

JUN 7 1948 LIST

DUPLICATE

CHECK TYPE REQUIRED (See Instructions attached)		APPLICATION FOR HEADSTONE OR MARKER (Please make out and return in duplicate)	
<input type="checkbox"/> UPRIGHT MARBLE HEADSTONE <input type="checkbox"/> FLAT MARBLE MARKER <input checked="" type="checkbox"/> FLAT GRANITE MARKER <input checked="" type="checkbox"/> BRONZE MARKER (WITH RESTRICTIONS)		ENLISTMENT DATE WW II	SERIAL No. 39420166
		DISCHARGE DATE	PENSION No.
NAME (Last, First, Middle Initial) 293rd COX, BARTLEY S.		STATE Calif.	RANK Pvt
DATE OF BIRTH (Month, Day, Year) 22 DEC 1921		DATE OF DEATH (Month, Day, Year) 30 Oct 1944	
NAME OF CEMETERY Pleasant Grove		LOCATION (City and State) Marysville Calif.	
SHIP TO (I CERTIFY THE APPLICANT FOR THIS STONE HAS MADE ARRANGEMENTS WITH ME TO TRANSPORT THE STONE FROM THE FREIGHT STATION TO THE CEMETERY) Franklin C. Moulhead. (SIGNATURE OF CONSIGNEE)		NEAREST FREIGHT STATION (City and State) Southern Pacific	
		POST OFFICE ADDRESS OF CONSIGNEE 515 5th St.	
DO NOT WRITE HERE		I certify this application is submitted for a stone for the unmarked grave of a veteran. I hereby agree to assume all responsibility for the removal of the stone promptly upon arrival at destination, and properly place it at the decedent's grave at my expense.	
FOR VERIFICATION MAY 14 1948	Mrs. Doris Cox APPLICANT'S SIGNATURE		
ORDERED	ADDRESS (Street, City, State) Pleasant Grove Calif.		
B/L	FILE		
SHIPPED	7 JUL 1948 Bonner		

FLAT GRANITE

FOR ORD. 1

JUL 1948

I HEREBY CERTIFY that the type headstone or marker requested by the applicant will be permitted at the grave.

(Be sure you have noted what type is indicated by applicant on form)

Franklin O. Woodhead.

(Signature of superintendent, sexton, or caretaker)

Date 5-4-48

10-11453-4

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

NO BUSINESS 5-17-48

ORIGINAL ORDER

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

FLAT GRANITE MARKER

Below you will find a copy of the inscription taken from the OFFICIAL RECORDS as it will appear on the flat granite marker you ordered. CHECK IT CAREFULLY before the marker is manufactured. Check the INSCRIPTION, NAME AND LOCATION OF CEMETERY. Check with CEMETERY OFFICIALS and make sure a government flat granite marker will be allowed at grave. Check NAME AND ADDRESS OF THE PERSON to whom marker is to be shipped. After you have CORRECTED ANY ERRORS, sign and return promptly in the inclosed envelope which requires no postage.

UNTIL YOU RETURN THIS SLIP THE FLAT GRANITE MARKER CANNOT BE ORDERED. DO NOT DELAY-SIGN & RETURN TODAY.

INSCRIPTION: LATIN CROSS

BARTLEY S COX / CALIFORNIA / PVT INFANTRY / WORLD WAR II /
DEC 22 1921 OCT 30 1944
27

SHIP TO:

FRANKLIN C MOREHEAD SUPT
PLEASANT GROVE CEMETERY
515 - 5TH STREET

R. R. STATION:

FOR:

MARYSVILLE
CALIFORNIA

R. R. STATION:

JUN 24 1943

APPLICANT:

MRS DOVIE COX
PLEASANT GROVE
CALIFORNIA

CEMETERY:

PLEASANT GROVE
MARYSVILLE
CALIFORNIA

FILE

OQMG FORM
Rev. 1 NOV. 46 312

APPROVAL AND ACCEPTANCE

Mrs Dovie Cox
SIGNATURE

JUL 1943
B...

S/Sgt Linnard

RECEIPT OF REMAINS

DISTRIBUTION CENTER
#13 SFPE OAKLAND ARMY BASE OAKLAND 14 CALIFORNIA "GRAVES"

ROUTINE 30 APRIL 1948

REMAINS CONSIGNED TO: LIPP AND SULLIVAN FUNERAL DIRECTORS
515 5TH STREET
MARYSVILLE CALIFORNIA

REMAINS OF THE LATE PRIVATE BARTLEY S COX ASN 39420166 BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT ON TRAIN NUMBER TWO WESTERN PACIFIC RAILROAD LEAVING OAKLAND TEN THIRTY FIVE AM FOUR MAY AND DUE TO ARRIVE MARYSVILLE STATION FOUR THREE FIFTY FIVE PM RAILROAD TIME FOUR MAY. REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT STATION UPON ARRIVAL AND THAT YOU IMMEDIATELY PASS THIS INFORMATION ON TO NEXT OF KIN.

Samuel G O'Regan
SAMUEL G O'REGAN
MAJOR QMC

MEMORIAL DIVISION
APPROPRIATION
ACCREDITED BRANCH
JUN 12 11 PM '48

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

THIS 4th DAY OF May, 1948

St Rose Schmelzer
WITNESS (Escort)

Supr & Sullivan
Franklin Cleverly
CONSIGNEE

file
Records
Account #1
14 June 48
P. Burns
P. Burns

BURNS

1

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
1240 03100

DATE
15 10 47
DAY MONTH YEAR

NAME
COX BARTLEY S

SERIAL NUMBER
39420166

RANK
PVT

ARM
1
DATE OF DEATH
DAY MONTH YEAR

CEMETERY
HENRI CHAPELLE EUPEN

DISPOSITION OF REMAINS
1 9100 13
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
S 6 108 BELGIUM

CAUSE OF DEATH
1

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
**LIPP AND SULLIVAN FUNERAL DIRECTORS
515-5TH STREET
MARYSVILLE, CALIFORNIA**

NAME AND ADDRESS OF NEXT OF KIN
**VIRGIL M. COX (FATHER)
ROUTE #1, BOX 23
PLEASANT GROVE, CALIFORNIA**

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME
COX BARTLEY S

SERIAL NUMBER
39420166

RANK
PVT

DATE OF DEATH
EST 4 NOV 1944

DATE DISINTERRED
31 OCT 1947

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
USAGF

RELIGION
P

IDENTIFICATION VERIFIED BY
**THOMAS C HAYDEN JR. CAPT
562 QM SV 80 NAME AND TITLE QMC**

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
UNIFORM AND MATTRESS COVER

CONDITION OF REMAINS
**FRACTURED LEFT HUMERUS, ULNA, RADIUS,
AND RIGHT FIBULA.**

OTHER MEANS OF IDENTIFICATION
GROUND FORCES UNIFORM. TANKERS TROUSERS.

MINOR DISCREPANCIES
NONE

REMAINS PREPARED AND PLACED IN CASKET
DATE **3 NOV 1947** BY

HARRIE D NELSON, EMB. SUPV.
EMBALMER (Signature) *H. D. Nelson*

CASKET SEALED BY
HARRIE D NELSON, EMB. SUPV.

**HARRIE D NELSON, EMB. SUPV.
FOS. PROVISIONAL**

CASKET BOXED AND MARKED
DATE **3 NOV 1947** BY **JOHN SHINKO
CLERK RECORDER**

SHIPPING ADDRESS VERIFIED BY
HARRIE D NELSON, EMB. SUPV.

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

Raymond G Johnson
RAYMOND G JOHNSON, 1ST LT INF.

SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM U.S.M.C. ARMY QUARTERS, BETHLE		TO LIEGE, BELGIUM (BARGE LOADING PT)	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER DET 201 PT VAUGHN USA RA 39570049	
SIGNATURE OF SHIPPER <i>W. J. Hummel</i> CAPT W. J. HUMMEL 0397092	DATE 16/1/48	SIGNATURE OF RECEIVER <i>Vernon H Hoyt</i>	DATE 15/1/48

2. SHIPPED

FROM LIEGE, BELGIUM (BARGE LOADING PT)		TO ANTWERP PORT Pier 140	
KIND OF CONVEYANCE BARGE PETRUS		NAME OF CONVOYER DET 201 PT VAUGHN RA 35568872	
SIGNATURE OF SHIPPER <i>Vernon H Hoyt</i> 1st Lt VERNON H HOYT 01325894	DATE 16/1/48	SIGNATURE OF RECEIVER <i>Elroy N. Nathan</i>	DATE 19 JAN 1948

3. SHIPPED

FROM AGRC ANTWERP BELGIUM		TO USAT ROBERT F. BURNS	
KIND OF CONVEYANCE ZEC		NAME OF CONVOYER ELROY N. NATHAN, 1st L.T. T.C.	
SIGNATURE OF SHIPPER L. E. Butler Lt Col Inf	DATE - 8 MAR 1948	SIGNATURE OF RECEIVER <i>Elroy N. Nathan</i>	DATE - 8 MAR 1948

