

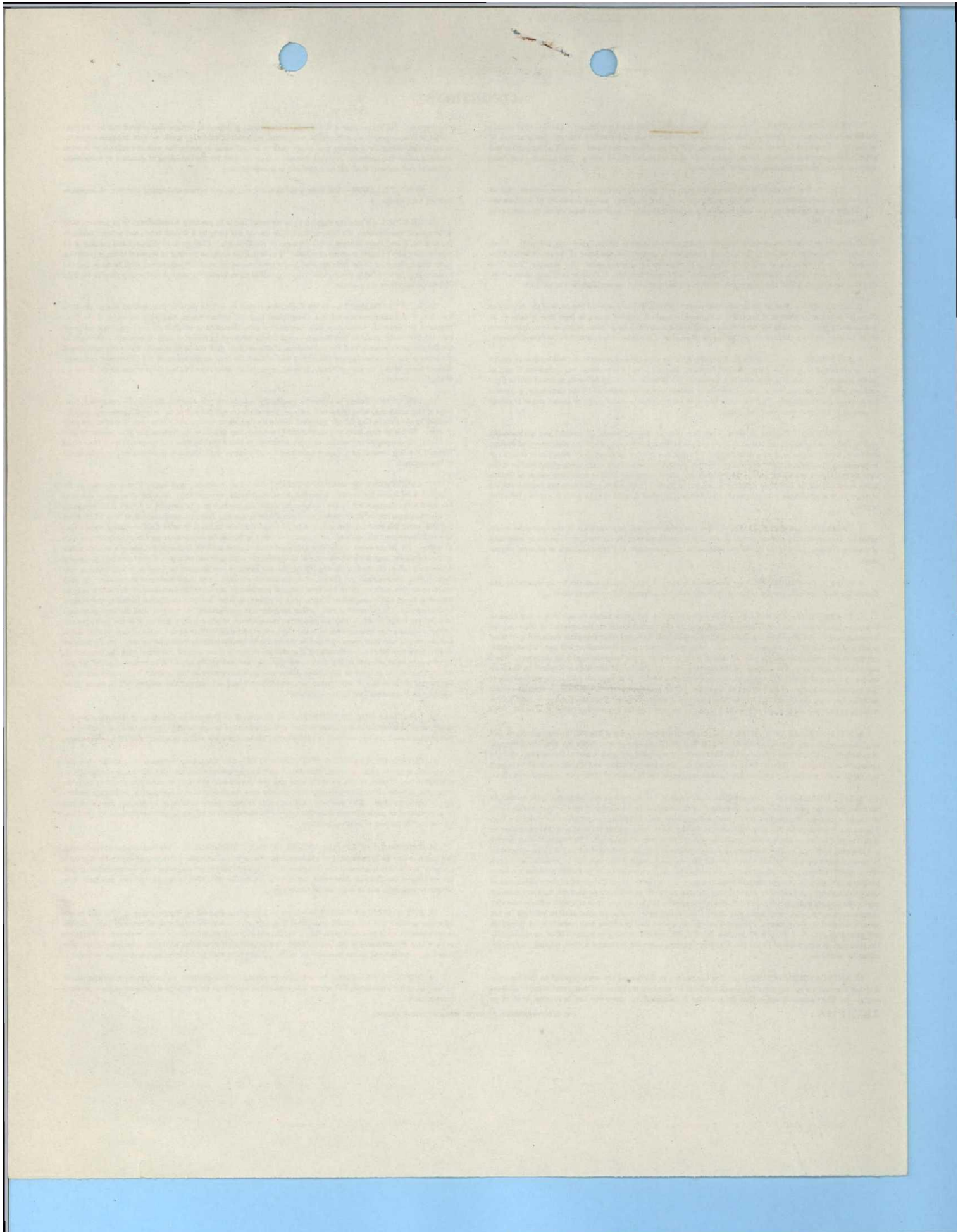
293 ABNEY, JAMES W. 37,076,179 SGT. CAV. EUR. AR. (MO.) 44 pmr

D.O.# 3576 00013
O. 2. M. C. Copy

WAR DEPARTMENT PURCHASE ORDER		DATE	CONTRACT No. (If any)		
<p>This contract is authorized by the First War Powers Act, 1941 (Public No. 354, 77th Congress) Executive Order No. 9001 (Dec. 27, 1941) and the Act of July 2, 1940 (Public No 703, 76th Congress) as extended by the Act of June 5, 1942 (Public No. 580, 77th Congress).</p>		9/22/49			
		SHEET No. 1	No. Of SHEETS 2	ORDER No. 2086-AGE-50-SER.	
ISSUED BY:		Above checked number(s) must appear on all packages and papers relating to this order.			
<p>CHICAGO QUARTERMASTER DEPOT 1819 WEST PERSHING ROAD CHICAGO 9, ILLINOIS</p>		REQUISITION No.	DIRECTIVE No.		
TO: (Contractor and address; also factory address, if required)		Payment will be made by Finance Officer, U. S. Army, at: 33 N. La Salle St. Chicago 2, Ill.			
<p>SPENCER FUNERAL HOME 100 Center Street Salem, Missouri</p>					
SHIP TO:		The supplies and services to be obtained by this instrument are authorized by, are for the purposes set forth in, and are chargeable to the following allotments, the available balances of which are sufficient to cover the cost thereof:			
SHOWN BELOW		907-45 P450-03 A21X1805 899-999			
IN ACCORDANCE WITH YOUR PRICE LIST/ORAL QUOTATION/Written QUOTATION OF _____ PLEASE FURNISH THE FOLLOWING ON THE TERMS SPECIFIED ON BOTH SIDES OF THIS PAGE AND ON THE ATTACHED SHEETS, IF ANY, INCLUDING DELIVERY F.O.B.					
METHODS OF PRESENTING INVOICES OR VOUCHERS, AND OF PACKING, MARKING, AND SHIPPING, SHALL BE AS PROVIDED HEREIN, EXCEPT AS OTHERWISE DIRECTED BY THE CONTRACTING OFFICER.			DISCOUNT TERMS		
SCHEDULE OF DELIVERIES		INSPECTION POINTS			
COMPLETED					
ITEM No.	SUPPLIES OR SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
293	<p><u>CONFIRMATION</u> Transportation of the remains of the late Sgt. James W. Abney, S.No. 37076179, US Army, from Kolla, Missouri to Salem, Missouri.</p>		FOR THE JOB		\$10.50
	<p>RETURN OF WORLD WAR II DEAD PROGRAM. This consists of pages 1 & 18a.</p>				
				TOTAL	\$10.50
UNITED STATES OF AMERICA					
BY THOS. O. CALL, Major, OMC Chief, A.C.R. Div. CONTRACTING OFFICER					

FILE

WD FORM REV 1 APR 46 18



CONDITIONS

1. **VENDOR'S INVOICES.**—Invoices shall be prepared and submitted in triplicate. Invoices shall contain the following information: Order number and contract number, if any; Government nomenclature of articles or services and Government sizes of articles; quantities, unit prices, and extended totals. Bill of lading number and weight of shipment will be shown for shipments made on Government bills of lading. The following certificate will be shown on each of the three copies of the invoice:

"I certify that the above bill is correct and just; that payment therefor has not been received; that all statutory requirements as to American production and labor standards, and all conditions of purchase applicable to the transaction have been complied with; and that State or local sales taxes are not included in the amounts billed."

The Contractor or his authorized representative will sign only the original (ribbon typed copy, if typed). When the invoice is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary," or "Treasurer," as the case may be. If State or local sales taxes are included in the amounts billed, the inapplicable words in the last portion of the certificate will be omitted.

2. **DISCOUNTS.**—Time, in connection with discount offered, will be computed from date of the delivery of the supplies to carrier when final inspection and acceptance are at point of origin, or from date of delivery at destination or port of embarkation when final inspection and acceptance are at those points, or from date correct bill or voucher, properly certified by the Contractor, is received if the latter date is later than the date of delivery.

3. **PAYMENTS.**—The Contractor shall be paid, upon the submission of properly certified invoices or vouchers, the prices stipulated herein for articles delivered and accepted or services rendered, less deductions, if any, as herein provided. Unless otherwise specified, payments will be made on partial deliveries accepted by the Government when the amount due on such deliveries so warrants; or, when requested by the Contractor, payments for accepted partial deliveries shall be made whenever such payments would equal or exceed either \$1,000 or 50 percent of the total amount of the contract.

