293 Allison, Leslie  
al

024509 Lt/Col



ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Mary Jane Allison  
441 W. Second Street  
Apartment 402  
Lexington 7, Kentucky

SHIP TO:

Effects of: Lt. Col. Leslie Allison  
Name  
ASN 0-24509  
Case No. 266306 D  
Wt.

DATE 18 September 1945  
RTB:IB:mms

*Drury*  
FOR: Effects Quartermaster

REMARKS:

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

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

ROUTING:

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

REMARKS:

SHIP DAMAGED ITEMS

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

SEP 22 1945 *EK*

Shipping Clerk







ADDITIONAL REMARKS

REMOVALS (other than G. I.)

DAMAGES (List type of damage-extent)

1 pr. Sun Glasses Broken.

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



NAME ALLISON, LESLI MAJ. 4509

| BAY | PALLET | BOX | TALLY |
|-----|--------|-----|-------|
| 32  | 39     |     | 10042 |

| TYPE OF PKG. | WHSE. SPACE | INVENTORIED |
|--------------|-------------|-------------|
| F.L.         |             |             |



|   |   |                              |   |
|---|---|------------------------------|---|
| AMOUNT OF CHECK   | NOTE DISCREPANCY IN                               | INCLOSE VALUABLES            | RECIPIENT FROM                              |
| ACCOUNT NUMBER  | NAME  | SHIP VALUABLES               | CASUALTY REPORT                             |
|   | <input checked="" type="checkbox"/> SERIAL NUMBER | VALUABLES SHIPPED BY (clerk) | INVENTORY                                   |
|   | RANK  |                              | FORM 20                                     |
| <p>Mrs. Mary Jane Allison<br/>441 W. Second Street<br/>Apartment 402<br/>Lexington 7, Kentucky</p> <p>Lt. Col. Leslie Allison<br/>024509<br/>266306-D</p> |   |                              | <input checked="" type="checkbox"/> LETTER  |
|   |   |                              | NO. & TYPE OF CONTAINER                     |
|   |   |                              | ENVELOPE                                    |
|   |   |                              | <input checked="" type="checkbox"/> CARTONS |
|   |   |                              | PACKAGE                                     |
|   |   |                              | FOOT LOCKER                                 |
|   |   |                              | SPECIAL INSTRUCTIONS                        |
|   |   |                              | REMOVE GI                                   |
|   |   |                              | SHIP BLOODSTAINED                           |
|   |   |                              | SHIP DAMAGED                                |
| REMOVE BL'DSTAINED  |   |                              |   |
| REMOVE DAMAGED  |   |                              |   |
| FILMS REMOVED   |   |                              |   |
| DIARY REMOVED   |   |                              |   |
| RTB:BF:dbs  | SUMMARY COURT DATA                                | DATE ACTION TAKEN            | 11-19                                       |
| DATE OF FINDING   | APPLICANT   | MAIL REVIEWER (initials)     | ML  |
| REMARKS   |   | SHIPPED                      | <input checked="" type="checkbox"/>         |
|   |   | FRANKED                      | <input checked="" type="checkbox"/>         |
|   |   | EXPRESS                      |   |
|   |   | FREIGHT                      |   |
|   |   | DATE SHIPPED                 | NOV 21 1945                                 |
|   |   | SHIPPING CLERK               | ML  |
|   |   | ROUTING                      |   |
|   |   | ACCOUNTING BRANCH            |   |
|   |   | WAREHOUSE                    | <input checked="" type="checkbox"/>         |
|   |   | FILE                         | <input checked="" type="checkbox"/>         |
| ORDER FOR ACTION  |   |                              |   |

EFF OM FORM 14  
10 OCT 1945



206306  
A

| ATTACHMENTS                         |                        | EFFECTS INVENTORY<br>ARMY EFFECTS BUREAU | STATUS                   |           |
|-------------------------------------|------------------------|--|--------------------------|-----------|
| <input checked="" type="checkbox"/> | INBOUND INVENTORY      |  | <input type="checkbox"/> | DECEASED  |
| <input type="checkbox"/>            | G. R. OR SUB GR LABEL  |  | <input type="checkbox"/> | MISSING   |
| <input type="checkbox"/>            | WILL OR POWER OF ATTY. |  | <input type="checkbox"/> | P. O. W.  |
| <input type="checkbox"/>            | TALLY IN FORM 43       |  | <input type="checkbox"/> | ABANDONED |
|                                     |                        |  | UNKNOWN                  |           |

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

|                            |  |                               |  |
|----------------------------|--|-------------------------------|--|
| CONTAINERS ADDRESSED TO    |  | INFORMATION                   |  |
| <i>None</i>                |  | <i>None</i><br><i>checked</i> |  |
| NAME AND STATUS VARIATIONS |  | CROSS REFERENCE               |  |

|                          |                  |                    |                                 |                          |                   |
|--------------------------|------------------|--------------------|---------------------------------|--------------------------|-------------------|
| <input type="checkbox"/> | CHECK            | REC'D BY           | NUMBER                          | <input type="checkbox"/> | BUREAU CHECK      |
| <input type="checkbox"/> | MONEY ORDER      |                    | SYMBOL                          | <input type="checkbox"/> | TRANSMIT ORIGINAL |
| <input type="checkbox"/> | BOND             |                    | AMOUNT                          | <input type="checkbox"/> | ORIG. REG. MAIL   |
| <input type="checkbox"/> | TRAV. CHECK      |                    | DATE                            | <input type="checkbox"/> | TO G. A. O.       |
| <input type="checkbox"/> | FOREIGN CURRENCY |                    | BANK OR PLACE OF ISSUE          | <input type="checkbox"/> | MUTILATED         |
| <input type="checkbox"/> | U. S. CURRENCY   | PAYEE              | <input type="checkbox"/>        | TO ISSUING AGENCY        |                   |
|                          |                  | REMITTER OR DRAWER | <i>11-16</i><br><i>file dts</i> |                          |                   |