4. SHIPPED

FROM USAT "ROBERT F. BURNS"		TO NYPE	
KIND OF CONVEYANCE ZEC		NAME OF CONVOYER ELROY N. NATHAN, 1st L.T. T.C.	
SIGNATURE OF SHIPPER ELROY N. NATHAN, 1st L.T. T.C.	DATE 31 MAR 1948	SIGNATURE OF RECEIVER <i>James L. McKinnon</i> JAMES L. MCKINNON, T. C.	DATE APR 2 MAR 1948

5. SHIPPED

FROM NYPE		TO DET 13	
KIND OF CONVEYANCE TRAIN		NAME OF CONVOYER James L. McKinnon	
SIGNATURE OF SHIPPER JAMES L. MCKINNON	DATE APR 10 1948	SIGNATURE OF RECEIVER <i>Robert J. May</i> 1st Lt., QMC	DATE MAY 15 1948

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM U.S.M.C. HENRI CHAPELLE, BELGIUM		TO LIEGE, BELGIUM (BARGE LOADING PT)	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER SAJ LUIS VALENZUELA RA 39570049	
SIGNATURE OF SHIPPER <i>M. Hummel</i> CAPT MATHIAS HUMMEL 0597028	DATE 16/1/48	SIGNATURE OF RECEIVER <i>Upton N Hoyt</i>	DATE 16/1/48

2. SHIPPED

FROM LIEGE, BELGIUM (BARGE LOADING PT)		TO ANTWERP PORT Pier 140	
KIND OF CONVEYANCE BARGE PETRUS		NAME OF CONVOYER SAJ ALFRED L VAUGHN RA 35568972	
SIGNATURE OF SHIPPER <i>Upton N Hoyt</i> 1st Lt VERNON M HOYT 01328094	DATE 16/1/48	SIGNATURE OF RECEIVER <i>Elroy N. Nathan</i>	DATE 19 JAN 1948

3. SHIPPED

FROM AGRC ANTWERP BELGIUM		TO USAT ROBERT F. BURNS	
KIND OF CONVEYANCE ZEC		NAME OF CONVOYER ELROY N. NATHAN, 1st L.T. T.C.	
SIGNATURE OF SHIPPER L E Butler Lt Col Inf	DATE - 8 MAR 1948	SIGNATURE OF RECEIVER <i>Elroy N. Nathan</i>	DATE - 8 MAR 1948

4. SHIPPED

FROM USAT "ROBERT F. BURNS"		TO NYPE	
KIND OF CONVEYANCE ZEC		NAME OF CONVOYER ELROY N. NATHAN, 1st L.T. T.C.	
SIGNATURE OF SHIPPER ELROY N. NATHAN, 1st L.T. T.C.	DATE 31 MAR 1948	SIGNATURE OF RECEIVER <i>James L. McKinnon</i> JAMES L. MCKINNON, T. C.	DATE APR 2 MAR 1948

5. SHIPPED

FROM NYPE		TO PORT TRANSPORTATION OFFICER	
KIND OF CONVEYANCE TRAIN		NAME OF CONVOYER <i>James L. McKinnon</i>	
SIGNATURE OF SHIPPER JAMES L. MCKINNON	DATE APR 10 1948	SIGNATURE OF RECEIVER <i>James L. McKinnon</i> 1st Lt., QMC	DATE MAY 15 1948

6. SHIPPED

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

7. SHIPPED

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

MESSAGEFORM

MESSAGE CENTER NO.

TRANSMITTING MEANS

CRYPTOGRAPH OR CLEAR TEXT

CALLS

STA. SER. NO.

PRECEDENCE

TRANSMISSION INSTRUCTIONS

ORIGINATOR

DATE-TIME GROUP

V

NR

ACTION

INFORMATION

EXEMPT

OPERATING SIGNALS

GROUP COUNT

GR

SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM: (Originator)

#13 SFPE OAB OAKLAND 14 CALIFORNIA "GRAVES"

SECURITY CLASSIFICATION

ACTION TO:

- . LIPP AND SULLIVAN FUNERAL DIRECTORS
- . 515 FIFTH STREET
- . MARYSVILLE CALIFORNIA

PRECEDENCE FOR
ACTION INFORMATION ORIGINAL MESSAGEREFERS TO ANOTHER MESSAGE
IDENTIFICATION CLASSIFICATION

INFORMATION TO:

REFERENCE OUR WIRE DATED THIRTY APRIL REMAINS OF LATE PRIVATE BARTLEY S COX WILL ARRIVE MARYSVILLE STATION FOUR FIFTY FIVE PM RAILROAD TIME FOUR MAY INSTEAD OF ORIGINALLY SCHEDULED.

SAMUEL G O'REGAN
MAJOR QMC

RECEIVED
1948 MAR 4 AM 10 27
SIGNAL CENTER
F.C.

SECURITY CLASSIFICATION

AUTHORIZATION

SIGNATURE

ORIGINATING AGENCY

OFFICIAL TITLE

SYMBOL

DATE-TIME GROUP

PAGE OF

CHIEF, AGR DIV, SFPE, OAB, D/C #13

MR. VIRGIL M. COX

ROUTE #1, BOX 23

PLEASANT GROVE, CALIFORNIA

REFERENCE IS MADE TO YOUR WIRE DATED 22 APRIL 1948 PERTAINING TO DELIVERY OF REMAINS OF THE LATE PRIVATE BARTLEY S. COX. IT IS REGRETTED A DEFINITE DATE CANNOT BE STATED AT THIS TIME. THE APPROXIMATE DATE OF DEPARTURE FROM THIS CENTER IS 4 MAY 1948. HOWEVER, YOUR DESIGNATED FUNERAL DIRECTOR, LIPP & SULLIVAN, 515-5TH STREET, MARYSVILLE, CALIFORNIA WILL BE ADVISED BY WIRE THE DATE AND TIME OF ARRIVAL OF REMAINS 3 DAYS PRIOR TO DEPARTURE. THEY WILL FURTHER BE REQUESTED TO CONTACT YOU IMMEDIATELY FOR YOUR DESIRED ARRANGEMENTS.

SAMUEL G. O'REGAN, Major, QMC
 Chief, AGR Division, SFPE

SAMUEL G. O'REGAN
 Major, QMC

22 Apr 48

WESTERN UNION

WU A73 14/13 COLLECT .45 PLUS .45 PT PLEASANTGROVE CALIF

MAR 26 1948 222P

COMMANDING OFFICER DISTRIBUTION CENTER

13 OAKLAND ARMY BASE OAK

PRIVATE BARTLEY S COX ASN 39420166 ARRANGEMENTS AS IN

LETTER JUST RECEIVED

MRS VIRGIL COX.

208P

1948 MAR 26 PM 3 11
SIGNAL CENTER

RECEIVED

WESTERN UNION

File

WU AJ55 PD

PT PLEASANT GROVE CALIF 22 1948 322P

COMMANDING OFFICER DISTRIBUTION CENTER 13 OAB

REFERRING TO REMAINS OF PVT BARTLEY S COX NUMBER 39420166

LET ME KNOW WHERE THE BODY IS, WE HAVE BEEN WAITING, ANSWER

AT ONCE

VIRGIL M COX.

39420166.(316P)..

RECEIVED

1948 JUL 22 PM 4 21

MESSAGEFORM

MESSAGE CENTER No.

TRANSMITTING MEANS

CRYPTOGRAPH OR CLEAR TEXT

CALLS

STA. SER. No.

PRECEDENCE

TRANSMISSION INSTRUCTIONS

ORIGINATOR

DATE-TIME GROUP

V

DELIVER AND REPORT ANY CHARGES

NR

ACTION

INFORMATION

EXEMPT

OPERATING SIGNALS

GROUP COUNT

GR

SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM: ~~Office of~~ AGR DIV OAB "GRAVES"

SECURITY CLASSIFICATION

UNCL

ACTION TO:

- MR. VIRGIL M. COX
- ROUTE #1, BOX 23
- PLEASANT GROVE, CALIFORNIA

PRECEDENCE FOR

ACTION
PRIORITY

INFORMATION

 ORIGINAL MESSAGE

IDENTIFICATION

REFERS TO ANOTHER MESSAGE

CLASSIFICATION

THIS HEADQUARTERS HAS BEEN ADVISED THAT THE REMAINS OF ~~LATE PRIVATE~~

BARTLEY S. COX

ARE ENROUTE TO THE UNITED STATES. RECORDS

OF THIS OFFICE INDICATES YOU WISH REMAINS DELIVERED TO

LIPP AND SULLIVAN FUNERAL

DIRECTORS 515-5TH STREET MARYSVILLE CALIFORNIA

PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL. WE REGRET IT IS NOT POSSIBLE AT THIS TIME TO GIVE YOU A DEFINITE DELIVERY DATE HOWEVER THREE DAYS PRIOR TO SHIPMENT FROM THIS PORT YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF RAIL ROUTING AND SCHEDULED TIME REMAINS WILL ARRIVE AT RAILROAD STATION. HE WILL BE REQUESTED TO PASS THIS INFORMATION TO YOU SO THAT YOU MAY MAKE FUNERAL ARRANGEMENTS. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. WITHIN FORTY EIGHT HOURS OF DATE OF THIS MESSAGE PLEASE CONFIRM BY TELEGRAM COLLECT TO COMMANDING OFFICER DISTRIBUTION CENTER #13 OAKLAND ARMY BASE OAKLAND 14 CALIFORNIA ABOVE DELIVERY INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS. PLEASE BE ADVISED THAT IT WILL NOT BE POSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER THE EXPIRATION OF THE FORTY EIGHT HOUR PERIOD. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. IF YOU SHOULD DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATION TO MAKE ARRANGEMENTS. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM WHICH MUST BE SIGNED BY YOU.