4. **INSPECTION.**—Whether or not an inspection point is specified herein, all material and workmanship shall be subject to inspection and test at all times and places (including inspection and test after arrival at destination) and, when practicable, during manufacture. In case any articles are found to be defective in material or workmanship, or otherwise not in conformity with the specification requirements, the Government shall have the right to reject such articles, or require their correction. Final inspection shall be conclusive except as regards latent defects, fraud, or such gross mistakes as amount to fraud. In the event public necessity requires the use of materials or supplies not conforming to the specifications, payment therefor shall be made at a proper reduction in price.

5. **VARIATION IN QUANTITIES.**—Unless otherwise specified, any variation in the quantities herein called for, not exceeding 10 percent, will be accepted as a compliance with the contract, when caused by conditions of loading, shipping, packing, or allowances in manufacturing processes, and payments shall be adjusted accordingly.

6. **NOTICE OF SHIPMENTS.**—At the time of delivery of a shipment to a carrier for transportation, the Contractor shall give such prepaid notice of shipment as the Contracting Officer may require.

7. **TAXES.**—Unless otherwise indicated in this contract (a) the prices herein do not include any State or local sales, use, or other tax from which the Contractor or this transaction of the procurement of these supplies is exempt; and (b) the prices herein include all applicable Federal taxes and other applicable State and local taxes in effect at the date of this contract. Upon request of the Contractor the Government will issue tax-exemption certificates or furnish other similar proof of exemption with respect to the taxes excluded from the price. Where any duties or taxes have been included in the contract price and a refund or drawback is obtained by the Contractor by reason of the export or reexport of supplies covered hereby, or of materials used in the performance of this contract, the amount of such refund or drawback will be paid over to the Government, or credited against amounts due from the Government under this contract: *Provided, however,* That the Contractor shall not be required to apply for such refund or drawback unless so requested by the Contracting Officer.

8. **WALSH-HEALEY ACT.**—If this contract is for an amount in excess of \$10,000, the representations and stipulations required by section 1 of the Act of June 30, 1936 (Walsh-Healey Act, Public No. 846, 74th Congress) to be included in all contracts therein specified are hereby incorporated and made a part of this contract with the same force and effect as if fully set forth in the contract. Such representations and stipulations shall be subject to all applicable regulations, determinations, and exemptions of the Secretary of Labor now or hereafter in effect.

9. **EIGHT-HOUR LAW.**—This condition shall apply if Condition 8 is not applicable. No laborer or mechanic doing any part of the work contemplated by this contract, in the employ of the Contractor or any subcontractor contracting for any part of said work contemplated, shall be required or permitted to work more than 8 hours in any one calendar day upon such work at the site thereof, except upon the condition that compensation is paid to such laborer or mechanic in accordance with the provisions of this article. The wages of every laborer and mechanic employed by the Contractor or any subcontractor engaged in the performance of this contract shall be computed on a basic day rate of 8 hours per day and work in excess of 8 hours per day is permitted only upon the condition that every such laborer and mechanic shall be compensated for all hours worked in excess of 8 hours per day at not less than one and one-half times the basic rate of pay. For each violation of the requirements of this article a penalty of \$5 shall be imposed upon the Contractor for each laborer or mechanic for every calendar day in which such employee is required or permitted to labor more than 8 hours upon said work without receiving compensation computed in accordance with this article, and all penalties thus imposed shall be withheld for the use and benefit of the Government: *Provided,* That this stipulation shall be subject in all respects to the exceptions and provisions of U. S. Code, title 40, sections 321, 324, 325, and 326, relating to hours of labor, as modified by the provisions of section 303 of Public No. 781, 76th Congress, approved September 9, 1940, relating to compensation for overtime.

10. **ANTI-DISCRIMINATION.**—(a) The Contractor, in performing the work required by this contract, shall not discriminate against any employee or applicant for employment because of race, creed, color, or national origin. (b) The Contractor agrees that the provision of paragraph (a) above will also be inserted in all of its

subcontracts. For the purpose of this article, a subcontract is defined as any contract entered into by the Contractor with any individual, partnership, association, corporation, estate, or trust, or other business enterprise or other legal entity, for a specific part of the work to be performed in connection with the supplies or services furnished under this contract: *Provided, however,* That a contract for the furnishing of standard or commercial articles or raw material shall not be considered as a subcontract.

11. **CONVICT LABOR.**—The Contractor shall not employ any person undergoing sentence of imprisonment at hard labor.

12. **CHANGES.**—Where the supplies to be furnished are to be specially manufactured in accordance with drawings and specifications, the Contracting Officer may at any time, by a written order, and without notice to the sureties, if any, make changes in the drawings or specifications. Changes as to shipment and packing of all supplies may also be made as above provided. If such changes cause an increase or decrease in the amount due under this contract, or in the time required for its performance, an equitable adjustment shall be made and the contract shall be modified in writing accordingly, provided claim therefor is asserted at any time prior to the date of final settlement of the contract.

13. **DELAYS—DAMAGES.**—If the Contractor refuses or fails to perform this contract within the time specified, or any extension thereof, the Government may, by written notice, terminate the right of the Contractor to proceed with deliveries or with such part or parts thereof as to which there has been delay, and may hold the Contractor liable for any damage caused the Government by reason of such termination. The right of the Contractor to proceed with the performance of this contract shall not be terminated under this condition if the delay is due to causes beyond the control and without the fault or negligence of the Contractor, including, without being limited to, any preference, priority, or allocation order issued by the Government or any other act of the Government.

14. **DISPUTES.**—Except as otherwise specifically provided in this contract, all disputes concerning questions of fact which may arise under this contract, and which are not disposed of by mutual agreement, shall be decided by the Contracting Officer, who shall reduce his decision to writing and mail a copy thereof to the Contractor. Within 30 days from said mailing the Contractor may appeal to the Secretary of War, whose decision or that of his designated representative, representatives, or board shall be final and conclusive upon the parties hereto. Pending decision of a dispute hereunder the Contractor shall diligently proceed with the performance of this contract.

15. **ASSIGNMENT OF RIGHTS HEREUNDER.**—This condition shall apply if this contract is for \$1,000 or more, unless this contract is marked secret, confidential, or restricted. (a) Claims for monies due or to become due the Contractor from the Government under this contract may be assigned to a bank, trust company, or other financing institution, including any Federal lending agency. Any such assignment shall cover all amounts payable under this contract, and not already paid, and shall not be made to more than one party, except that any such assignment may be made to one party as agent or trustee for two or more parties participating in such financing. (b) In the event of any such assignment the assignee shall file four signed copies of a written notice of the assignment, together with one copy of the instrument of assignment, with each of the following: (i) General Accounting Office; (ii) the Contracting Officer; (iii) the surety or sureties upon the bond or bonds, if any, in connection with this contract; (iv) the officer designated in this contract to make payments thereunder. (c) Any claim under this contract which has been assigned pursuant to the foregoing provisions of this article may be further assigned and reassigned to a bank, trust company, or other financing institution, including any Federal lending agency. In the event of such further assignment or reassignment the assignee shall file one signed copy of a written notice of the further assignment or reassignment together with a true copy of the instrument of further assignment or reassignment with the Contractor; and shall file four signed copies of such written notice and one copy of such instrument with each of the parties designated in the preceding paragraph. (d) No assignee shall divulge any information concerning the contract except to those persons concerned with the transaction. (e) Payment to an assignee of any claim under this contract shall not be subject to reduction or set-off for any indebtedness of the assignor to the United States arising independently of this contract. (f) Indication of the assignment of claim and of any further assignment thereof and the name of the assignee will be made on all vouchers or invoices certified by the Contractor.

16. **OFFICIALS NOT TO BENEFIT.**—No Member of or Delegate to Congress, or Resident Commissioner, shall be admitted to any share or part of this contract or to any benefit that may arise therefrom; but this provision shall not be construed to extend to this contract if made with a corporation for its general benefit.

17. **COVENANT AGAINST CONTINGENT FEES.**—The Contractor warrants that he has not employed any person to solicit or secure this contract upon any agreement for commission, percentage, brokerage, or contingent fee. Breach of this warranty shall give the Government the right to annul the contract, or, in its discretion, to deduct from the contract price or consideration the amount of such commission, percentage, brokerage, or contingent fee. This warranty shall not apply to commissions payable by contractors upon contracts or sales secured or made through bona fide established commercial or selling agencies maintained by the Contractor for the purpose of securing business.

