

293 CLAUDE, WAYNE G.

37,196,079 PFC,

EUROPEAN A, ( IOWA )

44tc

92-70A0007  
1617  
946000-1-1

1

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Pfc. Wayne G. Claude, 37 196 079  
Plot A, Row 7, Grave 172,  
United States Military Cemetery  
St. Cornelle, France

29 July 1947

A	C
B	D

DO NOT WRITE ABOVE THIS LINE

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

PART I

I, William W. Claude

(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

Clarion Evergreen Cemetery, Clarion, Wright County, Iowa

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

*Handwritten:* R.D. Mortimer  
**APR 10 1948**

*Handwritten:* coded 4/13/48  
Hallagher

OQMG FORM 14 NOV 1946 345 MILITARY

16-50411-1

PAGE 1

**APR 1**

*Handwritten:* m nitt

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 <b>John H. Eyler Funeral Home</b>			
NUMBER AND STREET <b>602 North Main</b>	CITY OR TOWN <b>Clarion 08</b>	COUNTY OR PROVINCE <b>Wright</b>	STATE OR TERRITORY OF U. S. A., OR COUNTRY <b>Iowa</b>
EXPRESS OFFICE (Nearest railroad passenger station) <b>Clarion, Iowa</b>	TELEGRAPH ADDRESS <b>Clarion, Iowa</b>	TELEPHONE No. <b>320</b>	

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 <b>Claude</b>	FIRST NAME <b>William</b>	MIDDLE INITIAL <b>W.</b>	RELATIONSHIP TO DECEASED <b>Father</b>
NUMBER AND STREET <b>Route #3</b>	CITY OR TOWN <b>Clarion</b>	COUNTY OR PROVINCE <b>Wright</b>	STATE OR TERRITORY OF U. S. A., OR COUNTRY <b>Iowa</b>

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

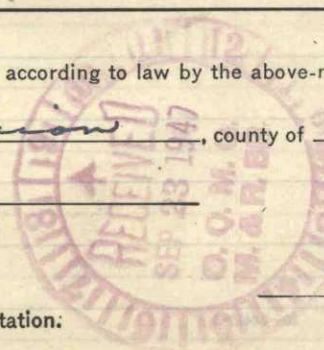
RECORDS BRANCH  
 SEP 23 5 34 PM '47  
 MEMORIAL DIVISION

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.

William W. Claude R. F. D. #3  
 (SIGNATURE OF NEXT OF KIN) (STREET AND NUMBER)  
William W. Claude Clarion, Iowa  
 (NAME PRINTED OR TYPED) (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 19 day of Sept, 1947, at city (or town) of Clarion, county of Wright, and State (or Territory or District) of Iowa



Bessie Johnson  
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)  
Deputy Clerk, Dist Court  
 (OFFICIAL TITLE)

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

**PART II - RELINQUISHMENT OF DISPOSITION AUTHORITY**

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

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

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

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

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

**PART III**

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

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

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

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

ADDITIONAL REMARKS AND INSTRUCTIONS

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

THE NEXT EXISTING PERSON IN THE ORDER OF PRIORITY OF DECEASED OR THE DECEASED  
 IN PART OF THIS FORM DO NOT REPEAT MY RIGHTS TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OR THE BELIEVED  
 AS THE NEXT PERSON OF PRIORITY

NAME (PLEASE PRINT FULL NAME)  
 LAST NAME  
 FIRST NAME  
 MIDDLE INITIAL

RELATIONSHIP TO THE DECEASED

NUMBER AND STREET  
 CITY OR TOWN  
 STATE OR COUNTY

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

DATE

SIGNATURE OF NEXT OF KIN

(PLEASE PRINT FULL NAME)

(PLEASE PRINT CITY OR TOWN)

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.  
 IF YOU DO NOT WANT TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OR THE DECEASED,  
 PLEASE PRINT THE NAME OF THE PERSON YOU WANT TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OR THE DECEASED.  
 SHOULD BE DIRECTED

NAME

RELATIONSHIP TO THE DECEASED

NUMBER AND STREET  
 CITY OR TOWN  
 STATE OR COUNTY

# RECEIPT OF REMAINS

DAY LETTER

DISTRIBUTION CENTER AGR DIV., CHICAGO QUARTERMASTER DEPOT  
1819 W. PERSHING RD., CHICAGO, ILLINOIS

JOHN H. EYLER FUNERAL HOME  
602 N. MAIN  
CLARION, IOWA

ROUTINE

REMAINS CONSIGNED TO:

REMAINS OF THE LATE **PFC. WAYNE G. CLAUDE**

BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT. ON TRAIN NUMBER **32**

CGW RR

~~XXXXXXXXXXXX~~

~~XXX~~ DUE TO ARRIVE **CLARION, IOWA, 1:05 PM THURS. 4 NOV. 1948**

REQUEST THAT YOU IMMEDIATELY INFORM THE NEXT OF KIN AND MAKE ARRANGEMENTS

TO ACCEPT REMAINS AT STATION UPON ARRIVAL. REFER TO CONTROL NUMBER **10996**

R. W. BENNETT  
LT. COL. QMC

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

THIS 4 DAY OF November, 1948

Walter L. Hill cpl.  
WITNESS (Escort)