**SCREENED**  
*Ann-3-15-48*

|                                      |                              |                                   |                               |                          |
|--------------------------------------|------------------------------|-----------------------------------|-------------------------------|--------------------------|
| TALLY NO.<br><i>4940</i>             | ORIG. NO. OF PKGS.           | EXAMINING DATE<br><i>6 Nov 45</i> | BOX NO.                       | SHEET<br>OF _____ SHEETS |
| NAME<br><i>LESLIE ALLISON</i>        |                              | A. S. N.<br><i>0-244509</i>       |                               |                          |
| ORGANIZATION                         |                              | RANK<br><i>1st Cal</i> CASE NO.   |                               |                          |
| WAREHOUSE SPACE<br><i>1249</i>       | EXAMINED BY<br><i>Hamlin</i> | DIARY REMOVED                     |                               |                          |
| PACKAGE DESCRIPTION<br><i>#1 clu</i> | PACKED BY<br><i>Hammond</i>  | PHOTO FILM REMOVED                |                               |                          |
| WEIGHT<br><i>40</i>                  | INSPECTED BY<br><i>B</i>     | MOTION PICTURE FILM REMOVED       |                               |                          |
|                                      | STORED BY                    | SHIPPED                           |                               |                          |
|                                      |                              | DATE<br><i>NOV 21 1945</i>        | BY WHOM<br><i>[Signature]</i> |                          |



ADDITIONAL REMARKS

REMOVALS (other than G.I.)

DAMAGES (List type of damage-extent)

SHORTAGES

U. S. GOV'T CHECK SHORT

2 caps garrison  
bed roll

NUMBER

DATE

SYMBOL

AMOUNT

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

*Womble*  
INVENTORY CLERK

*Curley*  
SUPERVISOR

G. I. REMOVED



|                 |        |             |       |        |
|-----------------|--------|-------------|-------|--------|
| ALLISON, LESLIE |        | LT COL 4509 |       |        |
| BAY             | PALLET | BOX         | TALLY | TY. KG |
|                 | 25     |             | 4940  | CTN    |







266306 ✓

RTB:BF:dbs  
November 19, 1945

Mrs. Mary Jane Allison ✓  
441 W. Second Street, Apt. 402 ✓  
Lexington 7, Kentucky ✓

Dear Mrs. Allison:

The Army Effects Bureau has received from overseas some more property of your husband, Lieutenant Colonel Leslie Allison. ✓

This property, contained in one carton, is being sent you for distribution. If, for some reason, it has not been received within the next thirty days, this Bureau should be informed so that tracer may be instituted.

Yours very truly,

HARRY NIEMIEC  
2nd Lt. QMC  
Chief, Correspondence Branch

Sl 5

11-19  
1945



RTB:IB:mms  
September 18, 1945

266306

Mrs. Mary Jane Allison  
441 W. Second Street  
Apartment 402  
Lexington 7, Kentucky

Dear Mrs. Allison:

The Army Effects Bureau has received from overseas some more property of your husband, Lieutenant Colonel Leslie Allison.

This property, contained in one footlocker, is being sent you for distribution. If, for some reason, it has not been received within the next thirty days, this Bureau should be informed so that tracer may be instituted.

Yours very truly,

P. L. KOOB  
1st Lt., QMC  
Officer-in-Charge  
SJ Branch

vld



ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Mary Jane Allison  
441 West Second Street  
Apartment 402  
Lexington 7, Kentucky

SHIP TO:

Effects of:  
Name Lt. Col. Leslie Allison  
ASN O-24509  
Case No. 266306 D  
Wt.

DATE 4 June 1945  
*26 May 1945*

*M. J. Allison*  
FOR: Effects Quartermaster

REMARKS: JRM:VB:rw

Inclose Bureau Check  
Acct. No. 73594  
Amount \$74.73 *74.73*  
 Inclose "Valuables" item  
 Ship "Valuables" item(s)

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

72559 emh

ROUTING:

- Accounting Branch *ew* 73594
- Warehouse Division
- Files Branch, Adm. Div. 266306

REGISTERED

May 19 45

Mary Jane Allison

867-611  
VALUABLES SHIPPED

74.73

Seventy-Four and 73/100

DATE *5/25/45*  
BY *[Signature]*

REMARKS:

Ship bloodstained item.

*1 pkg in 4-11-45  
1 ch in 3-10-45*

FRANKED JUN 7 1945  
Franked \_\_\_\_\_  
Est. Exp. Chgs. \_\_\_\_\_  
Est. Frt. Chgs. \_\_\_\_\_  
No. of packages 2

*[Signature]*  
Shipping Clerk



12

|   |                               |  |
|---|-------------------------------|--|
| PACKAGE DESCRIPTION<br><br><i>#1 pkgs</i> | ARMY EFFECTS BUREAU INVENTORY | DECEASED <input checked="" type="checkbox"/> |
|   | 266,306                       | MISSING <input type="checkbox"/>             |
|   |                               | P.O.W. <input type="checkbox"/>              |
|   |                               | ABANDONED <input type="checkbox"/>           |
|   |                               | TALLY NO. 72274                              |
|   |                               | INV. DATE 11-Apr-45                          |
|   |                               | ORIG. NO. OF PKGS. 1                         |
| NAME Leslie Allison                       |                               | BOX NO.                                      |
| A.S.N. 024509                             | RANK Lt. Col.                 | SHEET 1 OF 1 SHEETS                          |
|   |                               | ORGANIZATION 23rd Arm Div.                   |