18. **TERMINATION AT THE OPTION OF THE GOVERNMENT.**—The performance of work under this contract may be terminated by the Government whenever the Contracting Officer shall determine that such action is for the best interests of the Government. If this contract is so terminated, fair compensation, within the meaning of the Contract Settlement Act of 1944 (Public No. 395, 78th Cong.) as the same may from time to time be amended, will be provided for Contractor.

19. **BUY AMERICAN CLAUSE.**—Subject to exemptions granted by the Secretary of War and unless otherwise specified it is understood and agreed that only such unmanufactured articles, materials, and supplies as have been mined or produced in the United States, and only such manufactured articles, materials, and supplies as have been manufactured in the United States substantially all from articles, materials, or supplies mined, produced, or manufactured, as the case may be, in the United States shall be delivered pursuant to this instrument.

20. **DEFINITIONS.**—Except for the original signing of this contract, and except as otherwise stated herein, the term "Contracting Officer" as used herein shall include his duly appointed successor or his authorized representative.

U. S. G. P. O. FORM NO. 18-A

U. S. GOVERNMENT PRINTING OFFICE: 1949 O - 824170

REV. 18 C

2612

WESTERN UNION

RECEIPT OF REMAINS

DELIVER AND REPORT ANY CHARGES

DISTRIBUTION CENTER 1819 W. PERSHING RD., CHICAGO 9, ILL.

ROUTINE

DAY LETTER

REMAINS CONSIGNED TO:

CARL K. SPENCER FUNERAL HOME
100 CENTER STREET
SALEM, MISSOURI

293

REMAINS OF THE LATE SGT. JAMES W. ABNEY SN 37076179

BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT. ON TRAIN NUMBER 5

STL&SF RR

DUE TO ARRIVE ROLLA, MO. 5:30 PM (CST) TUES., 17 MAY, 1949

REQUEST YOU IMMEDIATELY INFORM THE NEXT OF KIN AND THAT YOU ARRANGE TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL AND DELIVER WITH ESCORT TO

SALEM MO.

REQUEST YOU SUBMIT ITEMIZED STATEMENT IN

QUADRUPPLICATE PROPERLY CERTIFIED TO THIS DEPOT FOR PAYMENT OF TRANSPORTATION CHARGES ONLY IF ANY FROM ROLLA MO. TO SALEM, MO.

AND RETURN OF ESCORT TO RAILROAD STATION IF TRANSPORTATION IS FURNISHED BY YOU. REFER TO CONTROL NUMBER 20439

THOS O. CALL
MAJOR QMC

FILE

28 JUN 1949
REPAIRATION
BRANCH
MEM. DIV.

I, the undersigned, do hereby acknowledge receipt of the remains of the above-named deceased this 17 (Day) day of May (Month), 19 49

H. Seland S. Caryl
(Witness (Escort))

Carl K. Spencer Funeral Home
By Wm. W. McDonald
(Consignee)
Manager

QMC FORM 1193
REV 5 MAR 48

U. S. GOVERNMENT PRINTING OFFICE 16-54727-1

RECEIPT OF REMAINS

REPATRIATION
RECORDS BRANCH

JUN 9 11 53 AM '49

MEMORIAL DIVISION

SB *HTL*

DISINTERMENT DIRECTIVE.

1

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 3576 00013	DATE 15 10 48 DAY MONTH YEAR		
NAME ABNEY JAMES W	SERIAL NUMBER 37076179	GRADE SGT	ARM 1	RACE 1	RELIGION 1
CEMETERY ST CORNEILLE FRANCE	PLOT B	ROW 2	GRAVE 32	DISPOSITION OF REMAINS 7500 08 CODE DIST. CTR.	

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE CARL K. SPENCER FUNERAL HOME 100 CENTER STREET SALEM, MISSOURI	NAME AND ADDRESS OF NEXT OF KIN HUNTER ABNEY (FATHER) RURAL ROUTE #1 PEVELY, MISSOURI
--	---

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME ABNEY, JAMES W.	SERIAL NUMBER 37076179	GRADE Utd	DATE OF DEATH <i>15 June 1948</i>	DATE DISINTERRED 15 June 1948
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION USAGF	RELIGION PROT.	IDENTIFICATION VERIFIED BY J. EARL TUCKER Embalmer NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL OD Uniform	CONDITION OF REMAINS Advanced decomposition.
---------------------------------------	--

OTHER MEANS OF IDENTIFICATION

NONE

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

NONEREMAINS PREPARED AND PLACED IN ~~CASKET~~ **transfer case**

DATE 17 June 1948	BY J. EARL TUCKER	EMBALMER (Signature) <i>John Earl Tucker</i>
CASKET SEALED BY ROY HALFORD		CASKET BOXED AND MARKED ROY HALFORD
DATE 14 Sep. 48 BY ROY HALFORD		

All markings, tags and plates verified by:

JOHN J. ANDREWS, 1st Lt, INF.

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

except casketing**RAFAEL T. RUIZ, 1st Lt, FA.**

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

The entries on this form are true copies of the entries on Copy No. 4 of this Disinterment Directive which contains the signatures of the persons whose names are typed hereon.

QMC FORM
REV 11 FEB 48 **1194**

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC ST. CORNELLE		TO USMC ST. JAMES	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER CPL. BINNETTE	
SIGNATURE OF SHIPPER T. C. MURRAY, Capt, QMC.	DATE 13/7/48	SIGNATURE OF RECEIVER H. F. HILL, Capt, QMC.	DATE 13/7/48

2. SHIPPED

FROM USMC ST. JAMES		TO CHERBOURG PORT UNIT	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER H. F. HILL, Capt, QMC.	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i> JOHN PALYOK JR, 1st Lt, FA.	DATE

3. SHIPPED

FROM CHERBOURG PORT UNIT		TO NYPOE	
KIND OF CONVEYANCE USAT BARNEY KIRSCHBAUM		NAME OF CONVOYER JAMES S. JEFFERIES MAJL CE.	
SIGNATURE OF SHIPPER JOHN PALYOK JR, 1st Lt, FA.	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 22/2/49

4. SHIPPED

FROM		TO <i>[Signature]</i>	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i> W. PREISCH	DATE MAR 10 1949

5. SHIPPED

FROM NYPE		TO 0608	
KIND OF CONVEYANCE TRAIN		NAME OF CONVOYER <i>[Signature]</i> Cpl. Wesley P. Dickson	
SIGNATURE OF SHIPPER W. W. PREISCH LIEUT. COLONEL, TC	DATE MAR 11 1949	SIGNATURE OF RECEIVER <i>[Signature]</i> L. A. BOCKSTAHLER 1st Lt, QMC Chief, Operations Bn	DATE 3/15/49

6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER 35	DATE 3200

7. SHIPPED

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

20439

CASE NO	INSPECTION CHECK LIST				NY	SPACE NO. <i>82</i>
NAME OF DECEASED (Last, First, Middle Initial) ABNEY, JAMES W.		BRANCH OF SERVICE ARMY	RACE W	RELIGION P	SEX M	DATE
RANK OR GRADE SJ1	SERIAL NUMBER 37176179	CONSIGNEE W. K. SPENCER FUNERAL HOME 100 CENTER STREET, SALEM, MISSOURI				
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—NAME PLATE						
HEALTH PERMIT MARKER						
HEALTH PERMIT NUMBER						
CASKET—GENERAL APPEARANCE (Check ONLY Discrepancies)			CONDITION OF CASKET (Check One)			
			<input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> UNSATISFACTORY			
FINISH (Exterior)			<i>Blistered Taps OK Hal</i>			
HANDLES AND FASTENINGS						
STENCILING—NAME PLATE						
CAM LOCKS (Sealing)						
ODOR OR MOISTURE						
ROUTED THROUGH						
<input type="checkbox"/> MORTUARY OPERATING ROOM CONDITION OF REMAINS <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY NECESSARY DISINFECTION (Explain)			<input type="checkbox"/> REPAIR SHOP CASKET REPAIRED <input type="checkbox"/> YES <input type="checkbox"/> NO 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 OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTOR	
				<i>3/15</i>	<i>Dalricher</i>	
REMARKS						
NY 027R						

QMC FORM 4 MAR 48 **1251**

Replaces QMC Form R-5054, which is obsolete.