John H. Eyer Funeral Home  
CONSIGNEE

REV. 18B

GP

NAT  
FILE  
RECORDS ANNOTATED  
DATE 2/11/49  
NAME R & R

OCT 29 1948

QMC FORM 1193  
15 NOV 46

LC

## DISINTERMENT DIRECTIVE

1

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

3576 00084

DATE

15 04 48

DAY MONTH YEAR

NAME

CLAUDE WAYNE G

SERIAL NUMBER

37196079

RANK

PFC

ARM

1

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

ST CORNEILLE - LE MANS

DISPOSITION OF REMAINS

1

7200 08

CODE DIST. PT.

PLOT

A

ROW

7

GRAVE

172

COUNTRY

FRANCE

CAUSE OF DEATH

1

## SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

JOHN H. EYLER FUNERAL HOME  
602 NORTH MAIN  
CLARION, IOWA

NAME AND ADDRESS OF NEXT OF KIN

WILLIAM W. CLAUDE (FATHER)  
RURAL FREE DELIVERY #3  
CLARION, IOWA

## SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

CLAUDE, WAYNE G

SERIAL NUMBER

37196079

RANK

UTD

DATE OF DEATH

10 June 1948

DATE DISTINTERRED

IDENTIFICATION TAG ON

 REMAINS MARKER

ORGANIZATION

USAGF

RELIGION

P.

IDENTIFICATION VERIFIED BY

J Earl Tucker, Embl.  
NAME AND TITLE

## SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

OD Uniform

CONDITION OF REMAINS

Fract. L/ and R/ Ulna  
Advanced Decomposition

OTHER MEANS OF IDENTIFICATION

None

MINOR DISCREPANCIES 1

None

REMAINS PREPARED AND PLACED IN CASKET  transfer case

DATE 10 June 1948

BY

J Earl Tucker

CASNET SEALED BY

W T Bush

EMBALMER (Signature)

W-T Bush

CASNET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

All markings, tags,  
and plates verified by: John Palyok Jr.

DATE 10/6/48 BY R Cook

John Palyok Jr., 1st Lt. FA

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

/except Casketing

Rafael T Ruiz, 1st Lt. FA

SIGNATURE OF GRS INSPECTOR

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

FORM 1194  
1 MAR 46

### RECORD OF CUSTODIAL TRANSFER

#### 1. SHIPPED

FROM USMC St. Corneille		TO Casketing Point A Cherbourg	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Cpl. Binette	
SIGNATURE OF SHIPPER T C Murray, Capt. QMC	DATE 19/7/48	SIGNATURE OF RECEIVER <i>E N Ciampo</i>	DATE 19/7/1948

#### 2. SHIPPED

FROM Casketing Point A Cherbourg		TO Port Unit Cherbourg	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER A/Sgt J Fuller	
SIGNATURE OF SHIPPER <i>E N Ciampo</i>	DATE 8Aug48	SIGNATURE OF RECEIVER <i>John E Hendry</i>	DATE 8Aug48

#### 3. SHIPPED

FROM CHERBOURG PORT UNIT		TO NYPOE	
KIND OF CONVEYANCE USAT CARROLL VICTORY		NAME OF CONVOYER KENNETH W. WHERCOTT, CAPT., TC	
SIGNATURE OF SHIPPER JOHN E. HENDRY, JR., MAJOR, CAC	DATE 25Sep48	SIGNATURE OF RECEIVER <i>K W Whercott</i>	DATE 25 SEPT 1948

#### 4. SHIPPED

FROM		TO NYPE	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>JAMES L. McKINNON</i>	DATE 20 Oct 48

#### 5. SHIPPED

FROM NYPE		TO Dcor	
KIND OF CONVEYANCE train		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>John H. McKinnon</i>	DATE 12 OCT 1948	SIGNATURE OF RECEIVER <i>L A Bockstaller</i>	DATE OCT 14 1948

#### 6. SHIPPED

FROM		TO 1st Lt. INF	
KIND OF CONVEYANCE		NAME OF CONVOYER Chief, Operations Bc	
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



INSPECTION CHECKLIST 26

NAME <b>Claude, Wayne G.</b>	RANK <b>Pfc.</b>	SERIAL NUMBER <b>37196079</b>
---------------------------------	---------------------	----------------------------------

NEXT OF KIN	ADDRESS
-------------	---------

<b>SHIPPING CASE - General Appearance</b> <i>(Check ONLY Discrepancies)</i>	CONDITION OF SHIPPING CASE <i>(Check One)</i> <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY
FINISH <i>(Exterior)</i> FINISH <i>(Interior)</i> HANDLES HANDLE BOLTS STENCILING - NAMEPLATE	REMARKS
INSPECTED BY: <i>R. B. Curran</i>	