|                        |                        |                           |
|------------------------|------------------------|---------------------------|
| BELT                   | TOWELS & WASHCLOTHS    | WINGS                     |
| BELT, MONEY (NO MONEY) | CLOTHING               | BAGS, CLOTH OR TRAVEL     |
| CLOTH, WASH            | BRACELET IDENT.        | BILLFOLD, (NO MONEY)      |
| COATS                  | BRUSHES                | CASE                      |
| FOOTWEAR, PR.          | CAMERAS <i>in case</i> | FOOTLOCKER                |
| GLOVES, PR.            | GAFSSES                | KIT, SEW, TLT, OR WRITING |
| HANDKERCHIEFS          | KNIVES                 | BOOKS                     |
| HEADWEAR               | LIGHTERS               | BOOKS, ADDRESS            |
| JACKETS                | MISC. INSIGNIA         | BOOKS, PILOT LOG          |
| OVERCOATS              | PEN, FOUNTAIN          | DIARY (REMOVED FOR DUR)   |
| SCARFS                 | PENCIL, MECHANICAL     | FILMS                     |
| SHIRTS                 | PIPES                  | LETTERS                   |
| SOCKS, PR.             | RELIGIOUS ARTICLES     | PAPERS, PERSONAL          |
| TIES                   | RIBBONS, DECORATION    | PHOTOS                    |
| TOWELS                 | RINGS                  | SHOE SHINE ARTICLES       |
| TROUSERS, PR.          | TOBACCO                | SHORT SNORTER             |
| TRUNKS, PR.            | TOILET ARTICLES        | SOUVENIRS                 |
| UNDERWEAR              | WATCH                  | SOUVENIR MONEY            |
|                        |                        | STATIONERY                |
|                        |                        | TESTAMENTS                |
|                        |                        | U.S. MONEY (AMOUNT)       |

|  |   |  |           |
|--|---|--|-----------|
| REMARKS<br><i>no information<br/>Rechecked</i> | ATTACHMENTS   | FORM #54   | FORM #100 |
| <i>Inventory of effects<br/>I-G-R Label</i>    |   |  |           |
| <i>1 roll Films removed for development</i>    | WEIGHT  | G.I. REMOVED                                     |           |
|  |   | SHORTAGE ON REVERSE                              |           |
|  |   | IDENT. TAGS REMOVED                              |           |
|  |   | DIARY REMOVED                                    |           |
| C.A.T. <i>none</i>                             | STORED BY <i>JK</i>   | LOCKED STORAGE                                   |           |
| WAREHOUSE SPACE 1598                           | DATE SHIPPED JUN 7 1945   | LAUNDRY REMOVED                                  |           |
| INVENTORIED BY <i>Crawford</i>                 | CHECKED BY <i>JK</i>  | FILM REMOVED <input checked="" type="checkbox"/> |           |
| PACKED BY <i>Crawford</i>                      | <input checked="" type="checkbox"/> #53 OR ADDITIONAL <input checked="" type="checkbox"/> |  |           |



ADDITIONAL REMARKS

SHORTAGES

U. S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

INVENTORY CLERK

SUPERVISOR

G.I. REMOVED



266306

|                                      |                               |  |
|--------------------------------------|-------------------------------|--|
| PACKAGE DESCRIPTION<br><i>#1 Ctn</i> | ARMY EFFECTS BUREAU INVENTORY | DECEASED <input checked="" type="checkbox"/> |
|                                      |                               | MISSING <input type="checkbox"/>             |
|                                      |                               | P.O.W. <input type="checkbox"/>              |
|                                      |                               | ABANDONED <input type="checkbox"/>           |
|                                      |                               | TALLY NO. <i>6975</i>                        |
|                                      |                               | INV. DATE <i>10 Mar. 1945</i>                |
|                                      |                               | ORG. NO OF PKGS. <i>1</i>                    |
| NAME <i>Leslie Allison</i>           |                               | BOX NO.                                      |
| A.S.N. <i>0-24509</i>                | RANK <i>LT. Col.</i>          | SHEET OF <i>1</i> SHEETS                     |
|                                      |                               | ORGANIZATION <i>23rd. Armd. Div. B.N.</i>    |

|  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> BELT                   | <input checked="" type="checkbox"/> TOWELS & WASHCLOTHS       | <input checked="" type="checkbox"/> WINGS                     |
| <input checked="" type="checkbox"/> BELT, MONEY (NO MONEY) | <input checked="" type="checkbox"/> CLOTHING                  | <input checked="" type="checkbox"/> BAGS, CLOTH OR TRAVEL     |
| <input type="checkbox"/> CLOTH, WASH                       | <input checked="" type="checkbox"/> BR/CELET, IDENT. <i>*</i> | <input checked="" type="checkbox"/> BILLFOLD, (NO MONEY)      |
| <input type="checkbox"/> COATS                             | <input type="checkbox"/> BRUSHES                              | <input type="checkbox"/> CASE                                 |
| <input type="checkbox"/> FOOTWEAR, PR                      | <input checked="" type="checkbox"/> CAMERAS <i>Kodak</i>      | <input checked="" type="checkbox"/> FOOTLOCKER                |
| <input type="checkbox"/> GLOVES, PR                        | <input type="checkbox"/> GLASSES                              | <input checked="" type="checkbox"/> KIT, GEN. TLT. OR WRITING |
| <input type="checkbox"/> HANKERCHIEFS                      | <input type="checkbox"/> KNIVES                               | <input type="checkbox"/> BOOKS                                |
| <input type="checkbox"/> HEADWEAR                          | <input type="checkbox"/> LIGHTERS                             | <input type="checkbox"/> BOOKS, ADDRESS                       |
| <input type="checkbox"/> JACKETS                           | <input checked="" type="checkbox"/> MISC. INSIGNIA            | <input type="checkbox"/> BOOKS, PILOT LOG                     |
| <input type="checkbox"/> OVERCOATS                         | <input type="checkbox"/> PEN, FOUNTAIN                        | <input checked="" type="checkbox"/> DIARY (REMOVED FOR DUR)   |
| <input type="checkbox"/> SCARFS                            | <input type="checkbox"/> PENCIL, MECHANICAL                   | <input checked="" type="checkbox"/> FILMS                     |
| <input type="checkbox"/> SHIRTS                            | <input type="checkbox"/> PIPES                                | <input type="checkbox"/> LETTERS                              |
| <input type="checkbox"/> SOCKS, PR                         | <input type="checkbox"/> RELIGIOUS ARTICLES                   | <input type="checkbox"/> PAPERS, PERSONAL                     |
| <input type="checkbox"/> TIES                              | <input type="checkbox"/> RIBBONS, DECORATION                  | <input type="checkbox"/> PHOTOS                               |
| <input type="checkbox"/> TOWELS                            | <input type="checkbox"/> RINGS                                | <input type="checkbox"/> SHOE SHINE ARTICLES                  |
| <input type="checkbox"/> TROUSERS, PR                      | <input type="checkbox"/> TOBACCO                              | <input checked="" type="checkbox"/> SHORT SHORTER             |
| <input type="checkbox"/> TRUNKS, PR                        | <input type="checkbox"/> TOILET ARTICLES                      | <input checked="" type="checkbox"/> SOUVENIRS                 |
| <input type="checkbox"/> UNDERWEAR                         | <input type="checkbox"/> WATCH                                | <input checked="" type="checkbox"/> SOUVENIR MONEY            |
|  |   | <input type="checkbox"/> STATIONERY                           |
|  |   | <input type="checkbox"/> TESTAMENTS                           |
|  |   | <input checked="" type="checkbox"/> U.S. MONEY (AMOUNT)       |