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

WUA096 21 COLLECT 4 EXTRA

STLOUIS MO 4 1011A

CHICAGO QM DEPOT AGRD

CONFIRM ORIGINAL INSTRUCTIONS NO CHANGE IN ADDRESS

REFERENCE TO CONTROL NUMBER 20439 SGT JAMES W ABNEY

HUNTER ABNEY RR 1 PEVELY MO

RECEIVED
 MAR 4 11 09 AM '49
 SIGNAL CENTER
 FILE

20439 1

1108A

MAR 4
 SIGNAL
 RE

1108V

50438 1

NUMBER 43854 88 1 BEVEGA MO
REFERENCE TO CONTROL NUMBER 50438 SET JAMES W ARNEY
CONFIRM ORIGINAL INSTRUCTIONS NO CHANGE IN ADDR
CHICAGO ON DEPOT ASKD

ST LOUIS MO + 1011A

NUMBER 51 COLLECT + EXTRA



A 37076179 sb

AGRD V., CHICAGO QUARTERMASTER DEPOT
1819 W. PERSHING RD., CHICAGO 9, ILL.

WESTERN UNION
DAY LETTER DELIVER AND REPORT ANY CHARGES

MR. HUNTER ABNEY
RURAL ROUTE #1
PEVELY, MISSOURI

RE
SIC
MAR 3 10 57 AM '49

FILE
RB

WE HAVE BEEN ADVISED THAT REMAINS OF THE LATE

SGT. JAMES W. ABNEY ARE ENROUTE TO THE UNITED STATES

OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED TO CARL K. SPENCER FUNERAL
HOME, 100 CENTER STREET, SALEM, MISSOURI.

PLEASE CONFIRM YOUR ORIGINAL INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS
WITHIN 48 HOURS BY TELEGRAM COLLECT TO CHICAGO QUARTERMASTER DEPOT AGRD 1819 WEST
PERSHING ROAD CHICAGO ILLINOIS, INCLUDING FULL NAME OF DECEASED AND YOUR CORRECT
ADDRESS. YOUR REQUEST FOR CHANGE IN DELIVERY INSTRUCTIONS AFTER 48 HOURS HAVE
ELAPSED CANNOT BE COMPLIED WITH AT GOVERNMENT EXPENSE. DELIVERY OF REMAINS WILL
BE MADE AS SOON AS PRACTICABLE AFTER RECEIVED HOWEVER MANY FACTORS BEYOND OUR
CONTROL MAY DELAY DELIVERY SEVERAL WEEKS. AT LEAST THREE DAYS PRIOR TO SHIPMENT
OF REMAINS ACCOMPANIED BY MILITARY ESCORT YOUR FUNERAL DIRECTOR WILL BE NOTIFIED
BY TELEGRAM OF METHOD OF TRANSPORTATION AND TIME OF ARRIVAL AND REQUESTED TO NOTIFY
YOU. IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK LOCAL VETERANS
ORGANIZATIONS TO MAKE ARRANGEMENTS. IN REPLY REFER TO CONTROL NO. 20439.

THOS. O. CALL
Major, QMC

4A-1 and 4E-1
Combined and Revised

C. M. ODENWA
Capt., QMC

FORM NO. 20/39 W 11

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

DATE

19 May

(Read Explanation on Reverse Side before completing form)

NAME OF DECEDENT (Last, First, Middle Initial)

BRANCH OF SERVICE

TO BE FILLED IN BY CLAIMANT

292
AGNEY, JAMES W?

ARMY

A. INTERMENT EXPENSES
(Civilian or Private Cemetery)

RANK OR GRADE

SERIAL NO.

B. TRANSPORTATION EXPENSES
(National or Post Cemetery)

SQT

37076279

INSTRUCTIONS TO PERSONS SIGNING THIS FORM

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

FORWARD COPY TO OFFICE OF
QUARTERMASTER GENERAL, WASHINGTON 25, D.C.
ATTN: HQRS., A. G. R. S.

CLAIM VALID-REPATRIATION MAY 28 1949

FILL IN THIS STATEMENT IF BOX "A" IS CHECKED

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

NAME: of cemetery Lower Indian Creek

CITY OR COUNTY: Iron County

STATE: Mo.

FILL IN THIS STATEMENT IF BOX "B" IS CHECKED

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

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

RETURN FOUR COPIES TO

COMMANDING OFFICER
CHICAGO QUARTERMASTER DEPOT
1819 WEST PERSHING ROAD
CHICAGO 9, ILLINOIS
ATTN: AGR DIVISION

SIGNATURE OF CLAIMANT

HUBERT AGNEY

ADDRESS (Street number or RFD, City and State)

RURAL ROUTE #1, PEVELY, MISSOURI

RELATIONSHIP TO DECEDENT

FATHER

REMARKS

198886

F. O., U. S. ARMY, CHICAGO, ILL.

PAID ON

JUN 16 1949

MONEY ACCOUNTS OF E. G. DOYEL

LT. COL., F. D., Symbol Number 210-351

(DO NOT SIGN THIS)

COPY

QMC FORM 1236
REV 5 MAR 48

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

16-54738-1

PART A

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

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

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

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

PART B

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

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

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

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

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Sgt. James W. Abney, 37 076 179
Plot B, Row 2, Grave 32
United States Military Cemetery
St. Cornelle, France

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, HUNTER ABNEY (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

INDIAN CREEK CEMETERY, SALEM, Mo
(NAME AND LOCATION OF CEMETERY)

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

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

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

NONE

D/O Received 9 Mar 48

Coded
22 Oct 48
m Baker

OQMG FORM 14 NOV 1946 345 MILITARY

16-50411-1
27 JUL 1948

PAGE 1

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			
CARL K. SPENCER FUNERAL HOME			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
100 CENTER ST	SALEM MO	DENT	MISSOURI
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	TELEPHONE No.	
SALEM, MO.	SALEM, MO	302	

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
ABNEY	MEDA		MOTHER
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
RURAL ROUTE #1	PEVELY	JEFFERSON	MISSOURI

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.

Hunter Abney ^{his initials mark} ~~X~~ meda ^{EW Bessess} Rural Route #1
 (SIGNATURE OF NEXT OF KIN) (STREET AND NUMBER)
 Hunter Abney PEVELY, MISSOURI
 (NAME PRINTED OR TYPED) (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 13 day of Sept,
 1947, at city (or town) of Salem, county of Dent, and State (or Territory or
 District) of Missouri

Com. expires July 20-1951
 *NOTE.—Page 4 is part of the notarial attestation.
 Eugene W Bessess
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
 Notary Public
 (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 _____, 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)

(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)

(STREET AND NUMBER)

(NAME PRINTED OR TYPED)

(CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTIONS

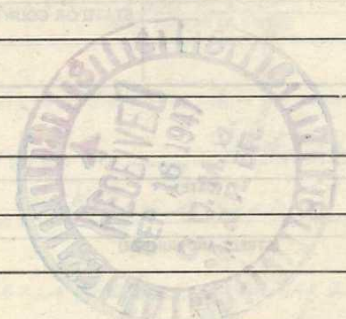
All remarks and information entered here will be considered as part of the Notarial Attestation.

STATE OR COUNTY	CITY OR TOWN	NUMBER AND STREET

CARL H. SPANER, FUGITIVE

1945-1946, 1947-1948, 1949-1950

STATE OR COUNTY	CITY OR TOWN	NUMBER AND STREET



REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

7-20
20
Hunt

Sgt James W Abney, 37 076 179
Plot B, Row 2, Grave 32,
United States Military Cemetery
St Corneille, France

18 June 1948

18 JUN 1948

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

NOTE.—The next of kin should familiarize himself with the contents of the pamphlet, "Disposition of World War II Armed Forces Dead," before filling out this form. When the proper part of this form is filled out and properly signed by the next of kin, it should be returned to the OFFICE OF THE QUARTERMASTER GENERAL, MEMORIAL DIVISION, WAR DEPARTMENT, WASHINGTON 25, D. C., in the self-addressed postage-free envelope provided for this purpose. If you are the next of kin or authorized representative of next of kin and desire to direct the disposition of the remains, please fill in PART I of this form.

PART I

HUNTER ABNEY
I, MEda ABNEY

(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

INDIAN CREEK Courtois, Mo.
(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 _____ (LOCATION OF NATIONAL CEMETERY SELECTED)
(Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)
 YES NO

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

NONE Duplicate F-2 acc 17 July 48

Ames. 7/23/48

" 9/25

FILE
Name daughter
Action F-2 acc 17 July 48
Date 28 Sep 48
Acceptance Section
Family Conces. Branch

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			
SPENCER FUNERAL HOME			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
	SALEM	DENT	MO
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	TELEPHONE No.	
SALEM, MO	SALEM, MO		

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.