<b>CASKET - General Appearance</b> <i>(Check ONLY Discrepancies)</i>	CONDITION OF CASKET <i>(Check One)</i> <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY
FINISH <i>(Exterior)</i> HANDLES AND FASTENINGS STENCILING - NAMEPLATE CAM LOCKS <i>(Sealing)</i> ODOR OR MOISTURE	REMARKS
INSPECTED BY:	

ROUTED THROUGH

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

CONDITION OF REMAINS <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	CASKET REPAIRED <input checked="" type="checkbox"/> <i>Touch up stains</i>
NECESSARY DISINFECTION <i>(Explain)</i>	CASKET EXCHANGED <input type="checkbox"/>
	SHIPPING CASE REPAIRED <input type="checkbox"/>
	SHIPPING CASE EXCHANGED <input type="checkbox"/>
REMARKS	

TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTING OFFICER
			1545	11/2/48	<i>R. B. Curran</i>

REMARKS

INSPECTION

STORAGE LOCATION				PASS. LIST NUMBER
FLOOR	SECTION	BAY	STORAGE NUMBER	017
			732	
STAMP INCOMING OR OUTGOING				CONTROL NUMBER
OUTGOING				10996

WJ B099 14 GOVT COLLECT

CLARION IOWA OCT 1 1948 1035A

COMMANDING OFFICER QUARTERMASTER DEPOT AGRD

CONTROL NUMBER 10996 PFC WAYNE G CLAUDE CONFIRM YOUR WIRE  
AND ORIGINAL INSTRUCTIONS

WILLIAM W CLAUDE.

1124A.

10996

RECEIVED  
SIGNAL CENTER  
OCT 1 11 36 AM '48

*Handwritten initials*

WI BOSS TO GOAT COLLECT

CLARION IOWA OCT 1 1948 1035A

COMMANDING OFFICER QUARTERMASTER DEPOT AGRD

CONTROL NUMBER 1098 PFC WAYNE G CLAUDE CONFIRM YOUR WIRE

AND ORIGINAL INSTRUCTIONS

WILLIAM W CLAUDE.

1154A.



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

SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM: (Originator) AGR DIV., CHICAGO QUARTERMASTER DEPOT  
1819 W. PERSHING RD., CHICAGO, ILL.

SECURITY CLASSIFICATION

ACTION TO:

- . WILLIAM W. CLAUDE
- . RURAL FREE DELIVERY 3
- . CLARION, IOWA

DELIVER & REPORT ANY CHARGES

PRECEDENCE FOR	
ACTION	INFORMATION
<input type="checkbox"/> ORIGINAL MESSAGE	
REFERS TO ANOTHER MESSAGE IDENTIFICATION	CLASSIFICATION

INFORMATION TO:

WE HAVE BEEN ADVISED REMAINS OF THE LATE **PFC WAYNE G. CLAUDE**

ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED TO

**JOHN H. FYLER FUN'L HOME, 602 NORTH MAIN, CLARION, IOWA**

WITHIN 48 HOURS AFTER RECEIPT OF THIS MESSAGE PLEASE CONFIRM YOUR ORIGINAL INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS AND FURNISH YOUR CORRECT MAILING ADDRESS BY TELEGRAM COLLECT TO COMMANDING OFFICER CHICAGO QUARTERMASTER DEPOT AGRD 1819 WEST PERSHING ROAD CHICAGO ILLINOIS. REPLY IS NECESSARY WITHIN THIS PERIOD SINCE IT WILL NOT BE POSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER THE EXPIRATION OF 48 HOURS. WHILE DELIVERY OF THE REMAINS WILL BE MADE AS SOON AS PRACTICABLE AFTER RECEIPT FACTORS BEYOND OUR CONTROL MAY DELAY DELIVERY OF REMAINS FOR SEVERAL WEEKS. HOWEVER AS SOON AS REMAINS ARE RECEIVED HERE AND IT IS POSSIBLE TO SCHEDULE THEM FOR DELIVERY YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF RAILROAD ROUTING AND SCHEDULED TIME REMAINS WILL ARRIVE AT RAILROAD STATION. ALSO HE WILL BE REQUESTED TO FURNISH YOU THIS INFORMATION SO THAT YOU MAY COMPLETE FUNERAL ARRANGEMENTS. THIS TELEGRAM WILL BE SENT AT LEAST 3 DAYS PRIOR TO ACTUAL SHIPMENT FROM THIS DISTRIBUTION CENTER. PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATION TO MAKE ARRANGEMENTS. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. IN REPLY TELEGRAM REFER TO CONTROL

NUMBER **10996** AND FULL NAME OF DECEASED.