SECURITY CLASSIFICATION

UNCL

AUTHORIZATION

SIGNATURE

S. G. O'REGAN

ORIGINATING AGENCY

SYMBOL

DATE-TIME GROUP

25 Mar 48

OFFICIAL TITLE

Major, QMC

Chief, A.G.R. Division

PAGE 1 OF 1

INSPECTION CHECK LIST
(FOR USE AT DISTRIBUTION POINT)

Spec 1357

NAME ✓ COX, BARTLEY S.	RANK PVT	SERIAL NUMBER 39420166
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XXXXXX SOURCE: Henri Chapelle Eupen, Belgium	XXXXXX CONS: Lipp and Sullivan Funeral Directors 515-5th Street, Marysville, California
--	--

SHIPPING CASE - GENERAL APPEARANCE (Check ONLY Discrepancies)	CONDITION OF SHIPPING CASE (Check one) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY
--	--

FINISH (Exterior)	REMARKS
FINISH (Interior)	
HANDLES	
HANDLE BOLTS	
STENCILING - NAMEPLATE	
HEALTH PERMIT MARKER <i>N.Y. 076 R</i>	
HEALTH PERMIT NUMBER	

CASKET - GENERAL APPEARANCE (Check ONLY Discrepancies)	CONDITION OF CASKET (Check one) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY
---	---

FINISH (Exterior)	REMARKS <i>rough</i>
HANDLES AND FASTENINGS	
STENCILING - NAMEPLATE	
CAM LOCKS (Sealing) <i>O.K. D.S.P.</i>	
ODOR OR MOISTURE <i>O.K. D.S.P.</i>	

ROUTED THROUGH

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

CONDITION OF REMAINS <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	CASKET REPAIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
---	--

NECESSARY DISINFECTION (Explain)	CASKET EXCHANGED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
----------------------------------	---

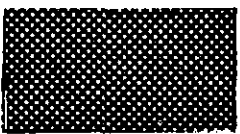
SHIPPING CASE REPAIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

SHIPPING CASE EXCHANGED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
--

REMARKS <i>30 April 1948</i>

TIME <i>9:50 A.M.</i>	DATE <i>4/30/48</i>	SIGNATURE OF MORTICIAN <i>D.D. Parks</i>	TIME	DATE	SIGNATURE OF INSPECTING OFFICER
--------------------------	------------------------	---	------	------	---------------------------------

REMARKS I certify that the casket and shipping case for these remains were inspected by me personally and are in perfect condition.
I further certify that I personally checked the name stencil and shipping case tag against the casket tag for these remains and the name as stenciled on the shipping case and as on the shipping case tag are exactly the same as shown on the tag fastened to the casket.


Leonard L McLee
Major T.S.
INSPECTION OFFICER

May 27, 48

Pleasant Grove

P.O. Box 23 Calif

Dear Sir I am answering
in regards to grave marker
please send the
Granite if possible
as I like that very much
and with the cross in
circle as Christian Reply
is refered to is gone. M. H. 298
COX, BARTLEY, S. SN. 394 201. 66.

reason for asking for Bronze
Bartley liked Bronze him self,
so thanks, for the other
will be all right so I thank
you again, Reply

Mrs. Dowie

FILE

JUN 7 1948

Daniel
Cox
11 A

CORRESPONDENCE ACTION SLIP

NAME		SERIAL NUMBER	INITIALS	DATE
x - Bartley Co.		3942 0166	Jhu	5-17-48
NAME OF DECEDENT	ADDRESS	IDENTIFYING DATA	LETTER TO: <i>Applicant</i> <i>no Bronze</i> <i>no King</i>	
BRONZE	NO UPRIGHT GRANITE	CONSIGNEE		
DISHONORABLE-DRAFT	NOT PERMANENTLY INTERRED	NOT RECOVERED		
CEMETERY REGULATIONS	AGO	MARINE		
NAVY	COAST GUARD	VETERANS ADMINISTRATION		
STATE PENSION	AUTHORIZED INSCRIPTION	ADDITIONAL INSPECTION		
APPLICATION FOR PROOF	NO AGENT	NO STATION		
DUE TO DISTANCE	UNCLAIMED	BROKEN		
DAMAGED	CERTIFICATE IN LIEU	LOST		
FOREIGN	TRUCK	RESHIPMENT		

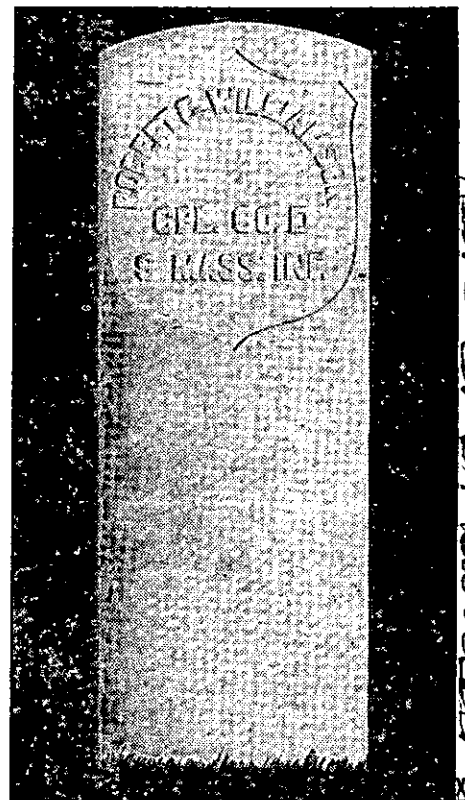
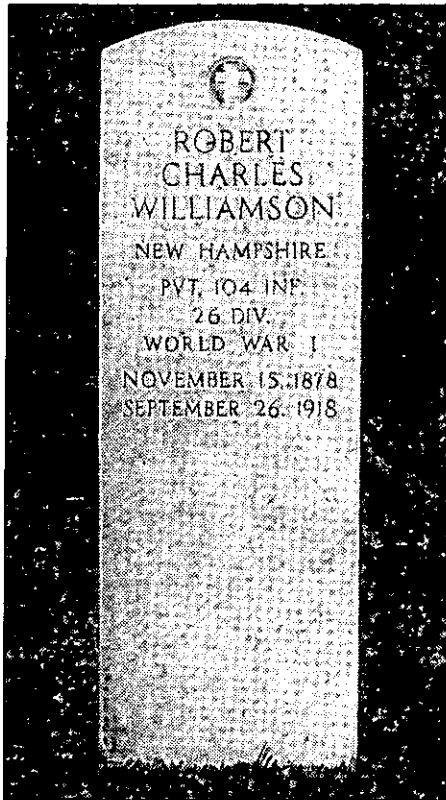
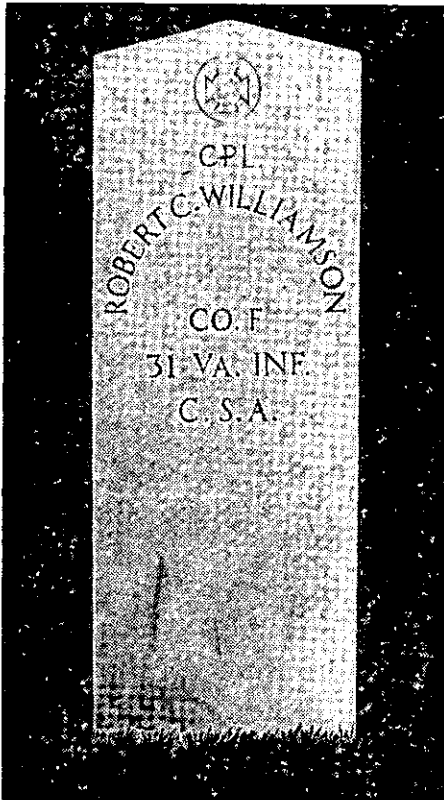
FILE
JUN 1948
R M Field
adm Or

RIGHT HEADSTONES OF MARBLE

For Veterans of the
Confederate States Army

For ALL VETERANS EXCEPT those
of the CIVIL and
SPANISH-AMERICAN WARS

For Civil War (April 15, 1861–August 20, 1865)
and Spanish War (April 21, 1898–April 11, 1899)
Veterans



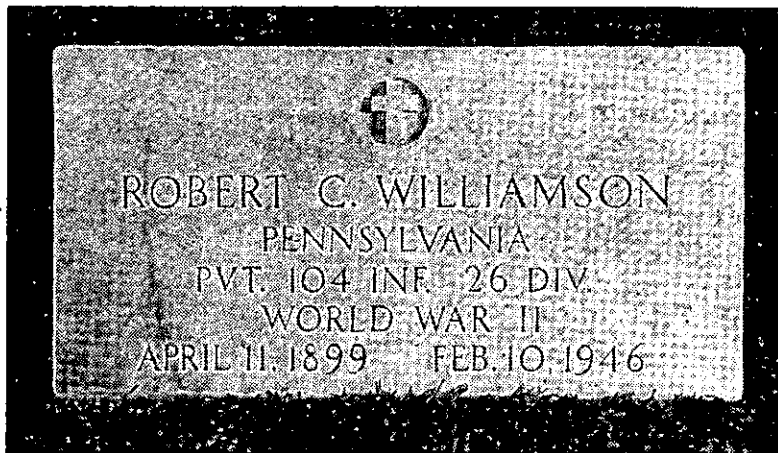
39 inches long, 12 inches wide, 4 inches thick; top is slightly pointed; inscribed with name, rank (if above a private), and organization, followed by the letters "C. S. A." Date of birth and death not inscribed on this stone.