Hunter ^{HIS MARK} Abney
 Meda Abney
 Hunter Abney (SIGNATURE OF NEXT OF KIN)
 Meda Abney (NAME PRINTED OR TYPED)

R. B. Hornsby
 Violet M. Datzel
 Witnesses to Mark (STREET AND NUMBER) Pevely, Mo.
 Pevely, Mo. (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 6th day of July,

19 48, at ~~city~~ (or town) of Pevely, county of Jefferson, and State (~~of Kentucky~~)

~~of~~ of Missouri

My Commission expires Feb. 15th 1952

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

Meda Guisinger
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
 Notary Public.
 (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 _____, 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.

Lined area for additional remarks and instructions.

8 JUL '88



RECEIVED
MAR BR OOMG

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

In Reply Refer To RR Br: QMGR 293 Abney, James W., Sgt., 37 076 179

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

~~Plot B, Row Grave 32~~
United States Military Cemetery
St. Corneille, France

~~16 June 1948~~

P R I O R I T Y

18 JUN 1948

Miss Janet Neal, Home Service Director
Midwestern Area, American Red Cross
1709 Washington Avenue
Saint Louis 3, Missouri

Dear Miss Neal:

The Next of Kin of the above captioned deceased		father
		(relationship)
Mr. Hunter Abney	Rural Route #1	Pevely, Missouri
(name)		(address)

has failed to return a Form 345 indicating disposition instructions for the remains. The form was dispatched 29 July 1947.

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

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

Sincerely yours,

JOHN O. HYATT
Colonel, QMC
Memorial Division

2 Incls. (SS)

Former address:
Boss, Missouri

JH

cj

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
INTRAOFFICE REFERENCE SHEET

*
293 ABNEY, JAMES W. DUE, HOUR AND DATE _____

1 No.	2 From	3 To	4 Date	5 Message
1	LOI Section R/R Br.	Record Section R/R Br.	MAY 15 June 1948	<p>1. As 333 card in this case could not be immediately located action has been taken with a view to resolving the case without the 333 card.</p> <p>2. File is forwarded to your Section for such correction in 333 card as may be indicated.</p> <p>3. When your action has been completed please forward file to Mail and Records.</p> <p style="text-align: center;">CUNNINGHAM 71507</p> <p style="text-align: center;">Snowden 6535</p>

THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE

*TRC,
sent 16 June '48
JEM*

*File
MXX
23 June 48
[Signature]*

18 JUN 1948

QMCMF 293
Abney, James W.
SN 37 076 179

5 September 1947

Mr. Hunter Abney
Rural Route #1
Pevely, Missouri

Dear Mr. Abney:

Your letter pertaining to the remains of your son, the late Sergeant James W. Abney, has come to my attention.

In compliance with your request I am inclosing a new "Request for Disposition of Remains" Form which should be completed and returned at your earliest convenience in order that official action may be taken to acquiesce with your desires.

We appreciate receiving from you notification of your change of address from Boss, Missouri to Rural Route #1, Pevely, Missouri. Our records have been amended accordingly.

Sincerely yours,

RICHARD B. COOMBS
Major, QMC
Memorial Division


RBC

2 Incls
Disposition Form, blank
Envelope
csl

SEP 5 10 43 AM '47
O. O. M. C.
MAIL & RECORDS BRANCH

SEP 5 10 24 AM '47
MEMORIAL DIVISION
RECORDS BRANCH

P.R. #1

Cevely, Mo.

August 18, 1947

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

0031079

attn: Memorial Div.

¹¹³
Re: Sgt. James W. Abney
Serial #37 076 179

Plot B, Row 2, Grave 32
U. S. Military Cemetery
St. Caille, France

Gentlemen:

Will you kindly send me a duplicate copy of Form #345 Military, "Request for Disposition of Remains", dated July 29, 1947 with reference to my son, James W. Abney, as we made an error in filling out this original form and wish to have these in proper order for filing before sending them to you.

We are enclosing the notice of change in address enclosed with these forms showing our new address.

Yours very truly
Hester Abney.

0031028

REPATRIATION
RECORDS BRANCH

AUG 21 9 44 AM '47

MEMORIAL DIVISION



OQMG FORM 381 11 MAR 47		NOTICE OF CHANGE IN ADDRESS	
NAME OF DECEASED	RANK	SERIAL NUMBER	
Sgt. James W. Abney	Sgt.	37 076 179	
NAME OF NEXT OF KIN	RELATIONSHIP		
Hunter Abney	Father		
OLD ADDRESS			
Boss, Missouri			
NEW ADDRESS			
Pevely, Missouri - R.R. #1			
REMARKS			
U. S. GOVERNMENT PRINTING OFFICE 16-51932-1			

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

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

OFFICIAL BUSINESS

OFFICE OF THE QUARTERMASTER GENERAL
MEMORIAL DIVISION, R. R. BRANCH
WASHINGTON 25, D. C.

OQMG FORM 381
11 MAR 47

NOTICE OF CHANGE IN ADDRESS

NAME OF DECEASED		RANK	SERIAL NUMBER
Sgt. James W. Abney		Sgt.	37 076 179
NAME OF NEXT OF KIN		RELATIONSHIP	
Hunter Abney		Father	
OLD ADDRESS			
Boss, Missouri			
NEW ADDRESS			
Pevely, Missouri - R.R. #1			
REMARKS			

U. S. GOVERNMENT PRINTING OFFICE 16-51932-1

A.P.C. sent 16 June 48 JGM

CORRESPONDENCE ACTION SHEET

Mr.
 Miss.
 Addressee: Mrs. Hunter Snow Father
 Relationship
R. C. #1
 City, State Seely, Missouri '47
 Date letter
 Cemetery
 Temporary: _____
 Permanent: _____
 Plot Row Gr Cen. Name or No. City Country

Decedent:

Last

First

Initial

Rank

ASN

Shroy, James W.
Sgt
37076179

PARAGRAPHS (sequence)

-- ADDITIONAL -- DATA -- MODIFICATIONS --

165a

In compliance with your request I am enclosing a new "Request for Disposition of Remains" form which should be completed and returned at your earliest convenience in order that official action may be taken to acquiesce with your desires.

2c

Forward to Records Sect.

TRF
 Analyst Typist Reviewer

Modifications

OKed

8-29-47

31079

47 11117

Sgt. James W. Abney, 37 076 179
Plot B, Row 2, Grave 32,
United States Military Cemetery
St. Corneille, France

29 July 1947

Mr. Hunter Abney
Boss, Missouri

Dear Mr. Abney:

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.

tjh

A.R.C. sent 16 June 48 JGM

ah

OMMF 293
Abney, James W.
A.S.N. 37 076 179

ju

27 May 1947

Mr. Hunter Abney
Boss, Missouri

Dear Mr. Abney:

Inclosed herewith is a picture of the United States Military Cemetery St. Cornelle, France, in which your son, the late Sergeant James W. Abney, 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.

Sincerely yours,

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

1 Incl
Photograph

MAY 28 12 17 PM '47
MAIL & RECORDS DIVISION

JE

M.W.

24 September 1946

Mr. Hunter Abney
Boss, Missouri

Dear Mr. Abney:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Sergeant James W. Abney, A.S.N. 37 076 179.

293
2

The records of this office disclose that his remains are interred in the U. S. Military Cemetery St. Corneille, plot B, row 2, grave 32. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

This cemetery is located nine miles northeast of Le Mans, France, and is under the constant care and supervision of United States military personnel.

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

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN *TL*
Major General
The Quartermaster General

[Handwritten signature]
SEP 24 12 59 PM '46
O.C.M.G.
MAIL & RECORDS BRANCH

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

RESTRICTED 391
REPORT OF BURIAL

41439

Abney James W. Sgt. 37076179
 Last Name First Initial Rank Serial No.
 Unk 87 CAV. RCN SQ MA.
 Unit Organization
 Chatrau, France KIA
 Place of Death Date of Death Cause of Death
 24 August 1944 1500 U.S. Mil. Cem. St. Corneille, France
 Time and Date of Burial Name of Cemetery Name or Coordinates of Location
 32 2 B Cross
 Grave Number Row Number Plot Number Type of Marker

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

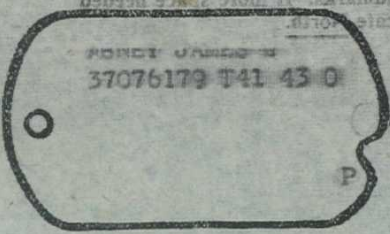
If No Identification Tags
How were remains identified?