WESTERN UNION

REV. 4E-1

R. W. BENNETT  
Lt. Col., QMC  
Chief, AGR Div.

18P

SECURITY CLASSIFICATION		AUTHORIZATION	
ORIGINATING AGENCY		SIGNATURE	
SYMBOL	DATE-TIME GROUP <b>SEP 30 1948</b>	OFFICIAL TITLE <b>THOS. O. CALL Major, QMC Chief, Adm. Div., A.G.R.D.</b>	PAGE OF

REPATRIATION  
RECORDS BRANCH

JAN 13 11 48 AM '49

MEMORIAL DIVISION

RECEIVED  
30 SEP 1948

# CERTIFICATE

(AR 30-1830)

CONTROL NO. 10996  
 QUARTERMASTER GENERAL, WASHINGTON, D.C.  
 STAFF OFFICE OF  
 COL. E. G. DOYEL  
 210-587  
 BURIAL IN A  
 NATIONAL OR POST CEMETERY  
 CHICAGO, ILL.

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 NATIONAL OR POST CEMETERY.

## PART A - CIVILIAN OR PRIVATE CEMETERY

DEC 1948

**A**

### REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT <b>CLAUDE, WAYNE G.</b>	GRADE <b>PFC.</b>	SERIAL NUMBER <b>37196079</b>	COMPONENT <b>US ARMY</b>
I certify that the sum of \$ <u>151.50</u> 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 <b>Clarion Evergreen</b>	CITY OR COUNTY <b>Clarion</b>	STATE <b>Iowa</b>	
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:		SIGNATURE OF CLAIMANT <i>William W. Claude</i> <b>WILLIAM W. CLAUDE</b>	
AGR DIVISION, CHICAGO QUARTERMASTER DEPOT 1819 W. PERSHING RD., CHICAGO, ILL.		ADDRESS OF CLAIMANT (City, Street or RFD, and State) <b>R. F. B. #3, CLARION, IOWA</b>	
RELATIONSHIP TO DECEDENT <b>FATHER</b>		DATE <b>Nov 5, 1948</b>	

## 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:		SIGNATURE OF CLAIMANT E. G. DOYEL U.S. ARMY, CHICAGO, ILL. <b>DEC 23 1948</b>	
AGR DIV., CHICAGO QUARTERMASTER DEPOT 1819 W. PERSHING RD., CHICAGO, ILLINOIS		ADDRESS OF CLAIMANT (City, Street or RFD, and State) ACCOUNTS OF E. G. DOYEL Symbol Number 210-587	
RELATIONSHIP TO DECEDENT		DATE	

QMC FORM 1236  
23 OCT 47

REPLACES WD AGO FORM R-5507, QMC FORM R-5048 AND QMC FORM R-5066, WHICH ARE OBSOLETE.

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.

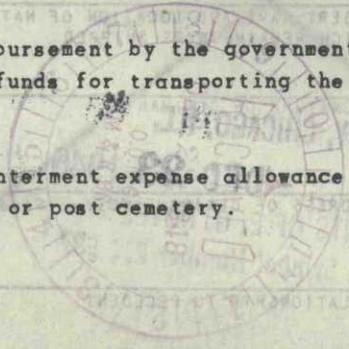
EXPLANATION OF PART B - NATIONAL OR POST CEMETERY

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.



Pfc. Wayne G. Claude, 37 196 079  
Plot A, Row 7, Grave 172,  
United States Military Cemetery  
St. Cornille, France

*J*

29 July 1947

Mr. William W. Claude  
Route #3  
Clarion, Iowa

Dear Mr. Claude:

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.

30 255  
RECORDS

*MR*



QMCMF 293  
Claude, Wayne G.  
A.S.N. 37 196 079

*JW*

29 May 1947

Mr. William W. Claude  
Route #3  
Clarion, Iowa

Dear Mr. Claude:

Inclosed herewith is a picture of the United States Military Cemetery St. Cornelle, France, in which your son, the late Private First Class Wayne G. Claude, 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, QMC  
Chief, Memorial Division

1 Incl  
Photograph

ypa

3 08 PM '47  
U.S. AIR FORCE  
RECORDS BRANCH

*mmg*

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

In Reply Refer To  
QMGM 314.6  
Graves Registration  
(European) *W. Spina*

27 November 1946

SUBJECT: Burial Records *Con*

TO : Commanding Officer  
American Graves Registration Command  
European Theater Area  
APO 387, c/o Postmaster  
New York, New York

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

Cemetery: United States Military Cemetery St. Cornille, France

NAME	RANK/ GRADE	SERIAL NO.	DATE OF DEATH	PLOT	ROW	GRAVE	ORGANIZATION
Byrd, Ted G., Jr	2ND LT	01 640 291		A	5	109	<u>(c) 179th Engr Bn.</u>
<i>293</i> Claude, Wayne G.	<u>PFC</u>	37 196 079		A	7	172	<u>Co "F"</u> <u>87th Cav Rgn Sq</u> <u>Meigs</u> <u>87th Inf Div</u>

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

FOR THE QUARTERMASTER GENERAL:

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

REPATRIATION RECORDS B RANCH

7 Nov. 1946  
DATE

NAME CLAUDE WAYNE G

SERIAL NO 37196079

CEMETERY ST. CORNEILLEM FRANCE

PLOT A

ROW 7

GRAVE 172

LETTER FIELD

Correct Records to Read

RANK

ORG

~~DATE OF DEATH - 21 AUG 1944~~

*File  
Dougherty  
27 Nov 46  
nan*

M. KALANIK  
SPECIAL CHECKER

14 October 1946

Mr William W. Claude  
Route #3  
Clarion, Iowa

Dear Mr. Claude:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Private First Class Wayne G. Claude, A.S.N. 37 196 079.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery St. Corneille, plot A, row 7, grave 172. 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  
Major General  
The Quartermaster General

1946 OCT 16 12 55 PM

30000

fgt

RESTRICTED

36628

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

# REPORT OF BURIAL

24 August 1944

Date

37196079

Serial No.