*Leslie Allison* *Re 25*  
*0-24509 LT. Col. 10 Mar. 1945*  
*1 Silver Star Medal Complete*  
*E.S.*

VALUABLES SHIPPED  
 DATE *5/25/45*  
 BY *JM*

REMARKS *wife Mrs. Leslie Allison 1208 Pleasant St. Paris, Kentucky.*

|   |                                |                           |   |
|---|--------------------------------|---------------------------|---|
| <input checked="" type="checkbox"/> *Bloodstained | ATTACHMENTS                    | FORM #54                  | FORM #100   |
| C.A.T. <i>None</i>                                |                                | <i>Inventory gettable</i> |   |
| WAREHOUSE SPACE <i>2062</i>                       | STORED BY <i>JW</i>            | WEIGHT                    | <input checked="" type="checkbox"/> G.I. REMOVED        |
| INVENTORIED BY <i>Smart</i>                       | DATE SHIPPED <i>JUN 7 1945</i> |                           | <input checked="" type="checkbox"/> SHORTAGE ON REVERSE |
| PACKED BY <i>Sheser</i>                           | CHECKED BY <i>JW</i>           |                           | <input checked="" type="checkbox"/> IDENT. TAGS REMOVED |
|   |                                |                           | <input checked="" type="checkbox"/> DIARY REMOVED       |
|   |                                |                           | <input checked="" type="checkbox"/> LOCKED STORAGE      |
|   |                                |                           | <input type="checkbox"/> LAUNDRY REMOVED                |
|   |                                |                           | <input type="checkbox"/> FILM REMOVED                   |



ADDITIONAL REMARKS.

SHORTAGES

U. S. GOVT. CHECK SHORT

2 Rolls Exposed films 2-620

NUMBER

DATE

SYMBOL

AMOUNT

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

*Smart*  
INVENTORY CLERK

SUPERVISOR

G.I. REMOVED

1 Hauer - sec



ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Mary Jane Allison

SHIP TO:

441 West Second Street, Apt. 402

Lt. Col. Leslie Allison

Lexington 7, Kentucky

Effects of:

Name O-24509

ASN 266306 D

Case No.

Wt.

DATE 26 May 1945

*A. Brien*

FOR: Effects Quartermaster

REMARKS: CHG:VB:cr

Inclose Bureau Check  
 Acct. No. \_\_\_\_\_  
 Amount \_\_\_\_\_  
 Inclose "Valuables" item  
 Ship "Valuables" item(s)

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

ROUTING:

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

*not Carter June 4-4-45*

REMARKS:

SHIP DAMAGED ITEM

FRANKED JUN 2 1945  
Franked \_\_\_\_\_  
Est. Exp. Chgs. \_\_\_\_\_  
Est. Frt Chgs. \_\_\_\_\_  
No. of packages 2

*[Signature]*  
Shipping Clerk



*D. Hockett*

PACKAGE DESCRIPTION  
~~# 1 Ctn~~  
~~# 2 Trunk~~

ARMY EFFECTS BUREAU INVENTORY  
 266.306

DECEASED   
 MISSING   
 P.O.W.   
 ABANDONED   
 TALLY NO. 7691  
 INV. DATE 4 Apr-45  
 ORIG. NO. OF PKGS. 5  
 BOX NO.  
 SHEET OF 1 SHEETS  
 ORGANIZATION 1st 23rd Army  
 Bx

NAME Leslie Allison  
 A.S.N. 0-024509 RANK Lt. Col

|                        |   |                     |   |                           |  |
|------------------------|---|---------------------|---|---------------------------|--|
| BELT                   |   | TOWEL & WASHCLOTHS  |   | WINGS                     |  |
| BELT, MONEY (NO MONEY) | X | CLOTHING            | X | BAGS, CLOTH OR TRAVEL     |  |
| CLOTH, WASH            |   | BRACELET IDENT.     |   | BILLFOLD, (NO MONEY)      |  |
| COATS                  |   | BRUSHES             |   | CASE                      |  |
| FOOTWEAR, PR.          |   | CAMERS              |   | FOOTLOCKER                |  |
| GLOVES, PR.            |   | GLASSES             |   | KIT, SEW, TLT, OR WRITING |  |
| HANDKERCHIEFS          |   | KNIVES              |   | BOOKS                     |  |
| HEADWEAR               |   | LIGHTERS            |   | BOOKS, ADDRESS            |  |
| JACKETS                | X | MISC. INSIGNIA      | X | BOOKS, PILOT LOG          |  |
| OVERCOATS              |   | PEN, FOUNTAIN       |   | DIARY (REMOVED FOR DUR)   |  |
| SCARFS                 |   | PENCIL, MECHANICAL  |   | FILMS                     |  |
| SHIRTS                 |   | PIPES               |   | LETTERS                   |  |
| SOCKS, PR.             |   | RELIGIOUS ARTICLES  |   | PAPERS, PERSONAL          |  |
| TIES                   |   | RIBBONS, DECORATION |   | PHOTOS                    |  |
| TOWELS                 |   | RINGS               |   | SHOE SHINE ARTICLES       |  |
| TROUSERS, PR.          |   | TOBACCO             |   | SHORT SHORTER             |  |
| TRUNKS, PR.            |   | TOILET ARTICLES     |   | SOUVENIRS                 |  |
| UNDERWEAR              |   | WATCH               |   | SOUVENIR MONEY            |  |
|                        |   |                     |   | STATIONERY                |  |
|                        |   |                     |   | TESTAMENTS                |  |
|                        |   |                     |   | U.S. MONEY (AMOUNT)       |  |