42 inches long, 13 inches wide, 4 inches thick. Within small circle above inscription will be cut either a Latin Cross for Christians, or Star of David for Hebrews, or no emblem, as elected. Check "EMBLEM" desired on application form. Inscription consists of full name of decedent, State from which he came, rank, authorized organization; war period of service (as shown in official records such as World War I and/or II, Mexican War, War 1812, etc.), the month, day, and year of birth and death.

39 inches long, 12 inches wide, 4 inches thick. Top is slightly rounded, inscribed with name, rank (if above private), all cut within a sunken shield. Date of birth and death not inscribed on this stone. When headstone is used for Spanish-American War service, the words "Sp. Am. War" are added inside the shield below the organization, in order to distinguish this service from Civil War service.

FLAT MARKERS OF MARBLE, GRANITE, OR BRONZE

(Bronze markers are furnished only in those cemeteries where stone markers are not acceptable)



The granite or marble marker is 24 inches long, 12 inches wide, and 4 inches thick, lettering incised. The bronze marker is 24 inches long, 12 inches wide, and 3/16 inch thick, with raised lettering. Marker placed flush with the ground. Inscription will be placed parallel to the greatest dimension on the marker and will consist of the name of the decedent, the State from which he came, his rank, authorized organization, war period of service (as shown in official records as World War I and/or II, Mexican War, War 1812, etc.), and the month, day, and year of birth and death. Within a small circle above the inscription will be cut either a Latin Cross for Christians, or Star of David for Hebrews, or no emblem, as elected. Under "Emblem" check the one chosen.

THE ABOVE PICTURES SHOW HOW THE STONES AND MARKERS APPEAR AFTER BEING PLACED AT THE HEAD OF THE GRAVE

The upright headstones are of American white marble. The flat markers are of American white marble, or light gray granite, or bronze (note bronze restrictions). No deviation can be made from these specifications. Additional inscription may be cut on the upright headstones of marble at private expense. NO ADDITIONAL INSCRIPTION AT PRIVATE EXPENSE PERMITTED ON THE FLAT MARKERS BECAUSE OF LIMITED SPACE.

*this type
please send
granite*

*1893 CIVIL WAR
1898 SPANISH WAR
JUN 1898
R M
C. S. A.*

real!

QMGMH 293
Cox, Bartley S.
SN 394 201 68

21 May 1948

Mrs. Dovie Cox

Pleasant Grove, California

Dear Mrs. Cox:

Reference is made to your application for a bronze marker for the grave of the late Bartley S. Cox.

The authorization for furnishing Government bronze markers provides they be used only for graves in those cemeteries where stone markers are not acceptable. As the Pleasant Grove Cemetery has no restrictions concerning the types of headstones and markers permitted therein, it will not be possible to furnish a bronze marker for this veteran's grave.

The inclosed illustration shows the various types of stones now being furnished, and it is suggested you select one of these for the grave of Bartley S. Cox.

An envelope is inclosed for your convenience in replying, and an early answer will enable this office to take further action on your application.

Sincerely yours,

G. L. RUTH
Memorial Division

2 Incls
1 illustration
2 env
mvl

PH 11
M.G. BRANCH
COPIES
FILE & RECORDS

F.M.J. - Wash. 25 Pe
attn - memorial

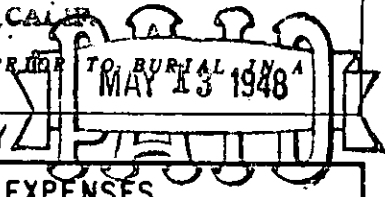
G.A. FRANK
COL 210008

WW II

CERTIFICATE

(AR 30-1830) Sta. MAY 13 1948 809

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



PART A - CIVILIAN OR PRIVATE CEMETERY

A

REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT BARTLEY S. COX	GRADE PVT	SERIAL NUMBER 39420168	COMPONENT ARMY
---	---------------------	----------------------------------	--------------------------

I certify that the sum of \$ 95.00 was paid by me from personal funds in connection with the interment of the remains of the above named decedent in the below named cemetery.

INSERT NAME OF CEMETERY Pleasant Grove	CITY OR COUNTY Pleasant Grove Sutter County	STATE Calif.
--	---	------------------------

INSTRUCTIONS TO PERSON SIGNING THIS FORM 1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. 2. Return four copies to: Commanding Officer Distribution Center #13 Oakland Army Base Oakland 14, California	SIGNATURE OF CLAIMANT <i>Mrs Dovie Cox</i>
	ADDRESS OF CLAIMANT (City, Street or RFD, and State) Pleasant Grove Calif RELATIONSHIP TO DECEDENT Mother DATE 21 May 48

PART B - NATIONAL OR POST CEMETERY

B

REQUEST FOR REIMBURSEMENT OF TRANSPORTATION EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT	GRADE	SERIAL NUMBER	COMPONENT
------------------	-------	---------------	-----------

I certify that the sum of \$ _____ was paid by me from personal funds in connection with the transportation of the remains of the above named decedent from and to the following places:

INSERT CITY OR TOWN (OR ADDRESS NOT IN A CITY OR TOWN) FROM WHICH REMAINS WERE SHIPPED	INSERT NAME AND LOCATION OF NATIONAL OR POST CEMETERY TO WHICH REMAINS WERE SHIPPED
--	---

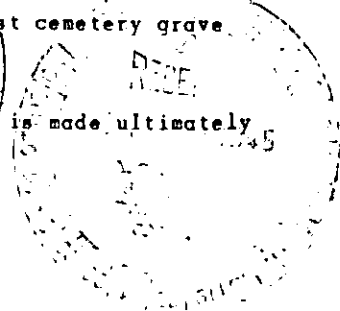
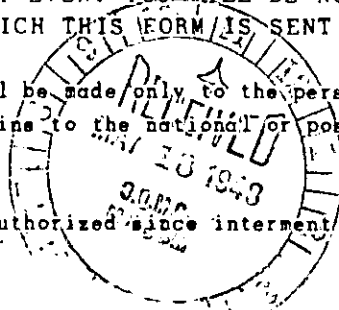
INSTRUCTIONS TO PERSON SIGNING THIS FORM 1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. 2. Return four copies to: Commanding Officer Distribution Center #13 Oakland Army Base Oakland 14, California.	SIGNATURE OF CLAIMANT
	ADDRESS OF CLAIMANT (City, Street or RFD, and State) RELATIONSHIP TO DECEDENT DATE

EXPLANATION OF PART A - CIVILIAN OR PRIVATE CEMETERY

1. When the remains are delivered for interment in a civilian or private cemetery, you are responsible for paying all interment expenses. In this connection, you are entitled to the allowance mentioned in paragraph 2 below.
2. An amount not to exceed \$75 is allowed by the government toward actual interment expenses when final interment of the remains is in a private or civilian cemetery. No allowance is authorized toward interment expenses when interment is in a national or post cemetery.
3. The \$75 maximum allowance by the government toward interment expenses includes but is not limited to the payment of one or more of the following items: hearse hire from the railroad station to your home, the funeral home, church, cemetery, or any other place designated by you; vault; church services; newspaper notices; transportation for friends and relatives to and from cemetery; and the services of a funeral director.
4. Reimbursement by the government is made only to the person who paid from his personal funds the expenses of or incident to interment in a private or civilian cemetery. Receipted bills are not required to accompany this form. Any expenses over and above the \$75 maximum must be borne by the person who incurred or paid the additional expenses.