INF. DP2

Claude Wayne

Last Name

Unit

87 Cav Ren Sq M

Organization

KIA

Cause of Death

Laysy France

Place of Death

23 August 1944 1945

Time and Date of Burial

U. S. Mil. Cem. St. Corniellem France

Name of Cemetery

Name or Coordinates of Location

172

Grave Number

Row Number

Cross

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:

John W. Singleton

34254501

171

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

Elmer G. Morton 36313737

173

Name

Serial No.

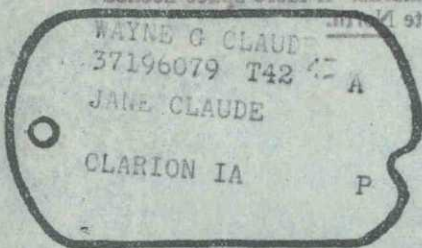
Rank

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 Jane Claude

Name

Clarion Ia.

Address

Religion Protestant

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

- Money belt
- Ring
- Key
- 6 souvenir coins
- Currency 650 Francs

Signature of Officer or other person reporting burial

William C. Nugent  
1st Lt QMC

Verified by G.R.S. Officer

File 7/24/45 W.K.

24 Aug 49

00	00
01	01
02	02
03	03
04	04
05	05
06	06
07	07
08	08
09	09
10	10
11	11
12	12
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33	33
34	34
35	35
36	36
37	37
38	38
39	39
40	40
41	41
42	42
43	43
44	44
45	45
46	46
47	47
48	48
49	49
50	50

### IF DECEASED UNIDENTIFIED

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

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

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

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

**Left Hand**

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.

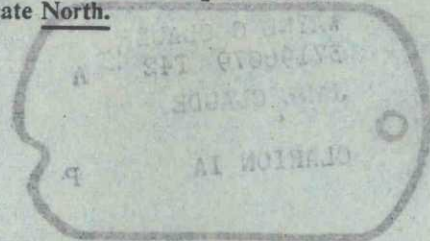
Deceased's Right	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	Upper															
Deceased's Left	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	Lower															

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

Characteristics: \_\_\_\_\_

Other Data: \_\_\_\_\_

Emergency Address: \_\_\_\_\_  
 Profession: \_\_\_\_\_  
 Money belt \_\_\_\_\_  
 Ring \_\_\_\_\_  
 Key \_\_\_\_\_  
 6 souvenir coins \_\_\_\_\_  
 650 Francs \_\_\_\_\_  
 Currency \_\_\_\_\_  
 List only Personal Effects Found on Body and disposition of same:



AG P BR HQ SOS  
 William C. Nugent  
 122560

WAR DEPARTMENT  
THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 22 Sept 1944

<b>FULL NAME</b> Claude, Wayne G.		<b>ARMY SERIAL NUMBER</b> 37 196 079	<b>GRADE</b> PFC
<b>HOME ADDRESS</b> Clarion, Iowa		<b>ARM OR SERVICE</b> Cavalry	<b>DATE OF BIRTH</b> 22 Jan 19
<b>PLACE OF DEATH</b> European Area	<b>CAUSE OF DEATH</b> Killed in action		<b>DATE OF DEATH</b> 21 Aug 44
<b>STATION OF DECEASED</b> European Area		<b>DATE OF ENTRY ON CURRENT ACTIVE SERVICE</b> 22 May 42	<b>LENGTH OF SERVICE FOR PAY PURPOSES</b> YEARS MONTHS DAYS
<b>EMERGENCY ADDRESSEE (NAME, RELATIONSHIP &amp; ADDRESS)</b> Mr. William W. Claude, /Route #3, Clarion, Iowa Father,			
<b>BENEFICIARY (NAME, RELATIONSHIP &amp; ADDRESS)</b> Jane Claude, Mother, Clarion, Iowa William W. Claude, Father, Route #3, Clarion, Iowa			
<b>INVESTIGATION MADE?</b>		<b>IN LINE OF DUTY</b>	<b>OWN MISCONDUCT</b>
YES	NO	YES	NO
		YES	NO
<b>WAS DECEASED ON DUTY STATUS</b>		<b>AUTHORIZED ABSENCE</b>	<b>IN FLYING PAY STATUS</b>
YES	NO	YES	NO
		YES	NO
<b>OTHER PAY STATUS (SPECIFY BELOW)</b>			
YES	NO		
	X		

ADDITIONAL DATA AND/OR STATEMENT

COPIES FURNISHED:

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

BATTLE

NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

J. A. Marshall

ADJUTANT GENERAL

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

234397

~~233701~~

REPORT OF DEATH

DATE 22 Sept 1944

FULL NAME <b>Claude, Wayne G.</b>		ARMY SERIAL NUMBER <b>37 196 079</b>	GRADE <b>PFC</b>
HOME ADDRESS <b>Clarion, Iowa</b>		ARM OR SERVICE <b>Cavalry</b>	DATE OF BIRTH <b>22 Jan 19</b>
PLACE OF DEATH <b>European Area</b>	CAUSE OF DEATH <b>Killed in action</b>		DATE OF DEATH <b>21 Aug 44</b>
STATION OF DECEASED <b>European Area</b>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <b>22 May 42</b>	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <b>Mr. William W. Claude, /Route #3, Clarion, Iowa Father,</b>			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <b>Jane Claude, Mother, Clarion, Iowa William W. Claude, Father, Route #3, Clarion, Iowa</b>			
INVESTIGATION MADE?	IN LINE OF DUTY	OWN MISCONDUCT	WAS DECEASED ON DUTY STATUS
YES NO	YES NO	YES NO	YES NO
AUTHORIZED ABSENCE		IN FLYING PAY STATUS	OTHER PAY STATUS (SPECIFY BELOW)
YES NO	YES NO	YES NO	YES NO



ADDITIONAL DATA AND/OR STATEMENT

*ew*

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

BATTLE  
 NON-BATTLE

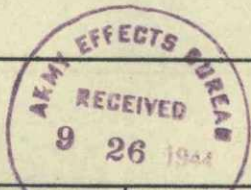
BY ORDER OF THE SECRETARY OF WAR:  
*J. A. Marshall*  
J. A. Marshall  
ADJUTANT GENERAL



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

REPORT OF DEATH

DATE 22 Sept 1944

FULL NAME <b>Claude, Wayne G.</b>		ARMY SERIAL NUMBER <b>37 196 079</b>	GRADE <b>PFC</b>
HOME ADDRESS <b>Clarion, Iowa</b>		ARM OR SERVICE <b>Cavalry</b>	DATE OF BIRTH <b>22 Jan 19</b>
PLACE OF DEATH <b>European Area</b>	CAUSE OF DEATH <b>Killed in action</b>		DATE OF DEATH <b>21 Aug 44</b>
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EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <b>Mr. William W. Claude, /Route #3, Clarion, Iowa Father,</b>			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <b>Jane Claude, Mother, Clarion, Iowa William W. Claude, Father, Route #3, Clarion, Iowa</b>			
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)		<div style="text-align: center;">  </div>	
YES	NO	YES	NO

ADDITIONAL DATA AND/OR STATEMENT

COPIES FURNISHED:

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

BATTLE

NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

*J. A. Marshall*  
J. A. Marshall

ADJUTANT GENERAL

397593

RTB:RW:mjw  
July 23, 1945

Mr. William W. Claude  
Route # 3  
Clarion, Iowa

Dear Mr. Claude:

The Army Effects Bureau has received additional property of your son, Private First Class Wayne G. Claude, consisting of funds in the amount of \$13.11. A check for this sum is inclosed.

As previously indicated, such property is forwarded for distribution in accordance with the laws of the state of the soldier's legal residence.

Sincerely,

547  
C. B. QUINN  
2nd Lt., QMC  
Chief, Files Branch

1 Incl--  
Check

ORDER FOR SHIPMENT

SHIP TO: Mr. William W. Claude

Effects of:  
Name Pfc. Wayne G. Claude

Route # 3

Clarion, Iowa

ASN 37196079

Case No. 397593 D

Wt.

DATE 20 July 1945

*Taylor*  
FOR: Effects Quartermaster

REMARKS: RTB:RW:mjw  
 Inclose Bureau Check  
Acct. No. 70655  
Amount \$13.11 *me*  
 Inclose "Valuables" item  
 Ship "Valuables" item(s)

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

101960 bt

ROUTING:  
1 Accounting Branch *W*  
Warehouse Division  
2 Files Branch, Adm. Div.

70655  
397593

July 25 45

William W. Claude

13.11

Thirteen and 11/100

REMARKS: Franked \_\_\_\_\_  
Est. Exp. Chgs. \_\_\_\_\_  
Est. Frt. Chgs. \_\_\_\_\_  
No. of packages \_\_\_\_\_

Shipping Clerk



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

IN REPLY REFER TO 234,597

JRM:JM:dn  
April 14, 1945

Mr. William W. Claude  
Route # 3  
Clarion, Iowa

Dear Mr. Claude:

The Army Effects Bureau has received from overseas some property of your son, Private First Class Wayne G. Claude.

This property, consisting of a few small items, is being sent you.

If, for some reason, it has not been received at the expiration of thirty days from this date, please notify me so that tracer may be instituted.