- \* 2 Bed Sheets
- \* 1 Pillow Case
- \* 3 T-shirts Cotton
- \* 2 shirts Khaki Cotton
- \* 1 pr. Trousers Cotton Pink
- \* 1 pr. Trousers Wool @ 10.
- \* 1 Blouse Wool @ 20.
- \* 1 Field Coat w/ Linen wool 1 Hood.

REMARKS wife, Mary Jean Allison, 4958 St. Louis St. St. Louis @. Mo.  
 ATTACHMENTS Inventory

\* Laundry Removed  
 Coat Torn

C.A.T. none

WAREHOUSE SPAC 916X

INVENTORIED BY G. J. F. J. b. l. e. r

PACKED BY *7611 + Curtis*

STORIED BY BC

DATE SHIPPED JUN 2 1945

CHECKED BY *B*

WEIGHT

G.I. REMOVED

SHORTAGE ON REVERSE

IDENT. TAGS REMOVED

DIARY REMOVED

LOCKED STORAGE

LAUNDRY REMOVED

FILM REMOVED

DAMAGED LAUNDRY







NAME ALLISON, LESLIE LT COL 4509

| BAY           | PALLET      | BOX         | TALLY |
|---------------|-------------|-------------|-------|
|               | 11          |             | 7661  |
| TYPE OF PKG.  | WHSE. SPACE | INVENTORIED |       |
| ELXNAGX B BAG |             |             |       |

Eff. QM Form 43







RESTRICTED

Money in the amount of None has been turned into

Form WDFD 38

(Name of finance officer and symbol number)

enclosed.

(Unknown)

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.)

13 Sep. 1944.

*Stuart P. Edson*  
Name STUART P. EDSON  
Rank & ASN 1st Lt., O-487449  
Organization 23d Armcd Inf. Bn.

Any additional pertinent information:

RESTRICTED



ARMY EFFECTS BUREAU  
DRY-CLEANING LIST

ARMY EFFECTS BUREAU  
LAUNDRY LIST

TALLY NO.

010 042

TALLY NO.

7661

LESLIE ALLISON  
0-024509

LESLIE ALLISON  
0-024509

*1 ctm*

| DRY CLEANING |                                 | do not use | LAUNDRY |                                    | do not use |
|--------------|---------------------------------|------------|---------|------------------------------------|------------|
| 2            | SHIRTS, WOOL                    |            | 2       | SHIRTS, DRESS, COTTON              |            |
| 1            | TROUSERS, WOOL                  |            |         | HANDKERCHIEFS                      |            |
| 1            | COAT, SERVICE, WOOL             |            |         | TROUSERS, COTTON                   |            |
|              | JACKET, FIELD                   |            |         | TIE, COTTON                        |            |
| 1            | OVERCOAT, LONG                  |            | 3       | UNDERSHIRTS, COTTON                |            |
|              | OVERCOAT, SHORT, WOOL           |            |         | DRAWERS, COTTON                    |            |
|              | CAP, GARRISON, WOOL             |            |         | SWEATSHIRTS, COTTON OR WOOL        |            |
|              | CAP, GARRISON, W/LEATHER COTTON |            |         | DRAWERS, WOOL                      |            |
|              | CAP, SERVICE WOOL               |            |         | SOCKS, COTTON, PR.                 |            |
|              | CAP, SERVICE, W/LEATHER COTTON  |            |         | SOCKS, WOOL, PR.                   |            |
|              | TIES, WOOL                      |            |         | PAJAMA TOPS                        |            |
|              | GLOVES, LEATHER OR WOOL         |            |         | PAJAMA BOTTOMS                     |            |
|              | SCARFS                          |            |         | FATIGUES, 1 PC. COTTON             |            |
|              | SWEATERS                        |            |         | FATIGUES, TOPS, COTTON             |            |
|              | TRUNKS, SWIM                    |            |         | FATIGUES, TROUSERS, COTTON         |            |
|              |                                 |            |         | CAP, FATIGUE, COTTON               |            |
|              |                                 |            |         | BELT, COTTON                       |            |
|              |                                 |            |         | TOWEL                              |            |
|              |                                 |            |         | CLOTH, WASH                        |            |
|              |                                 |            |         | CAP, GARRISON, "NO LEATHER" COTTON |            |
|              |                                 |            |         | CAP, SERVICE, "NO LEATHER", COTTON |            |
|              |                                 |            |         | GLOVES, COTTON                     |            |
|              |                                 |            |         | LEGGINGS                           |            |
|              |                                 |            |         | SUPPORTERS, ATHLETIC               |            |
|              |                                 |            |         | SCARFS                             |            |
|              |                                 |            |         | TRUNKS, GYM                        |            |
|              |                                 |            |         | BAGS, BARRACKS                     |            |
|              |                                 |            | 2       | shirts                             |            |
|              |                                 |            | 1       | pillow slip                        |            |

WEIGHT

WAREHOUSE SPACE

590

STORED BY

*JW*

DATE SHIPPED

JUN 2, 1945

INVENTORIED BY

*TRUITT*

PACKED BY

*Hemness*

CHECKED BY

Eff. QM Form 11L

*L. Keck*





TREASURY DEPARTMENT

INTERNAL REVENUE SERVICE

ST. LOUIS 1, MO.