EXPLANATION OF PART B - NATIONAL OR POST CEMETERY

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



REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Pvt. Bartley S. Cox, 39 420 166
 Plot 8, Row 6, Grave 103,
 United States Military Cemetery
 Henri-Chapelle, Belgium

8 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, Virgil M. Cox

(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

- WIDOW WIDOWER SON OVER 21 YEARS OLD DAUGHTER OVER 21 YEARS OLD
- FATHER MOTHER BROTHER OVER 21 YEARS OLD SISTER OVER 21 YEARS OLD
- RELATIONSHIP OTHER THAN ABOVE. (Specify) _____

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

1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS.
2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY
Pleasant Grove Cemetery - Pleasant Grove, California
 (NAME AND LOCATION OF CEMETERY)
3. BE RETURNED TO _____, THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT _____
 (FOREIGN COUNTRY) (LOCATION OF CEMETERY SELECTED)
4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____
 (LOCATION OF NATIONAL CEMETERY SELECTED)

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

- YES NO

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

A. D. [Signature]
6 Oct 47 RKS

Code 9/22/47 Mitchell

SEP 17

[Handwritten initials]

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Pvt. Bartley S. Cox, 39 420 166
 Plot B, Row 6, Grave 108,
 United States Military Cemetery
 Henri-Chapelle, Belgium

8 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, Virgil M. Cox

(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

- WIDOW WIDOWER SON OVER 21 YEARS OLD DAUGHTER OVER 21 YEARS OLD
- FATHER MOTHER BROTHER OVER 21 YEARS OLD SISTER OVER 21 YEARS OLD
- RELATIONSHIP OTHER THAN ABOVE (Specify) _____

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

1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS.
2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY
Pleasant Grove Cemetery - Pleasant Grove, California
 (NAME AND LOCATION OF CEMETERY)
3. BE RETURNED TO _____ THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT _____
 (FOREIGN COUNTRY) (LOCATION OF CEMETERY SELECTED)
4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____
 (LOCATION OF NATIONAL CEMETERY SELECTED)
- (Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)
- YES NO

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

6 Oct 47 KITS

Coded 9/22/47 Mitchell

SEP 17

(Handwritten initials)

PART I (Continued)

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

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

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

OR

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

FULL NAME OF FUNERAL DIRECTOR			
Lipp & Sullivan Funeral Directors			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
515 5th Street	Marysville ¹³	Yuba	California
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	TELEPHONE No.	
Marysville, Calif.	Marysville, Calif.	54	

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
Cox (Mrs.)	Dovie	M.	Mother
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
Route #1 Box #23	Pleasant Grove	Sutter	California

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

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

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

x Virgil M. Cox
(SIGNATURE OF NEXT OF KIN)

Virgil M. Cox
(NAME PRINTED OR TYPED)

Route #1, Box #23
(STREET AND NUMBER)

Pleasant Grove, California
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 23rd day of August

1947, at city (or town) of Marysville, county of Yuba, and State (or Territory or District) of California.

Byrde Kean Ocheltree
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Notary Public
Yuba County, California
(OFFICIAL TITLE)

*NOTE.—Page 4 is part of the notarial attestation.
My Comm. Expires Nov. 11, 1947.

PART II — RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

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

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

_____	_____
(SIGNATURE OF NEXT OF KIN)	(DATE)
_____	_____
(NAME PRINTED OR TYPED)	(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.

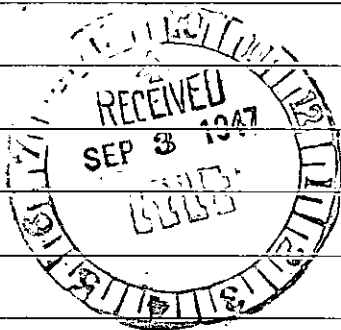
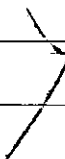
THIS IS TO NOTIFY YOU THAT I AM NOT THE NEXT OF KIN AUTHORIZED TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED NAMED ON PAGE 1 OF THIS FORM. THE FOLLOWING PERSON, TO THE BEST OF MY KNOWLEDGE, IS THE NEXT OF KIN TO WHOM THIS FORM SHOULD BE DIRECTED.

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

_____	_____
(SIGNATURE)	(DATE)
_____	_____
(NAME PRINTED OR TYPED)	(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.



Pvt. Bartley S. Cox, 39 420 166
Plot S, Row 6, Grave 108,
United States Military Cemetery
Henri Chapelle, Belgium

18 August 1947

Mr. Virgil M. Cox
Route #1, Box #23
Pleasant Grove, California

Dear Mr. Cox:

Reference is made to the "Letter of Inquiry - Disposition of Remains" sent to you about 30 days ago, requesting you to complete and mail the "Request for Disposition of Remains" form to this office.

The War Department is obliged to inter in permanent U. S. Military Cemeteries the remains of World War II Dead whose next of kin do not request their return to the United States for final burial. After burial in a permanent American Military Cemetery overseas, the next of kin will be mailed the interment flag that was actually used during the military funeral service and advised of the name and the location of the cemetery, together with the plot, row and grave number in which final interment was made.

If the form, "Request for Disposition of Remains," or a reply to this letter is not received from you within fifteen days, the War Department will proceed on the assumption that you do not wish the remains returned to the United States for permanent burial.

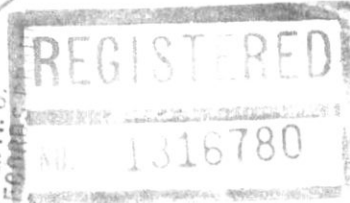
Sincerely,

GEO. A. HORKAN
Brigadier General, OMC
Chief, Memorial Division

lmh

AUG 18 4 13 PM '47

U. S. M. C.



RETURN RECEIPT DEMANDED O.Q.M.G.

etc

PJP
Pvt. Bartley S. Cox, 39 420 166
Plot S, Row 6, Grave 108,
United States Military Cemetery
Henri-Chapelle, Belgium

8 July 1947

6
Mr. Virgil M. Cox
Route #1, Box 23
Pleasant Grove, California

Dear Mr. Cox:

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.

mbk
RB

mta

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

293

WJ

Pvt. Bartley S. Cox, 39 420 166
 Plot 8, Row 6, Grave 108,
 United States Military Cemetery
 Henri-Chapelle, Belgium

3 March 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, Dovie Marie Cox

(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

Pleasant Grove Cemetery, Sutter Co. California

(NAME AND LOCATION OF CEMETERY)

- 3. BE RETURNED TO _____ THE HOMETLAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT _____

(FOREIGN COUNTRY)

(LOCATION OF CEMETERY SELECTED)

- 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____

(LOCATION OF NATIONAL CEMETERY SELECTED)

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

- YES
- NO

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

3 JUL 1947

FILE

WJ
R

new L.O.I. SENT JUL 8 1947

PART I (Continued)

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

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

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

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 Lipp and Sullivan			
NUMBER AND STREET 515-5th St.	CITY OR TOWN Marysville	COUNTY OR PROVINCE Yuba	STATE OR TERRITORY OF U. S. A., OR COUNTRY California
EXPRESS OFFICE (Nearest railroad passenger station) Marysville, California	TELEGRAPH ADDRESS Marysville, California	TELEPHONE No. 54	

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 Cox	FIRST NAME Virgil	MIDDLE INITIAL M.	RELATIONSHIP TO DECEASED Father
NUMBER AND STREET Rte. # 1 Box 23	CITY OR TOWN Pleasant Grove	COUNTY OR PROVINCE Sutter	STATE OR TERRITORY OF U. S. A., OR COUNTRY California

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

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

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

Dovie Marie Cox (SIGNATURE OF NEXT OF KIN) Rte. # 1 Box 23 (STREET AND NUMBER)
Dovie Marie Cox (NAME PRINTED OR TYPED) Pleasant Grove, California (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 18th day of March, 1947, at city (or town) of Marysville, county of Yuba, and State (or Territory or District) of California.

Byrdelean Oehlbre (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Notary Public (OFFICIAL TITLE)

*NOTE.—Page 4 is part of the notarial attestation.
My Commission expires Nov. 11, 1947

PART II -- RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

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

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

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

PART III

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

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

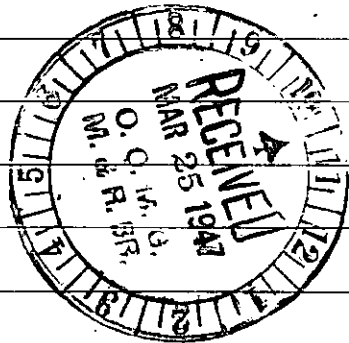
LAST NAME	FIRST NAME	MIDDLE INITIAL
RELATIONSHIP TO THE DECEASED		
NUMBER AND STREET	CITY OR TOWN	STATE OR COUNTRY

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

ADDITIONAL REMARKS AND INSTRUCTIONS

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

Lined area for handwritten remarks and instructions.



REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

**Pvt. Bartley S. Cox, 39 420 166
Plot 5, Row 6, Grave 108,
United States Military Cemetery
Henri-Chapelle, Belgium**

7 May 1947

DO NOT WRITE ABOVE THIS LINE

A		C	
B		D	

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, _____ *(Please indicate relationship to the deceased by placing an "X" in the proper box.)*
(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

- | | | | |
|---|----------------------------------|--|---|
| <input type="checkbox"/> WIDOW | <input type="checkbox"/> WIDOWER | <input type="checkbox"/> SON OVER 21 YEARS OLD | <input type="checkbox"/> DAUGHTER OVER 21 YEARS OLD |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> MOTHER | <input type="checkbox"/> BROTHER OVER 21 YEARS OLD | <input type="checkbox"/> SISTER OVER 21 YEARS OLD |
| <input type="checkbox"/> RELATIONSHIP OTHER THAN ABOVE <i>(Specify)</i> _____ | | | |

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

- 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS.
- 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY

(NAME AND LOCATION OF CEMETERY)
- 3. BE RETURNED TO _____ THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT _____
(FOREIGN COUNTRY) (LOCATION OF CEMETERY SELECTED)
- 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____
(LOCATION OF NATIONAL CEMETERY SELECTED)
(Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)
 YES NO

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

Stew L.O.I. SENT JUL 8 1947

PART I (Continued)

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

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

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

OR

1. 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.