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: Tennyson R. Waldren 35400124 Pfc. 7th Armd. 31
 Name Serial No. Rank Organization Grave No.
 Deceased's Left: Walter N. Lowry 33643683 Pvt. 33
 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 Hunter Abney
 Name
 Boss, Missouri
 Address
 Religion Protestant

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

- 3 letters
- Ident. bracelet
- 2 photos
- No currency

FILE

W.C. Nugent

Signature of Officer or other person reporting burial

WILLIAM C. NUGENT
1st Lt. QMC

Verified by C.R.S. Officer

41439

RESTRICTED
REPORT OF BURIAL

IF DECEASED UNIDENTIFIED

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

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

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

Attached to Marker: Yes No Buried with body: Yes No

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

Who is buried on:
 Deceased's Right: _____
 Deceased's Left: _____

Left Hand
 4
 3
 2
 1
 Thumb

Right Hand
 4
 3
 2
 1
 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.

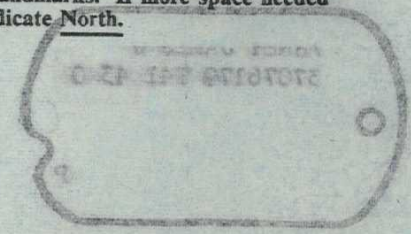
	Deceased's Left								Deceased's Right							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Upper																
Lower																

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

Characteristics:

Other Data:

Name: _____
 Address: _____
 Religion: _____
 Emergency Address: _____



List only Personal Effects found on Body and disposition of same:
 2 letters
 Ident. bracelet
 2 photos
 No currency

Signature of Officer or other person present: _____
 AG P BR HQ SOS 122560
 WILLIAM C. MUGENT
 1st Lt. GMC

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

REPORT OF DEATH

DATE 8 September 1944
dlr 4627

FULL NAME <u>Abney, James W.</u>		ARMY SERIAL NUMBER <u>37,076,179</u>	GRADE <u>Sgt</u>
HOME ADDRESS <u>St. Louis, Missouri</u>		ARM OR SERVICE <u>Cavalry</u>	DATE OF BIRTH <u>7 Aug 1918</u>
PLACE OF DEATH <u>European Area</u>	CAUSE OF DEATH <u>Killed in action</u>		DATE OF DEATH <u>22 Aug 44</u>
STATION OF DECEASED <u>European Area</u>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <u>28 June 1941</u>	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS <u>over 3 years</u>
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <u>Mr. Hunter Abney, father, Boss, Missouri</u>			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <u>Mrs. Meday Abney, mother, Boss, Missouri</u> <u>Mr. Hunter, Abney, father, Boss, Missouri</u>			
INVESTIGATION MADE?		IN LINE OF DUTY	OWN MISCONDUCT
YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE	IN FLYING PAY STATUS
YES	NO	YES	NO
OTHER PAY STATUS (SPECIFY BELOW)			
YES	NO	X	

ADDITIONAL DATA AND/OR STATEMENT

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

BATTLE

NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR
James W. Reinhart
James W. Reinhart
ADJUTANT GENERAL

25 SEP 1944

993

Abney, James W. Sgt. 37076179
J.W.

222847 ✓

JEM:DW:vt
April 13, 1945 ✓

Mr. Hunter *Abney*
Boss, Missouri ✓

Dear Mr. Hunter:

The Army Effects Bureau has received som additional property of your son, Sergeant James W. Abney.

These effects, contained in one package, 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 oaws of the state of the soldier's legal residence.

Extending every sympathy, I am

Sincerely yours, *KB*

P. L. KOEB
2nd Lt. Q.M.G.
Officer-in-Charge
SJ Unit

86

Mr. Hunter Abney

Boss, Missouri

Sgt. James W. Abney

37076179

222847 D

JRM:DW:po
11 April 1945

1
2

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mr. Hunter Abney

Boss, Missouri

Sgt. James W. Abney

Effects of:

Name 37076179

ASN 222847 D

Case No.

Wt.

JRM:DW:po

DATE 11 April 1945

V. Russell

FOR: Effects Quartermaster

REMARKS:

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
1 Warehouse Division
2 Files Branch, Adm. Div.

REMARKS:

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

APR 18 1945

Eff. QM Form 14 (26 Dec 44)

mt
Shipping Clerk

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

JRM:DWpo

Case No. 222847Date 10 April 1945

SUBJECT: Report of transactions in disposing of the effects of

James W. Abney, 37076179 late a
(Name of deceased) (Army Serial Number)
Sergeant, Cavalry who died
(Grade) (Organization, Army or Service)
on the 22 day of August, 19 44, at European Area.

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

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

a. No legal representative or widow of decedent being present at 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 28 March 1945, pursuant to Special Orders 228, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of _____

Hunter Abney 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, Hunter Abney of _____ (Name of person found entitled)

Boas State of _____
(Number, Street or Avenue) (City, Town or Village)

Missouri, is the Father of the _____ (Relationship or Capacity)

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

(Signature of Summary Court Officer)

JOHN R. MURPHY, Colonel, Q.M.C.

(Name, Rank, Organization)
SUMMARY COURT MARTIAL



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

JEM:VO:dmb
March 29, 1945

IN REPLY REFER TO 222,847

Mr. Hunter Abney
Boss, Missouri

Dear Mr. Abney:

Thank you for the information furnished the Army Effects Bureau in connection with the personal effects of your son, Sergeant James W. Abney. The card you submitted is returned herewith.

I am inclosing a check for \$11.09, representing funds which belonged to him. The remainder of the property is being forwarded to you and should reach you in the near future.

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 wish to express my sympathy in the loss of your son.

Sincerely yours,

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

3 Incls--
Card
Check

SHEET <u>1</u> OF <u>1</u> SHEETS	ARMY EFFECTS BUREAU INVENTORY		DECEASED MISSING <input checked="" type="checkbox"/>
BOX NUMBER <u>8</u>	ORIGINAL NUMBER OF PACKAGES		P O W <input type="checkbox"/>
TALLY NUMBER <u>6955</u>	INVENTORY DATE <u>23-Mar-45</u>	CASE NUMBER <u>222 847</u>	ABANDONED <input type="checkbox"/>
EFFECTS OF <u>JAMES W ABNEY</u>	RANK <u>Sgt.</u>		
A.S.N. <u>3707179</u>	ORGANIZATION <u>10 "A" 87 Bm.</u>		

PACKAGE DESCRIPTION

#1 Envelope

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

Handwritten initials

REMARKS: medal abney
Boss - mo.

ATTACHMENTS: FORM #54 1 inventory
FORM #100 1 Gr label

C.A.T. Hunter abney (father)
Boss - Missouri

WAREHOUSE SPACE 8X-6 STORED BY [Signature]

INVENTORIED BY Shuler

PACKED BY E. [Signature] CHECKED BY [Signature]

WEIGHT	GI REMOVED
	SHORTAGE ON REVERSE
	IDENT. TAGS REMOVED
	DIARY REMOVED
DATE SHIPPED	LOCKED STORAGE
<u>APR 18 1945</u>	LAUNDRY REMOVED
<input checked="" type="checkbox"/> #43 OR ADDITIONAL	FILM REMOVED

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Effects of: **Sgt. James W. Abney**
Name
37076179
ASN
222,847-D
Case No.
Wt.

Mr. Hunter Abney
Boss, Missouri

DATE March 29, 1945
Campbell dmb

R. M. Mull
FOR: Effects Quartermaster

REMARKS:

Inclose Bureau Check
Acct. No. 72947
Amount \$11.09
 Inclose "Valuables" item
 Ship "Valuables" item(s)

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

NOTE: Remove all clothing and salvage.

ROUTING:

- 1 Accounting Branch *m*
- 2 Warehouse Division
- 3 Files Branch, Adm. Div.

72947

222847

57669 emh

April 2 45

Hunter Abney

11.09

Eleven and 09/100

1 ct

REMARKS:

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

APR 4 1945

APR 17 1945

mk

Eff. QM Form 14 (26 Dec 44)

Shipping Clerk

Sgt. James W. Abney
37076179
222,847-D

Mr. Hunter Abney
Boss, Missouri

March 29, 1945
Campbell: dmb

X

72947
\$11.09

NOTE: Remove all clothing and salvage.