OFFICE OF  
INTERNAL REVENUE AGENT IN CHARGE  
1767 RAILWAY EXCHANGE BUILDING  
ST. LOUIS DIVISION

IN REPLYING REFER TO

May 30, 1945

*Called  
6-5-45  
not in  
mail  
Called*

MEMORANDUM

To: Ralph E. Pace - *Rm 225 25 Corn Home, Victor 3755, State 243*

From: Wilbur A. Sale

As you know, my brother-in-law, Lt. Col. Leslie Allison, 7th Armored Division, died of wounds received in action in France in September, 1944.

I received a letter from my sister yesterday in which she stated that she had received a letter from the Quartermaster Corps in Kansas City stating that Leslie's personal effects had arrived there.

Just before Leslie went overseas I presented him with a combat knife. Because of certain sentimental reasons I would like to have this knife returned to me.

It is my understanding that the general practice is to remove combat weapons, such as knives and guns, from the personal effects returned to the next of kin.

Since you will be in Kansas City I would appreciate it if you would stop in at the office of the Quartermaster Corps and endeavor to ascertain as to whether or not this knife was in Leslie's effects, and, if so, the possibilities of having it returned to me.

It may be that they will be kind enough to give the knife to you for delivery to me.

Anything that you can do will be greatly appreciated. You may use this memorandum as evidence of authority to act as my agent in this matter.

*Wilbur A. Sale*

*9164  
590*





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

GHG:VB:pjj  
May 28, 1945

IN REPLY REFER TO 266,306

Mrs. Mary Jane Allison  
441 West Second Street, Apt. 402  
Lexington 7, Kentucky

Dear Mrs. Allison:

The Army Effects Bureau has received some additional property of your husband, Lieutenant Colonel Leslie Allison.

These effects, contained in two cartons, 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 officer's legal residence.

Extending every sympathy, I am

Sincerely yours,

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

KL





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

IN REPLY REFER TO 266,306

JRM:VB:pjj  
May 23, 1945

Mrs. Mary Jane Allison  
441 West Second Street  
Apartment 402  
Lexington 7, Kentucky

Dear Mrs. Allison:

Thank you for the information furnished the Army Effects Bureau in connection with the personal effects of your husband, Lieutenant Colonel Leslie Allison.

I am inclosing a check for \$74.73, representing funds which belonged to him. The remainder of the property is being forwarded to you in one carton and two packages.

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 officer's legal residence.

I wish to express my sympathy in the loss of your husband.

Sincerely yours,

*ac*  
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

JRM:VB:rw  
Case No. 266306  
Date 9 May 1945

SUBJECT: Report of transactions in disposing of the effects of

Leslie Allison, O-24509 late a  
(Name of deceased) (Army Serial Number)

Lieutenant Colonel, Infantry who died  
(Grade) (Organization, Army or Service)

on the 16 day of September 1944, at European Area.

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

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

a. No legal representative or widow of decedent being present at 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 5 May 1945, pursuant to Special Orders 228, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Mary Jane Allison 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. Mary Jane Allison of 441 West Second Street, Apartment 402 Lexington 7 State of Kentucky is the widow 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



Mrs. Mary Jane Allison  
441 West S econd S treet  
Apartment 402  
Lexington 7, Kentucky





*J. Clark*

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

IN REPLY REFER TO 266306

(S-5-16-45)  
JRM:VC:mmh  
April 16, 1945

Mrs. Mary Jane Allison  
1208 Pleasant Street  
Paris, Kentucky

Dear Mrs. Allison:

The Army Effects Bureau has received from overseas some personal property of your husband, Lieutenant Colonel Leslie Allison.

I know you want to receive this property quickly, and in making application it is necessary only that you confirm your address, stating that you are the legal widow of Colonel Allison.

I regret to advise that included among your husband's effects is a billfold which stained. Please say whether you want this item sent with the remainder of the property. It is our desire to refrain from sending any article which would be distressing, yet, at the same time, we do not feel justified in removing the item without your consent.

Your reply may be made at the foot of this letter, if desired, and mailed in the inclosed self-addressed envelope which needs no postage.

Yours very truly,

*Harry Niemiec July 10, 1945*

HARRY NIEMIEC  
2nd Lt. Q.M.C.  
Chief, Correspondence Branch

*I am the legal widow of Lt. Colonel Leslie Allison.  
Please send his things to me at 441 W. Second Street  
Apt. 402  
Lexington, 7,  
Kentucky.  
Please enclose the billfold.  
Thank you.*



ARMY AND AIR FORCE  
NAMES CITY QUARTERMASTER DEPT  
ARMY STREET BUREAU  
WASHINGTON, D.C.  
20315

100-1-1-1  
100-1-1-1  
100-1-1-1

IN REPLY REFER TO 100-1-1-1

Dear Mr. [Name]  
[Address]  
[City, State, Zip]

Dear Mr. [Name]:

The Army and Air Force  
have received your letter  
concerning the property of your husband, Lieutenant Colonel  
[Name].

I am sorry to receive your letter  
and to hear that you are having  
trouble with the property of your  
husband.

I am sorry to hear that your husband's  
property is being held in  
custody. I am sure that you  
will be able to get the property  
back. If you have any questions  
or need more information, please  
write to me at the address  
below. I will be glad to help  
you.

Your letter was received at the  
address above. I will be glad to  
help you.

Yours very truly,

Chief, Correspondence Branch  
The Adjutant General's Office  
The Adjutant General's Office  
The Adjutant General's Office

*Handwritten notes:*  
When the [unclear] [unclear] [unclear]  
[unclear] [unclear] [unclear] [unclear]  
[unclear] [unclear] [unclear] [unclear]  
[unclear] [unclear] [unclear] [unclear]

100-1-1-1  
100-1-1-1  
100-1-1-1







Tally in No

TIP-81

TALLY IN INVENTORY RECORD

NAME ALLISON, LESLIE RANK LT. COL. ASN 0-24509

SHOWN ON CONSIGNEES T.O. AS

ORGANIZATION 23rd ARM'D. INF. BN.