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

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

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

(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

(OFFICIAL TITLE)

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 MOTHER WIFE, 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 <u>COX</u>	FIRST NAME <u>DOVIE</u>	MIDDLE INITIAL <u>MARIE</u>
RELATIONSHIP TO THE DECEASED <u>MOTHER</u>		
NUMBER AND STREET <u>R1 BOX, 23</u>	CITY OR TOWN <u>PLEASANT GROVE</u>	STATE OR COUNTRY <u>CALIF.</u>

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

MAY 14, 1947
(DATE)

Marie P. Cameron FORMER WIFE
(SIGNATURE OF NEXT OF KIN)

YUBA CITY
(STREET AND NUMBER)

MARIE P. CAMERON
(NAME PRINTED OR TYPED)

YUBA CITY CALIF.
(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 NOT COX BUT CAMERON	FIRST NAME MARIE	MIDDLE INITIAL P
RELATIONSHIP TO THE DECEASED FORMER WIFE		
NUMBER AND STREET R1	CITY OR TOWN YUBA CITY	STATE OR COUNTRY CALIF

(DATE)

(SIGNATURE)

(STREET AND NUMBER)

~~MARIE P. CAMERON~~
(NAME PRINTED OR TYPED)

~~YUBA CITY CALIF.~~
(CITY AND STATE)

~~not COX~~

Pvt. Bartley S. Cox, 39 420 166
Plot S, Row 6, Grave 108,
United States Military Cemetery
Henri-Chapelle, Belgium

7 May 1947

Mrs. Bartley S. Cox
Route #1, Box 23
Yuba City, California

Dear Mrs. Cox:

Reference is made to the inclosed form "Request for Disposition of Remains" signed by someone other than yourself.

This form was originally sent to you because according to the records of the War Department you are the legal next of kin of the above-named deceased and are therefore the only person authorized to direct the final disposition of his remains by signing this form.

There is inclosed for your convenience another copy of the form "Request for Disposition of Remains". Will you therefore, please complete this form in accordance with your desires concerning the disposition of the above-named deceased, sign it yourself, and mail it in the inclosed self-addressed envelope, which requires no postage. Its prompt return will avoid further delay.

Sincerely,

3 Incls.

RICHARD B. COOMBS
Major, QMC
Memorial Division

mmf

Pvt. Bartley S. Cox, 39 420 166
Plot S, Row 6, Grave 108,
United States Military Cemetery
Henri-Chapelle, Belgium

3 March 1947

Mrs. Marie Cox
Route #1
Yuba City, California

Dear Mrs. Cox:

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

- 5/4 Enclosures .
1. Pamphlet (Options)
 2. Disposition Form
 3. Envelope
 4. Pamphlet (Cemeteries)

New L.O.I. SENT JUL 8 1947

QMR 293
Cox, Bartley S.
A.S.N. 39 420 166

16 January 1947

Mrs. Marie Cox
Route #1
Yuba City, California

Dear Mrs. Cox:

Inclosed herewith is a picture of the United States Military Cemetery Henri-Chapelle, Belgium, in which your husband, the late Private Bartley S. Cox, is buried.

It is my sincere hope that you may gain some solace from this view of the surroundings in which your loved one rests. As you can see, this is a place of simple dignity, neat and well cared for. Here, assured of continuous care, now rest the remains of a few of those heroic dead who fell together in the service of our country.

This cemetery will be maintained as a temporary resting place until, in accordance with the wishes of the next of kin, all remains are either placed in permanent American cemeteries overseas or returned to the Homeland for final burial.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

G. A. HORKAN
Brigadier General, CMC
Assistant

1 Incl
Photograph

cb

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

In Reply Refer To
QMGM 314.6

~~7/8~~ European

Hanes Reg 8
US Mice

18 November 1943

SUBJECT: Burial Records *Cor.*

TO:

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

1. Request the burial reports and grave markers for the following decedents be changed to read as underscored:

Cemetery: U. S. Military Cemetery Henri-Chapelle, Belgium

<u>NAME</u>	<u>RANK GR. DE</u>	<u>SERIAL NO.</u>	<u>DATE OF DEATH</u>	<u>ORGAN.</u>	<u>PLOT</u>	<u>ROW</u>	<u>GRAVE</u>
Cross, Roger B	<u>Sgt</u>	53 902 948	_____	_____	22	4	66
Burton, Glenn T	<u>Pvt</u>	54 978 675	<u>19 Feb 45</u>	_____	G-4	4	77
<i>213</i> Cox, Bartley S	<u>Pvt</u>	59 480 168	<u>30 Oct 44</u>	_____	S	6	108

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

FOR THE QUARTERMASTER GENERAL:

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

rb

VD

REPARATION RECORDS BRANCH

31 OCT. 46

DATE

NAME COX, BARTLEY S.

SERIAL NO 39420166

CITY HENRI CHAPELLE #1, BELGIUM

FLOT 5

RO: 6

GRAVE 108

LETTER FIELD

Correct Records to Read

DATE OF DEATH - 30 OCT. 44

R. R. LANDERWAY
SPECIAL CHECKER

*File
18 Nov 46
reponstrby
nat*

SP2YG 293
Cox, Bartley S.

19 September 1945

Mrs. Marie Cox
Route 1
Yuba City, California

Dear Mrs. Cox:

The War Department is most desirous that you be furnished the burial location of your husband, the late Private Bartley S. Cox.

The records of this office disclose that he is interred in the U. S. Military Cemetery, Henri Chapelle, Belgium, plot S, row 6, grave 108.

This cemetery is located approximately 7 miles southwest of Aachen, Germany, and is under the constant care and supervision of United States military personnel.

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

Sincerely yours,

E. B. GREGORY
Lieutenant General
The Quartermaster General

Oney
GRAVE REGISTRATION SECTION

SEP 13 4 00 PM '45

MEMORIAL DIVISION

HEADQUARTERS, ARMY SERVICE FORCES

MEMO ROUTING SLIP

TO THE FOLLOWING IN ORDER INDICATED:

	NAME OR TITLE	ORGANIZATION	BUILDING AND ROOM	INITIALS
1	EFFECTS QUARTERMASTER	ARMY EFFECTS BUREAU		DATE
2	KANSAS CITY 1, MISSOURI			
3	<i>293</i> <i>Cop, Bartley, S.</i>			

39,420,166

For necessary action.

PIERCE

*Orig. fwd. to K. C. by this office, CTB**Incl.**Cy let e/d**Cy let 4 May 45*

FROM:	NAME	ORGANIZATION	BUILDING AND ROOM	DATE
	bta			20 June 45
	MEMORIAL DIVISION, PLANNING & REGISTRATION BRANCH, TEMPO "C" WASHINGTON 25, D. C.			TELEPHONE

SPQYG 293
Cox, Bartley S.
S.N. 39420166

20 June 1945

Mrs. Dovie Cox
Route 1
Yuba City, California

Dear Mrs. Cox:

Acknowledgment is made of your letter of recent date requesting information concerning your son, the late Private Bartley S. Cox.

The official report of interment received in this office reveals that the remains of your son were interred in the Henri Chapelle Cemetery #1, Henri Chapelle, Belgium, Plot S, Row 6, Grave 108.

In view of the fact that the Army Effects Bureau, Kansas City Quartermaster Depot 601 Hardesty Avenue, Kansas City 1, Missouri, has been designated to receive and ship the personal effects of our deceased military personnel, I am forwarding a copy of your letter to that office for a direct reply.

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

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

bta

MAYO A. DARLING
Lt Colonel, QMC
Assistant

CCP
CCP

JUN 21 4 23 PM '45
MAIL & RECORDS BRANCH



JUN 21 5 13 PM '45
PERSONNEL DIVISION

MEMO ROUTING SLIP

TO THE FOLLOWING IN ORDER INDICATED: DN

	NAME OR TITLE	ORGANIZATION	BUILDING AND ROOM	INITIALS
1	The Quartermaster General,	Dir,	Mem, Div,	
	Room 1007,	Tempo C,	Washington D.C.	DATE
2				
3				

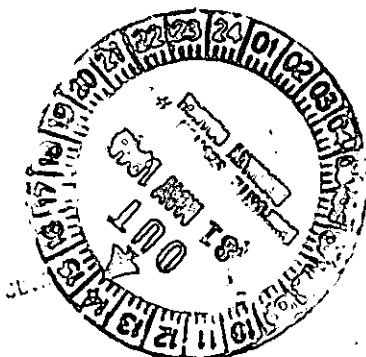
1. For necessary action.