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

Yours very truly,

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

67



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

JFM:MH:jk  
April 28, 1945

IN REPLY REFER TO 234397

Mr. William W. Claude  
Route No. 3  
Clarion, Iowa

Dear Mr. Claude:

The Army Effects Bureau has received some additional property of your son, Private First Class Wayne G. Claude.

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.

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.

Yours very truly,

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

*ML*

ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mr. William W. Claude

SHIP TO:

Route No. 3

Pfc. Wayne G. Claude

Clarion, Iowa

Effects of:

Name 37196079

ASN 234397 D

Case No.

Wt.

DATE 28 April 1945  
Jdr:MH:jk

*R. Smith*  
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:

*1 p/cg*

✓ Franked **FRANKED**  
Est. Exp. Chgs.          **MAY 3 1945**  
Est. Frt. Chgs.           
No. of packages   1  

         Shipping Clerk *mk*

NAME

CLAUDE, WAYNE G

37196079

BAY	PALLET	BOX	TALLY
		6	7074
TYPE OF PKG.		WHSE. SPACE	INVENTORIED
GRB			

Eff. QM Form 43

Serial No. 37196079 Name CLAUDE, WAYNE G.  
 Grade UNK Rank UNK  
 Organization UNK  
 Address \_\_\_\_\_  
 Nearest Relative UNK  
 Address \_\_\_\_\_  
 Killed in Action YES Died of Disease \_\_\_\_\_  
 Date \_\_\_\_\_ Hospital \_\_\_\_\_  
 Battle Area \_\_\_\_\_ Information \_\_\_\_\_  
 Place of Burial U.S. MIL. CEM. ST. CORNELIUS, FR  
 Point of Coordination \_\_\_\_\_  
 Description of Body \_\_\_\_\_  
 Members Missing \_\_\_\_\_

Signed

*[Handwritten signature]*

**7074**

ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mr. William W. Claude

Route # 3

Clarion, Iowa

Pfc. Wayne G. Claude

Effects of:

Name

37196079

ASN

234397 D

Case No.

Wt.

DATE 6 April 1945

JRM:JFH:lb

*Laura G. Wineland*

FO: 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:

*1 pkg*

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

FRANKED APR 11 1945

*mk*

Shipping Clerk



NAME  
KAYREX CLAUDE, WAYNE G.

PFC

BAY	PALLET	BOX	TALLY
6955		1	6955

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
PE BOX		

PE BOX  
Est. QM Form 48

R E S T R I C T E D

Money in the amount of \_\_\_\_\_ has been turned into

Form WDFD 38

(Name of finance officer and symbol number)

enclosed.

Names and addresses of any Banks in which accounts may be

carried:

I certify that the above items constitute all of the effects, secured by me, of the above named individual and that they were forwarded to the Effects Depot by \_\_\_\_\_ on

(Rail, Truck, etc.)

21 September 1944.

Name R. J. FRASER

Rank & ASN W.C.J.G. #2 106 437

Organization Hq. 87th Cav. Reg. Sq. #2  
A.P.O. #27, Postmaster  
New York, N.Y.

Any additional pertinent information:

R E S T R I C T E D

RESTRICTED20 September 1944

Date

SUBJECT: Inventory of Personal Effects of:

CLAUDE WAYNE G. P.F.C. 37 196 079  
 (Last Name) (First Name) (MI) (Rank) (ASN)

TO: Effects Quartermaster, Communication Zone, APO US ArmyThe above named individual of 87th. Cav. Recon. Sq. Meas., 7th. Armd. Div.  
(Unit)Co. F was reported Killed in Action  
(Organization) (Status-Killed, MIA,Hospitalized, etc.) about 21 August 1944  
(Date)

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

INVENTORY OF EFFECTS

- 1 ea. Bag personal effects ✓
- 1 ea. Brush shoe ✓
- 1 ea. Kit sewing w/ thimble ✓
- 1 ea. Shaving soap ✓
- 1 ea. Comb ✓
- 1 ea. Belt ✓
- 1 ea. Metal "Marksman" ✓
- 1 ea. Bar "Machine gun" ✓
- 1 ea. Bar "Sub Machine gun" ✓
- 1 ea. Ribbon "Good Conduct" ✓
- 1 ea. Ribbon "E. T.O." ✓
- 1 ea. Ribbon "American Defence" ✓
- 13 Pkg. Razor blades ✓
- 1 ea. Cap Garrison ✓

RESTRICTED

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

(Date)

SUBJECT: Inventory of Personal Effects of:

Claude, Wayne G. Unk s7196079  
(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
- 1 Money belt ✓
- 1 Ring ✓
- 1 Key ✓
- 6 Souvenir coins ✓

Class 2  
CURRENCY  
650 Francs ○

Above turned in to the Finance Officer,  
58th Finance Disbursing Section.