DATE 13/Nov/45 PARCEL MUSSETTE STATUS KIA.

| ITEMS | DESCRIPTION              | REMARKS          |
|-------|--------------------------|------------------|
|       | Glasses, hum w/ case     | Bag open when    |
|       | Toilet Articles w/ kit   | received         |
|       | Fountain Pen             |                  |
|       | Pocket Knife             | Money Belt-Short |
|       | Tongue nail clippers     |                  |
|       | Buffer charger           | 1-Roll exposed   |
|       | Sevens coins             | Film-mithras     |
|       | St. Col's - knife        |                  |
|       | Photo case w/ photos     |                  |
|       | Wallet w/ misc cards     |                  |
|       | American, Swiss currency |                  |
|       | Settin + misc kit        |                  |
|       | Handkerchief             |                  |
|       | Camera Box Kodak         |                  |
|       | Playing cards            |                  |
|       | 2-Rolls Films            |                  |
|       | Silver Star Decoration   |                  |
|       | complete w/ case         |                  |
|       | Wedding Band             |                  |

INVENTORIED Woffen WISE SPACE

TYPE CONTAINER







OFFICE OF THE DIVISION QUARTERMASTER  
5TH INFANTRY DIVISION

17 Sept 1944  
Date

SUBJECT: Inventory of Personal Effects of:

Allison Leslie 1st Col 024509  
(Last Name) (First Name) (MI) (Rank) (ASN)

TO: Effects Quartermaster, Communication Zone, APO 3142 U.S. Army

The above named individual of 21st Army Inf Bn  
(Unit)

USA was reported KIA  
(Organization) (Status - Killed, MIA,

Hospitalized, etc.) about 11 Aug 10 Sept 1944  
(Date)

Designated Beneficiary if information readily accessible \_\_\_\_\_

INVENTORY OF EFFECTS

✓  
1 each Camera, German, Swiss Hon

*File B/M  
4-2-4*



Money in the amount of \_\_\_\_\_ has been turned into  
(Name of finance officer and symbol number) 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 \_\_\_\_\_ on \_\_\_\_\_ 194\_\_\_\_.  
(Rail, Truck, etc.)

Name \_\_\_\_\_  
Rank & ASN ROBERT A. BAGLEY  
Organization \_\_\_\_\_

Any additional pertinent information:



17 September 1944

(Date)

SUBJECT: Inventory of Personal Effects of:

|             |              |      |          |         |
|-------------|--------------|------|----------|---------|
| Allison     | Leslie       |      | Lt. Col. | 0-24509 |
| (Last Name) | (First Name) | (MI) | (Rank)   | (ASN)   |

TO: Effects Quartermaster, Communication Zone, APO \_\_\_\_\_, U. S. Army.

The above named individual of \_\_\_\_\_ 23 Armd Infantry Bn.  
(Unit)\_\_\_\_\_ was reported KIA  
(Organization) (Status-Killed, MIA, Hospitalized).about 21<sup>st</sup> September 16, 1944.  
(Date)

Designated Beneficiary if information readily accessible \_\_\_\_\_

## INVENTORY OF EFFECTS:

- 1 - Glasses Sun Ray-Ban ✓
  - 1 - Pistol Automatic (German Steyr type small caliber) Clip without ammunition.
  - 1 - Toilet article kit. ✓
  - 1 - Pen Fountain Eversharp. ✓
  - 1 - Watch Solviva Black Dial ✓
  - 1 - Pen Knife. ✓
  - 1 - Photo case with photo ✓
  - 1 - Wallet with personal papers and Identification card.
  - 1 - Money Belt canvas ✓
  - 1 - CAMERA German Zeiss Ikon ✓
  - 1 - CAMERA Box Kodak 620 with Film. (exposed) ✓
  - 1 - Decartion Silver Star with lodge Large ribbon and small gold plated miniature complete in case No 58856 ✓
  - 1 - Film roll exposed each 2 620 ✓
  - 1 - Gold Wedding Band ✓
- All items in Missette Bag. ✓

*Jacob M. Greenberg*  
 JACOB M. GREENBERG  
 2nd Lt. MAC  
 GRO

Items withdrawn are either ordnance property or items which can be used in the military service.



Post Office Department  
OFFICIAL BUSINESS

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



Army Effects Parcel

Return to Kansas City Quartermaster Depot  
601 Broadway Avenue  
Kansas City 1, Missouri

REGISTERED ARTICLE

No. 867-611  
INSURED PARCEL

KANSAS CITY,

MISSOURI



Form 3511  
Rev. 1-4-40

### RETURN RECEIPT

Received from the Postmaster the Registered or Insured Article, the original number of which appears on the face of this Card.

1 Mary Jane Allison  
(Signature or name of addressee)

2 Mrs. H. B. Sale  
(Signature of addressee's agent—Agent should enter addressee's name on line ONE above)

Date of delivery 5-28-45, 194



206, 306

Post Office Department  
OFFICIAL BUSINESS

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

LEXINGTON  
MAY 28  
7:30 PM  
1945  
KY. 266306

POSTMAN OF DELIVERING OFFICE

Return to Army Effects Bureau  
Kansas City Quartermaster Depot  
501 Broadway Avenue  
Kansas City 1, Missouri

Street and Number,  
or Post Office Box, }  
(NAME OF BENDER)

REGISTERED ARTICLE  
No. 867-611  
INSURED PARCEL

No. \_\_\_\_\_

**KANSAS CITY,**  
**MISSOURI**



206, 306



NAME

ALLISON, LESLIE

LT COL

| BAY | PALLET | BOX | TALLY |
|-----|--------|-----|-------|
|-----|--------|-----|-------|

|  |   |  |      |
|--|---|--|------|
|  | 2 |  | 6975 |
|--|---|--|------|

| TYPE OF PKG. | WHSE. SPACE | INVENTORIED |
|--------------|-------------|-------------|
|--------------|-------------|-------------|

|     |  |  |
|-----|--|--|
| CTN |  |  |
|-----|--|--|

Eff. QM Form 43



NAME ~~AD~~ ISON, LESLIE LT COL 4509

| BAY          | PALLET      | BOX         | TALLY |
|--------------|-------------|-------------|-------|
|              |             | 3           | 7227  |
| TYPE OF PKG. | WHSE. SPACE | INVENTORIED |       |
| GRB          |             |             |       |