2. Private Barthley S. Cox, 39420166, was killed in action on 30 October 1944 in Holland, after being reported missing in action on that same date.

3. A copy of the basic has also been referred to the Veterans Affairs, in regard to insurance.

1 Incl.

Ltr dtd 4 May 45



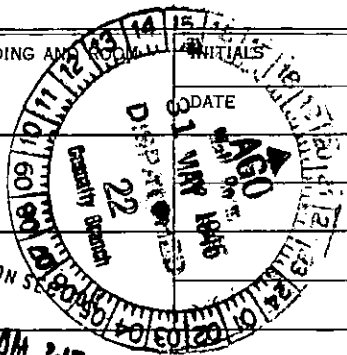
NAME	ORGANIZATION	BUILDING AND ROOM	DATE
FROM: Cas. Br.	Fam. Rel. SS.	Rm 3611, Mun B	31 May 45
			TELEPHONE
			77826

HEADQUARTERS, ARMY SERVICE FORCES

MEMO ROUTING SLIP

TO THE FOLLOWING IN ORDER PRECEDENCE:

	NAME	TITLE	ORGANIZATION	BUILDING AND ROOM	INITIALS	DATE
1	JON		MEMORIAL DIVISION			
2						
3						



FROM:	NAME	ORGANIZATION	BUILDING AND ROOM	DATE
				TELEPHONE

COPY OF BASIC

Yuba City Route 1,
California.

May 4, 1945.

Dear Sir:

I am writing again to inquire why I cant hear anything about my son's insurance that was killed last Oct 30 in Holland. We have never heard a word in any way. I filled out all necessary papers, and sent them in January to that office, and we have never heard anything from them. You told me I would not need an attorney so I have waited a long time thinking every day I would get some word, about him and the insurance also his name is Bartly S. Cox, Serial no. 39420166. Reply no at your office, AG 201 PG-N
240.

Now please let me know why I have never received one word or any of his things he had with him. Yours very truly,

Mrs. Dovie Cox

Yuba City, Route 1,
California.

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

51464
5 November 1944
Date

243 Cox, Bartley S. Pvt 39420166 791
 Last Name First Initial Rank Serial No.
 Co. C., 31st Tank Bn 7th Armd Div
 Unit Organization
~~HOLLAND Unknown~~ 30 OCT. 44 P.P. 4 November 1944 EST KIA shell frag face
 Place of Death Date of Death Cause of Death
 5 November 1944 Henri Chapelle #1 705352
 Time and Date of Burial Name of Cemetery Name or Coordinates of Location
 108 6 S Cross
 Grave Number Row Number Plot Number Type of Marker

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

If No Identification Tags

How were remains identified?

What means of identification were buried with the body?

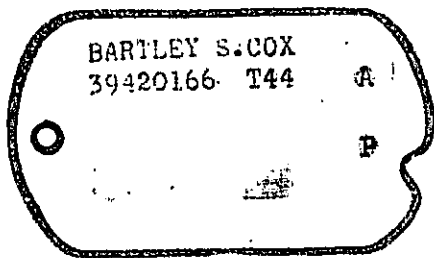
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right: Carlson 36769761 Pvt 7th Armd Div 109
Name Serial No. Rank Organization Grave No.

Deceased's Left: Wentz 37323817 Unknown 31st Tank Bn 107
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 _____ Name

_____ Address

Religion P

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

No Personal Effects

HARRY DUBROV, 1st Lt. SMC
Signature of Officer or other person reporting burial

Verified by G.R.S. Officer

IF DECEASED UNIDENTIFIED

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:

Height: Laundry Marks:
 Weight: Number of Rifle:
 Color of Eyes: Wear Glasses?
 Color of Hair: Is Tooth Chart Attached?
 Race:

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below.) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

4	
3	
2	
1	
Thumb	

Left Hand

4	
3	
2	
1	
Thumb	

Right Hand

TOOTH CHART

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

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.

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

REPORT OF DEATH

DATE 29 November 1944
 KC 4627

FULL NAME Cox, Bartley, S.				ARMY SERIAL NUMBER 39 420 166		GRADE Fvt.							
HOME ADDRESS Yuba City, California				ARM OR SERVICE Infantry		DATE OF BIRTH 27 Dec. 1921							
PLACE OF DEATH European Area			CAUSE OF DEATH Killed in action			DATE OF DEATH 30 Oct. 44							
STATION OF DECEASED European Area				DATE OF ENTRY ON CURRENT ACTIVE SERVICE 9 Nov. 43		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS							
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Douie Cox, Mother, Rt. #1, Yuba City, California.													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Marie Cox, Rt. 1, Yuba City, California. (wife) Viona Cox, Daughter, Rt. 1, Yuba City, Calif. Mrs. Douie Cox, Mother, same address as above. Virgil Cox, Father, address same as Mother's.													
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
												X	X

ADDITIONAL DATA AND/OR STATEMENT

The individual named in this report of death is held by the War Department to have been in a missing in action status from 30 Oct. 44 until such absence was terminated on 25 Nov. 44, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from the Commanding General of the European Area.

FILED

DEC 5 - 1944

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

BATTLE
 NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR

James W. Reinhart
 ADJUTANT GENERAL

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

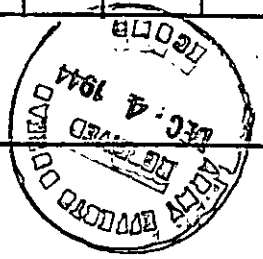
WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 29 November 1944
KC 4627

291,447

FULL NAME <u>Cox, Bartley, S.</u>		ARMY SERIAL NUMBER 39 420 166	GRADE Pvt.										
HOME ADDRESS Yuba City, California		ARM OR SERVICE Infantry	DATE OF BIRTH 27 Dec. 1921										
PLACE OF DEATH European Area	CAUSE OF DEATH Killed in action		DATE OF DEATH 30 Oct. 44										
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 9 Nov. 43	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS										
EMERGENCY ADDRESSES (NAME, RELATIONSHIP & ADDRESS) Mrs. Douie Cox, Mother, Rt. #1, Yuba City, California.													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Marie Cox, Rt. 1, Yuba City, California. (wife) Viona Cox, Daughter, Rt. 1, Yuba City, Calif. Mrs. Douie Cox, Mother, same address as above. Virgil Cox, Father, address same as Mother's.													
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
												X	X



ADDITIONAL DATA AND/OR STATEMENT

The individual named in this report of death is held by the War Department to have been in a missing in action status from 30 Oct. 44 until such absence was terminated on 25 Nov. 44, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from the Commanding General of the European Area.

COPIES FURNISHED:		
S. G. O.	F. B. I.	F. O., U. S. A.
S. G. O. H. G.	O. P. 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

291444

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

BATTLE CASUALTY REPORT

NAME				SERIAL NUMBER				GRADE		ARM OR SERVICE		REPORTING THEATRE	
COX BARTLEY S				39420166				PVT		INF		ETO	
PLACE OF CASUALTY				DATE OF CASUALTY			FLYING OR JUMPING STAT		TYPE OF CASUALTY		SHIPMENT NUMBER		
				DAY	MONTH	YEAR							
HOLLAND 9				30	OCT	44			MIA		240		

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

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

MR.-MRS.-MISS—FIRST NAME—MIDDLE INITIAL—LAST NAME				RELATIONSHIP				DATE NOTIFIED			
MRS DOUIE COX				MOTHER				12 NOV 1944			
NO. AND NAME OF STREET—CITY—STATE											
ROUTE NUMBER ONE YUBA CITY CALIFORNIA											

REMARKS:

CORRECTED COPY



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

CASUALTY BRANCH FILE ATTACHED OR CHARGED TO _____ DATE _____

PREVIOUSLY REPORTED NO YES _____ (AS INDICATED BELOW):

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

FORWARDED TO SPEC. IDEN. TELEGRAM WOUNDED LETTER CORRES. S. B. & D. CERTIF. M. & M. NON-DEL.

REPORT NOT VERIFIED _____ NO FORM 43 _____ NO CAS. BR. FILE CHECKED BY W. H. H. [Signature] REVIEWED BY [Signature]

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

ACCT. AREA	CASUALTY STATUS	ORIGINAL CAS. DATE			MESSAGE NO.	LATEST CAS. DATE			REFERENCE AREA	CREW POS.	RESIDENCE		CON?	RE?											
		DAY	MO.	YR.		DAY	MO.	YR.			STATE	COUNTY													
34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59

DISTRIBUTION "A" COPIES

(ALL TYPES OF CASUALTIES PERTAINING TO MILITARY PERSONNEL, EXCEPT WOUNDED.)
COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

DISTRIBUTION "B" COPIES

(ALL WOUNDED MILITARY PERSONNEL AND ALL TYPES OF CASUALTIES PERTAINING TO CIVILIANS WHO ARE W. D. EMPLOYEES, EMPLOYEES OF W. D. CONTRACTORS AND OTHERS SUBJECT TO MILITARY LAW.)
COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

291444

CHE:BLP:sh
June 24, 1946

ll
6/24

Dear Mrs. Cox:

The Army Effects Bureau has received from overseas some personal effects of your husband, Private Bartley S. Cox.