1
2
3

Form 14

NAME			
ALNEY, JAMES W.		SGT.	
BAY	PALLET	BOX	TALLY
	13	5	6972
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
CTN			
Eff. QM Form 43			

ABNEY, James

Sgt

37076179

Deceased

Shipped to K.C. 17 Nov.44 T/O PD 408

PEB

EQ&CZ Form # 4

NAME : ABNEY, JAMES W. ASN 37076179
 GRADE : SGT.
 UNIT :
 STATUS : KIA
 REMARKS : CTN. CASE NO.

Shipping List No: PD 616 Whse Spt
 Date Shipped : 6 DEC. 44
 Destination : K. C.

ABNEY, JAMES W. SGT 37076179 KIA c/551809

ABNEY, James. W. Sgt 37076179

~~KIA~~

\$11.09

F.165

G.V. 246--J.P. BELLAMY, LT. COL. F.D.

222847

PACKAGE DESCRIPTION <i>#1ctr</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>6972</i>
		INV. DATE <i>12 Mar 45</i>
NAME <i>JAMES W. ABNEY</i>		ORIG. NO. OF PKGS. <i>1</i>
A.S.N. <i>37076179</i> RANK <i>Sgt</i>		BOX NO.
		SHEET OF <i>1</i> SHEETS
		ORGANIZATION <i>H&B 7th Cav Pvt Sgt</i>

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

REMARKS	ATTACHMENTS	FORM #54	FORM #100
<i>med a Abney</i>			
<i>Boss Missouri</i>			
<i>From Identification Tag</i>			
<i>Hunter Abney, Courtis mo.</i>			
<i>1 Ring in Effect, Damaged, set missing</i>			
C.A.T. <i>now</i>			
WAREHOUSE SPACE <i>836</i>	STORED BY <i>MLK</i>	DATE SHIPPED <i>APR 4 1945</i>	G.I. REMOVED
INVENTORIED BY <i>Cornett</i>	CHECKED BY <i>B</i>	#43 OR ADDITIONAL	SHORTAGE ON REVERSE <input checked="" type="checkbox"/>
PACKED BY <i>Shuler</i>			IDENT. TAGS REMOVED
			DIARY REMOVED
			LOCKED STORAGE
			LAUNDRY REMOVED
			FILM REMOVED

EFF. OM Form 11 (24 Feb 45)

ADDITIONAL REMARKS

SHORTAGES

10 Shillings + 450 Francs

U. S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

Corbett
INVENTORY CLERK

Pa...
SUPERVISOR

G. I. REMOVED



ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPOT
ARMY EFFECTS BUREAU

601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

JRM:MD:cly
January 19, 1945

IN REPLY REFER TO 222,847 D

X 1 7/13

Mr. Hunter Abney
Boss, Missouri

Dear Mr. Abney:

This refers to your recent letter inquiring about the personal effects of your son, Sergeant James W. Abney.

I am sorry to report that the Army Effects Bureau has not yet received any of your son's property. There is inclosed an information circular which will give you some idea of the time which may elapse before personal effects arrive here from overseas.

You will note from Paragraph 3 of the circular that this Bureau needs certain information in order to make disposition of property. You may furnish the necessary information at this time, if you wish, so that your son's effects may be forwarded promptly upon receipt here.

For your convenience, there is inclosed a self-addressed return envelope which requires no postage.

I wish to express my sincere regret of the circumstances prompting this correspondence.

Yours very truly,

F. A. ECKHARDT
Captain Q.M.C.
Assistant

2 Incls--
Form 76
Envelope

*file
db*

1-13
IMMEDIATE

Mr. Hunter Abney
Base Missouri
Jan 10, 1944

222847CV

Effects Quartermaster
Kansas City, Mo.

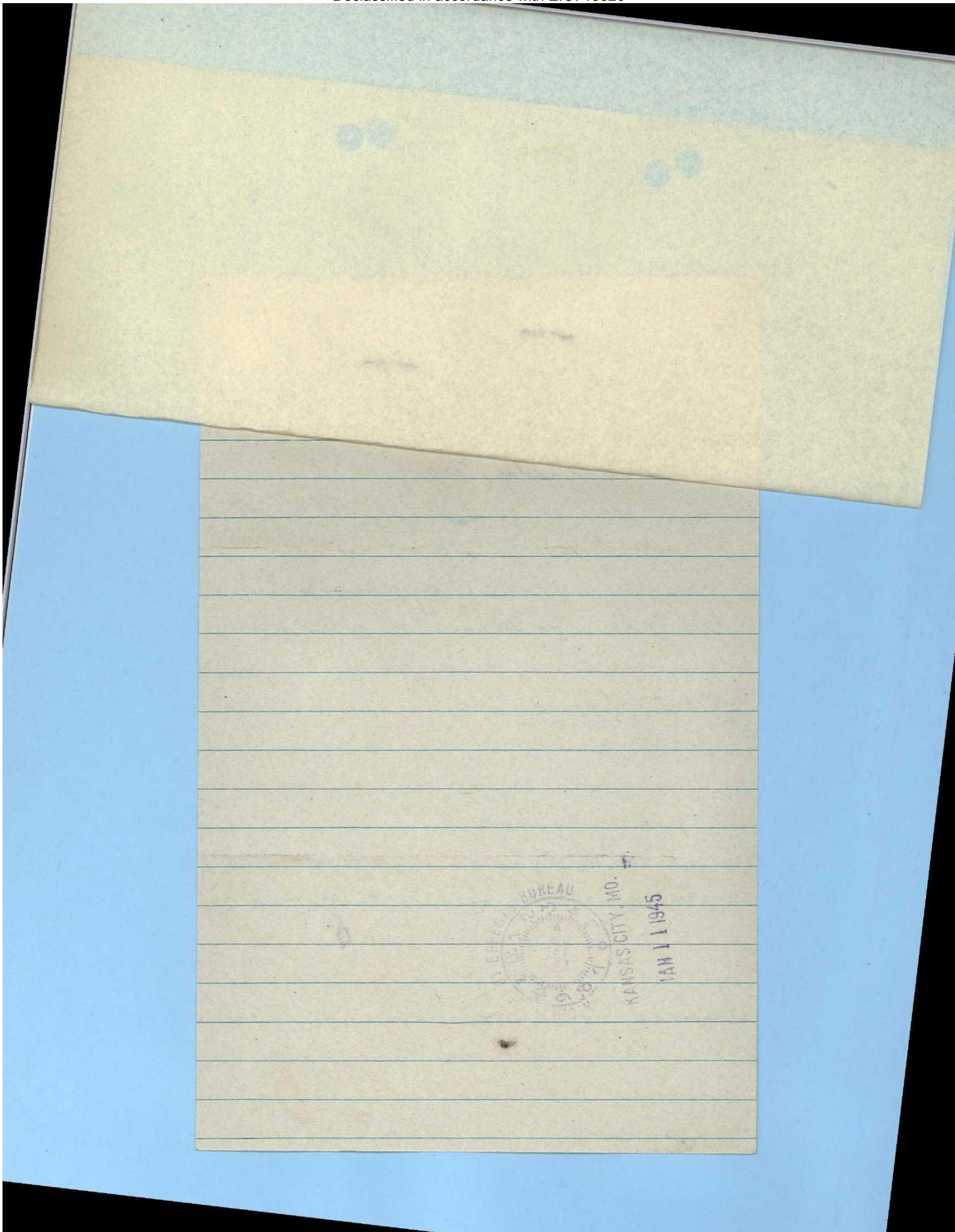
Dear Sir:

I should appreciate
all the information you can
give me concerning the personal
effects of my son, Sergeant James
W. Abney 34,096, 1st Cavalry,
who was killed in action August
22, 1944, in France.

His personal belongings,
such as, ring, bill-fold, cig-
arette lighter and pictures,
if these were recoverable I
would appreciate having them.

Please let me know as
soon as possible.