Eff. QM Form 48



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

266306

REPORT OF DEATH

DATE 18 October 1944  
War 4627

|   |  |  |   |                |    |                             |    |                    |    |                      |    |                                  |    |
|---|--|--|---|----------------|----|-----------------------------|----|--------------------|----|----------------------|----|----------------------------------|----|
| FULL NAME<br>Allison, Leslie  |  | ARMY SERIAL NUMBER<br>024509                         | GRADE<br>Lt. Col.                                       |                |    |                             |    |                    |    |                      |    |                                  |    |
| HOME ADDRESS<br>Paris, Kentucky   |  | ARM OR SERVICE<br>Infantry                           | DATE OF BIRTH<br>13 Jun 1917                            |                |    |                             |    |                    |    |                      |    |                                  |    |
| PLACE OF DEATH<br>European Area   | CAUSE OF DEATH<br>Died of Wounds Rec'd in action |  | DATE OF DEATH<br>16 Sep 44                              |                |    |                             |    |                    |    |                      |    |                                  |    |
| STATION OF DECEASED<br>European Area  |  | DATE OF ENTRY ON CURRENT ACTIVE SERVICE<br>20 Feb 42 | LENGTH OF SERVICE FOR PAY PURPOSES<br>YEARS MONTHS DAYS |                |    |                             |    |                    |    |                      |    |                                  |    |
| EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)<br>Mrs. Mary Jane Allison, wife, 1208 Pleasant St., Paris, Ky. |  |  |   |                |    |                             |    |                    |    |                      |    |                                  |    |
| BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)<br>No record of beneficiary.<br>No prior service.                      |  |  |   |                |    |                             |    |                    |    |                      |    |                                  |    |
| 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 |



ADDITIONAL DATA AND/OR STATEMENT

|                   |             |   |  |   |
|-------------------|-------------|---|--|---|
| COPIES FURNISHED: |             |   | <input checked="" type="checkbox"/> BATTLE | BY ORDER OF THE SECRETARY OF WAR:<br><i>James W. Reinhart</i><br>ADJUTANT GENERAL |
| S. G. O.          | F. B. I.    | F. O. U. S. A.                              | <input type="checkbox"/> NON-BATTLE        |   |
| 2. O. Q. M. G.    | O. F. D.    | ARMY EFFECTS BUREAU<br>CASUALTY BRANCH FILE |  |   |
| G. A. O.          | VET. ADMIN. | A. G. 201 FILE                              |  |   |



Nearest relative Mrs. E. A. Allison Mother  
(Name in full) (Other than wife or minor child) (Relationship)

Address 1208 Pleasant St., Paris, Kentucky

Person to be notified in case of emergency Mrs. Mary Jane Allison Wife  
(Name) (Relationship)

Address 1208 Pleasant St., Paris, Kentucky

Signature of designator: \* Leslie (nmi) Allison Major 0 24509  
(First name) (Middle name) (Last name) (Grade) (Serial number)

Witnessed at Fort Benning, Georgia on 6 April, 1944

Signature of witness Frank C. Lauer, Jr.

Name of witness (printed or typed) Frank C. Lauer, Jr. Major, Inf. 0 406 842  
(Full name) (Grade and organization) (Serial number)

\* Should be witnessed by an officer, if available, otherwise by a notary public.  
 W.D., A.G.O. Form No. 41 † This form supersedes W. D., A. G. O. Form No. 41, 17 July 1942  
 † 6 September 1943 which will not be used after receipt of this revision



Officer

DESIGNATION OR CHANGE OF RELATIVE TO BE PAID SIX MONTHS' GRATUITY IN CASE OF DEATH

IMPORTANT: THIS FORM DOES NOT PERTAIN TO INSURANCE. (See Army Regulation 600-600)

Name of designator Allison, Leslie (umi) 0 24509 Major, Infantry

The persons eligible to receive this pay are designated below:

- 1. Mrs. Mary Jane (Sale) Allison, 1208 Pleasant St., Paris, Kentucky
2. Susanne Allison, 1208 Pleasant St., Paris, Kentucky

21 years of age. If there are no such children, write NONE on line 2)
3. Mrs. E. A. Allison, 1208 Pleasant St., Paris, Kentucky

In the event of my leaving no widow or eligible child, or of their decease or disqualification before payment is made, I then designate payment be made to dependent relative (other than wife or child) whose full name, relationship, and address are shown on line 3.

I decline to name any person as alternate relative to receive this pay

In the event of the death or disqualification of the last-named dependent relative before payment is made, I then designate the dependent relative (other than wife or child) whose full name, relationship, and address are shown on line 4.

(OVER)

16-35173-1



ALLISON, LESLIE MAJ. O-24509 D.O.W. 16 Sep 44

U.K. INDEFINITE STORAGE TO DECEASED

FOOTLOCKER SHIPPED K.C. 8 May 45

T/O FD 1733

266,306



ALLISON, Leslie Lt Col 0-24509

Deceased

Shipped to K.C. 14-nov.44 T/O PD 465

BAG



ALLISON, LEWIS. W. PFC. 32481078. Deceased. C/268024



ALLISON, Leslie., Lt Col O-24509

KIA

74.73

F-167

C.V. 315 -- Edward, STOKES, Capt., F.D.



LESLIE, Allison Lt Col 0-24509

Shipped to K.C. 13 Nov.44 T/O PD 395

Deceased

FEB



7

$$\begin{array}{r} 35 \\ 1 \cdot 15 \\ \hline 175 \\ 35 \\ \hline 42.5 \end{array}$$

RECEIVED  
FEB 10 1964