These effects are being forwarded to you in one carton.

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

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

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

Yours very truly,

C. H. ESSERT
Administrative Assistant
Army Effects Bureau

AMOUNT OF CHECK	DISCREPANCY IN	INCLOSE VALUABLES	RECIPIENT FROM
	NAME	SHIP VALUABLES	<input checked="" type="checkbox"/> CASUALTY REPORT
ACCOUNT NUMBER	SERIAL NUMBER	VALUABLES SHIPPED BY (clerk)	INVENTORY
	RANK		FORM 20
<p>Pvt. Bartley S. Cox</p> <p>39420166</p> <p>291444 <i>9</i></p> <p>Mrs. Marie Cox</p> <p>Rt. 1</p> <p>Yuba City, California</p>			LETTER
			NO. & TYPE OF CONTAINER
			ENVELOPE
			<input checked="" type="checkbox"/> CARTONS
			PACKAGE
			FOOT LOCKER
			SPECIAL INSTRUCTIONS
			REMOVE GI
			SHIP BLOODSTAINED
			<input checked="" type="checkbox"/> SHIP DAMAGED
REMOVE BL'DSTAINED			
REMOVE DAMAGED			
FILMS REMOVED			
DIARY REMOVED			
CHE:BLF:eh		SUMMARY COURT DATA	DATE ACTION TAKEN
DATE OF FINDING	APPLICANT		<i>6-24-46</i>
<i>6-17-46</i>	<i>GA: JTW</i>		MAIL REVIEWER (initials)
REMARKS			<i>ee</i>
			<input checked="" type="checkbox"/> SHIPPED
			FRANKED
			EXPRESS
			FREIGHT
			DATE SHIPPED
			<i>JUN 28 1946</i>
			SHIPPING CLERK
			<i>MJK</i>
			ROUTING
ACCOUNTING BRANCH			
WAREHOUSE			
FILE			
ORDER FOR ACTION			

291,444

ATTACHMENTS		EFFECTS INVENTORY ARMY EFFECTS BUREAU	STATUS	
<input checked="" type="checkbox"/>	INBOUND INVENTORY		DECEASED	
	G. R. OR SUB GR LABEL		MISSING	
	WILL OR POWER OF ATTY.		P. O. W.	
<input checked="" type="checkbox"/>	TALLY IN FORM 43		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 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>Mrs Virgil M. Cox R#1 Yuba City Calif.</i>	<i>Mrs Bartley Cox Rt. 3. Box 589 Sacramento, Calif.</i>
NAME AND STATUS VARIATIONS	CROSS REFERENCE
<i>Int inv shows Cox. S. Bartley</i>	

CHECK	REC'D BY	NUMBER	BUREAU CHECK
MONEY ORDER			TRANSMIT ORIGINAL
BOND		SYMBOL	ORIG. REG. MAIL
TRAV. CHECK			TO G. A. O.
FOREIGN CURRENCY		AMOUNT	MUTILATED
U. S. CURRENCY			TO ISSUING AGENCY
		DATE	
		BANK OR PLACE OF ISSUE	
		PAYEE	
		REMITTER OR DRAWER	

TALLY NO. <i>8042</i>	ORIG. NO. OF PKGS.	EXAMINING DATE <i>4 June 46</i>	BOX NO.	SHEET OF SHEETS
NAME <i>BARTLEY S. Cox</i>		A. S. N. <i>39420166</i>		
ORGANIZATION		RANK <i>Prvt</i>	CASE NO.	
WAREHOUSE SPACE <i>1541</i>	EXAMINED BY <i>Hampden</i>	DIARY REMOVED		
PACKAGE DESCRIPTION <i># 1 CTN</i>	PACKED BY <i>[Signature]</i>	PHOTO FILM REMOVED		
WEIGHT	INSPECTED BY <i>[Signature]</i>	MOTION PICTURE FILM REMOVED		
	STORED BY <i>[Signature]</i>	DATE <i>JUN 26 1946</i>		BY WHOM <i>[Signature]</i>

UNRECORDED

ADDITIONAL REMARKS

REMOVALS (other than G.I.)

DAMAGES (List type of damage-extent)

one toilet but appears slightly soap stained & ruffled.

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

3
PALLET S

BOX

7

TALLY

0166

8042

TYPE PKG.

CITY

BARTLEY, COX. S. PVT.

32608.

39420166.

678

TO. MRS VIRGIL M. COX.
R.R. I. YUBA CITY.
CALIFORNIA.

mail. toilet kit.

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

WFH:BLF:eh
Case No. 291444

Date 19 June 1946

SUBJECT: Report of transactions in disposing of the effects of

Bartley S. Cox, 39420166 late a
(Name of deceased) (Army Serial Number)

Private, Infantry who died
(Grade) (Organization, Army or Service)

on the 30th day of October, 1944, at European Area
Washington

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

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

a. No legal representative or widow of decedent being present at decedents camp or quarters, effects of decedent were forwarded to this Summary Court-Martial.

b. Local debtors owed decedent's estate \$ none of which the sum of \$ none was collected. (If nothing was found due or collected, state "None"; otherwise attach itemized statement of sums owing and collected.) (Incl. none.)

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 none, Incl none).

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 17 June 1946, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Marie Cox 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. Marie Cox of
(Name of person found entitled)

Rt. 1, Yuba City State of
(Number, Street or Avenue) (City, Town or Village)

California, is the Widow of the
(Relationship or Capacity)

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

(Signature of Summary Court Officer)

W. F. HEHMAN, Major, OMC

(Name, Rank, Organization)
SUMMARY COURT MARTIAL

291444

GHC:VK:lm
4 July 1945

Mrs. Douie Cox
Route 1
Yuba City, California

Dear Mrs. Cox:

Your inquiry directed to The Quartermaster General, has been referred to this Bureau for reply regarding the personal effects of your son, Private Bartley S. Cox.

I am sorry to report that the Army Effects Bureau has not yet received any of his property. It is reasonable to assume, however, that his belongings ultimately will reach here, as all War Department agencies have instructions to forward the personal effects of military personnel to this Bureau for disposition. Transportation delays generally are encountered in delivery of effects, and considerable time should be allowed for the return of property from overseas.

Promptly upon receipt here of any of your son's belongings, disposal action will be taken.

Yours very truly,

R. F. BROWN
1st Lt., QMC
Asst. to Chief, Adm. Division

m

MEMO ROUTING SLIP

TO THE FOLLOWING IN ORDER INDICATED:

	NAME OR TITLE	ORGANIZATION	BUILDING AND ROOM	INITIALS
1	EFFECTS QUARTERMASTER	ARMY EFFECTS BUREAU		DATE
2	KANSAS CITY 1, MISSOURI			
3				

For necessary action.



PIERCE

2Incl.

Cy let e/d

Cy let 4 May 45

FROM:	NAME bta	ORGANIZATION	BUILDING AND ROOM	DATE 20 June 45
MEMORIAL DIVISION, PLANNING & REGISTRATION BRANCH, TEMPO "C" WASHINGTON 25, D. C.				TELEPHONE



271444
D-2



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

SPQYG 293.
Cox, Bartley S.
S.N. 99420166

INQUIRY CLERK

20 June 1945

J. B. [unclear]

Mrs. Dovie Cox
Route 1
Yuba City, California

JUN 29 1945

Dear Mrs. Cox:

Acknowledgment is made of your letter of recent date requesting information concerning your son, the late Private Bartley S. Cox.

The official report of interment received in this office reveals that the remains of your son were interred in the Henri Chapelle Cemetery #1, Henri Chapelle, Belgium, Plot S, Row 6, Grave 108.

In view of the fact that the Army Effects Bureau, Kansas City Quartermaster Depot 601 Hardesty Avenue, Kansas City 1, Missouri, has been designated to receive and ship the personal effects of our deceased military personnel, I am forwarding a copy of your letter to that office for a direct reply.

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

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

MAYO A. DARLING
Lt Colonel, QMC
Assistant

Incl. #1



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



COPY

Yuba City Route 1,
California

May 4, 1945

Dear Sir:

I am writing again to inquire why I can't hear anything about my son's insurance that was killed last Oct 30 in Holland. We have never heard a word in any way. I filled out all necessary papers, and sent them in January to that office, and we have never heard anything from them. You told me I would not need an attorney so I have waited a long time thinking every day I would get some word, about him and the insurance also his name is Bartly S. Cox, Serial No. 39420166. Reply no at your office, Ag 201 PG-N 240.

Now please let me know why I have never received one word or any of his things he had with him.

Yours very truly,
Mrs. Dovie Cox
Yuba City, Route 1,
California

Del. #2

JUL 20 1945
ST. LOUIS CITY, MO.
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

ST. LOUIS, MO.
JUL 20 1945

TO: SAC, ST. LOUIS
FROM: SAC, MEMPHIS
SUBJECT: [Illegible]

RE: [Illegible]

END

[Illegible]

[Illegible]

[Illegible]

ST. LOUIS OFFICE
[Illegible]