Sincerely, Hunter Abney



Serial No. 37076179 Name ARNEY, James
 Grade Sgt Rank _____
 Organization 1st "A" 87th Av Reg
 Address _____
 Nearest Relative HUNTER ARNEY - FATHER
 Address BOSS - MISSOURI
 Killed in Action YES Died of Disease _____
 Date 23 AUG 44 Hospital _____
 Battle Area _____ Information VA 1200107
 Place of Burial U.S. MIL. CEM. ST. CORNELIUS - FC
 Point of Coordination _____
 Description of Body _____
 Members Missing _____

Signed 6955
B-2-32

NAME			
ABNEY, JAMES		SGT	
BAY	PALLET	BOX	TALLY
			6955
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
GRB			
EF. QM Form 43			

return + salvage

file
db

Boss Mo

Feb 20. 1945

Gentlemen:

in regards to my
 Sons personal affects it has
 now been six months the
 22th of Feb since my son
 was killed in France and I am
 only asking for his small
 personal affairs such as
 a Bill fold which might
 have his name and home
 address in it probly some pe
 pictures in it also pocket
 knife and ring. Mayb a
 wrist watch. This is all I am
 interested in I dont care for no
clothes rather not have clothes.
 I am his father and his

Full name is Sgt James W.
Abney army serial no 37076179.
Well I will just send you
the card his change of address
when he went over seas.

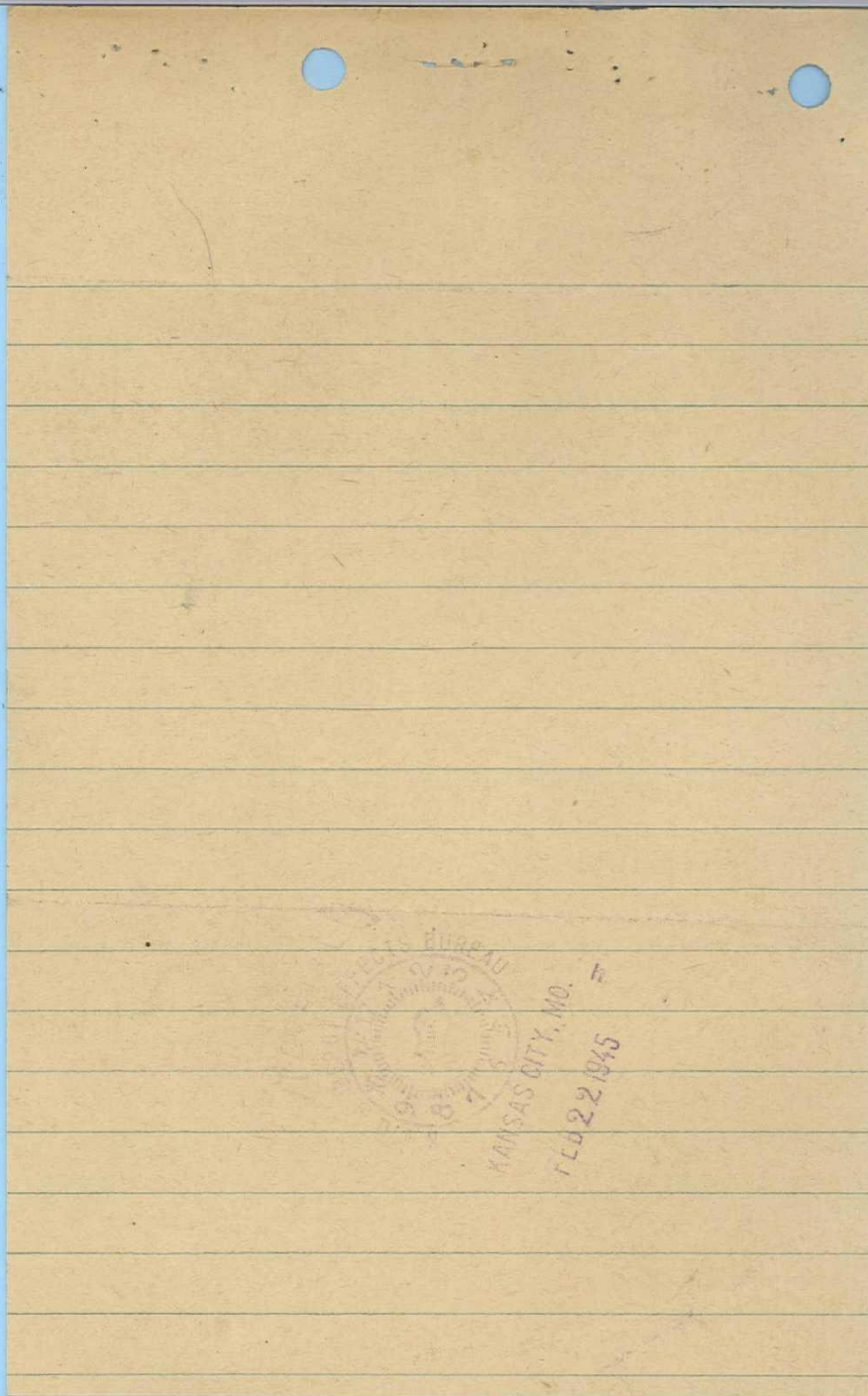
respectivaly yours
Hunter Abney

Boss no

Mother's name of son

Meda Abney

Boss no



RESTRICTED15 September 1944

Date

SUBJECT: Inventory of Personal Effects of:

ABNEY

(Last Name)

JAMES

(First Name)

W.

(MI)

Sgt.

(Rank)

37 076 179

(ASN)

TO: Effects Quartermaster, Communication Zone, APO-

US Army

The above named individual of

Hq 87th Cav. Ren. Sq., 7th Arm. Div.

(Unit)

Troop A

(Organization)

was reported

Killed in Action

(Status-Killed, MIA,

about

22 August

1944

Hospitalized, etc.)

(Date)

Designated Beneficiary if information readily accessible _____

INVENTORY OF EFFECTS

- 1 ea. Toilet Case with toilet articles
- 1 ea. Field toilet set, cloth.
- 1 ea. Wallet
- Photographs and Snapshots
- Tie-chain and clasp
- Stationary
- 1 ea. New Testament (Protestant).
- 8 ea. Airmail Stamps
- 1 ea. Ribbon "EIO"
- 1 ea. Ribbon "American Defence"
- 1 ea. Ribbon "Good Conduct"
- 1 ea. Badge, Marksman w/ bar, rifle
- 1 ea. Badge, Expert w/ bar, Machine gun
- 1 ea. Tobacco pouch
- 1 ea. Handkerchief
- 1 pr. Athletic trunks
- 1 ea. Sweatshirt

file
LbRESTRICTED

R E S T R I C T E D

Money in the amount of Ten Shillings & 450 Francs has been turned into

I. P. BRITAIN, LT COL, ED, Symbol No. 210 857 Form WDFD 38
(Name of finance officer and symbol number)

enclosed.

Names and addresses of any Banks in which accounts may be

carried:

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

18 Sept 1944

Name R. J. Fraiser

Rank & ASN W.O.J.G., W2 106 437

Organization Hq. 87th Cav. Rcn. Sq.
A.P.O. #257 Postmaster
New York, N.Y.

Any additional pertinent information:

R E S T R I C T E D

ABNEY JAMES W
37076179 T41 43 0

US Mil. Cem. St. Corneille, France
25 August 1944

(Date)

SUBJECT: Inventory of Personal Effects of:

Abney,	James	W;	Sgt.	37076179
(Last name)	(First name)	(MI)	(Rank)	(ASN)

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

The above named individual of Unk
(Unit)

Unk was reported KIA
(Organization) (Status-killed, MIA, Hospitaliz

about Unk 1944.
(Date)

Designated Beneficiary if information readily accessible _____

INVENTORY OF EFFECTS

	Class 1
3 Letters ✓	
1 Ident. bracelet ✓	
2 Photos ✓	

NO CURRENCY

W. Nugent

WILLIAM C NUGENT
1st Lt. QMC

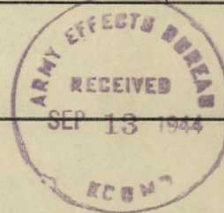
WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON 25, D. C.

222847

REPORT OF DEATH

DATE 8 September 1944
dlr 4627

FULL NAME Abney, James W.		ARMY SERIAL NUMBER 37,076,179		GRADE Sgt	
HOME ADDRESS St. Louis, Missouri		ARM OR SERVICE Cavalry		DATE OF BIRTH 7 Aug 1918	
PLACE OF DEATH European Area		CAUSE OF DEATH Killed in action		DATE OF DEATH 22 Aug 44	
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 28 June 1941		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS over 3 years	
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mr. Hunter Abney, father, Boss, Missouri					
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Meday Abney, mother, Boss, Missouri Mr. Hunter, Abney, father, Boss, Missouri					
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					



ADDITIONAL DATA AND/OR STATEMENT

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

 BATTLE

 NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR
James W. Reinhart
James W. Reinhart

ADJUTANT GEN