*W.C. Nugent*

WILLIAM C NUGENT  
1st Lt. QMC

ARMY EFFECTS BUREAU

Missing \_\_\_\_\_  
A.W.O.L. \_\_\_\_\_  
P.O.W. \_\_\_\_\_  
Abandoned \_\_\_\_\_

Flat \_\_\_\_\_ Box \_\_\_\_\_ *Sw*

2-17

Shown on Tally In as \_\_\_\_\_

TALLY IN NO. \_\_\_\_\_ INVENTORY DATE 2-30-45 CASE NO. 397593 *2/21/45*

EFFECTS OF Wayne, Claude G. RANK Unk.

ARMY SERIAL NUMBER 37196079 ORG. \_\_\_\_\_

CONSIGNOR B.C.M. C.2. A.P.O.-913

DELIVERING CARRIER Mail G B/L NO. \_\_\_\_\_ G B/L DATE \_\_\_\_\_

Package No.	Article Description	Remarks
1	<u>13. 11</u>	Included in one
ENVELOPE	<u>alc # 70655 Bmk</u>	U. S. Treasurer's Check
	<u>PAID-Check No. 101960 ff</u>	# <u>2116</u>
		Dated <u>11-9-44</u>
		Symbol <u>212-779</u>
		Amount <u>16867.32</u> Payable to
		<del>XXXXXXXXXX</del> Indorsed to Effects QM
		List #163

FEB 17 1945

Warehouse Space \_\_\_\_\_ Inventoried by \_\_\_\_\_  
Locked Storage Space \_\_\_\_\_ Packed by \_\_\_\_\_ FEB 2 1945

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

Case No. 234397Date 6 April 1945

SUBJECT: Report of transactions in disposing of the effects of

Wayne G. Claude, 37196079 late a  
(Name of deceased) (Army Serial Number)

Private First Class, Cavalry who died  
(Grade) (Organization, Army or Service)

on the 21 day of August, 1944, at European Area

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

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

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

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

c. Decedent owed undisputed local creditors the sum of \$ none, which has been paid by the Summary Court-Martial from funds of decedent. (See inclosed receipt \_\_\_\_\_, Incl. \_\_\_\_\_)

d. Disposition of decedent's effects (less money paid creditors, if any) has been made by the Summary Court-Martial by transmittal through the Quartermaster Corps, at Government expense to person found entitled (See Summary Court-Martial FINDING below)

## FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 3 April 1945, pursuant to Special Orders 223, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of William W. Claude 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, William W. Claude of (Name of person found entitled)

Route # 3, Clarion State of  
(Number, Street or Avenue) (City, Town or Village)

Iowa, 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

23439708

PACKAGE DESCRIPTION <i>#1 pkg.</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>6955</i>
		INV. DATE <i>20 Mar 45</i>
		ORIG. NO OF PKGS. <i>1</i>
NAME <i>WAYNE G. CLAUDE</i>		BOX NO.
A.S.N. <i>37,196,079</i> RANK <i>Pfc.</i>		SHEET OF <i>1</i> SHEETS
		ORGANIZATION <i>874 Cav. Troop Sg. Mess. 7th Cav. Div.</i>

BELT	TOWELS & WASHCLOTHS	WINGS
BELT, MONEY (NO MONEY)	CLOTHING	TAGS, CLOTH OR TRAVEL
CLOTH, WASH	OR/CELET, IDENT.	BILLFOLD, (NO MONEY)
COATS	BRUSHES	CASE
FOOTWEAR, PR	CAMERAS	FOOTLOCKER
GLOVES, PR	GLASSES	KIT, DEV, TLT, OR WRITING
HANDKERCHIEFS	KNIVES	BOOKS
HEADWEAR	LIGHTERS	BOOKS, ADDRESS
JACKETS	MISC. INSIGNIA <i>(only 1 in box)</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	RIBBONS, DECORATION	PHOTOS
TOWELS	RINGS	SHOE SHINE ARTICLES
TROUSERS, PR	TOBACCO	SHORT SNORTER
TRUNKS, PR	TOILET ARTICLES	SOUVENIRS
UNDERWEAR	WATCH	SOUVENIR MONEY
		STATIONERY
		TESTAMENTS
		U.S. MONEY (AMOUNT)

*File*

REMARKS <i>No Information checked</i>	ATTACHMENTS	FORM #54	FORM #100
		<i>1 Inventory</i>	

C.A.T. <i>none</i>	WEIGHT	G.I. REMOVED
WAREHOUSE SPACE <i>1953</i>	STORED BY <i>mt</i>	SHORTAGE ON REVERSE
INVENTORIED BY <i>Moran</i>	DATE SHIPPED <i>APR 11 1945</i>	IDENT. TAGS REMOVED
PACKED BY <i>Cramer</i>	CHECKED BY <i>B</i>	DIARY REMOVED
	#43 OR ADDITIONAL	LOCKED STORAGE
		LAUNDRY REMOVED
		FILM REMOVED

SHORTAGES

U. S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

INVENTORY CLERK

SUPERVISOR

G.I. REMOVED



SHEET 1 OF 1 SHEETS  
 ARMY EFFECTS BUREAU INVENTORY  
 DECEASED   
 MISSING   
 P.O.W.   
 ABANDONED

BOX NUMBER 6 ORIGINAL NUMBER OF PACKAGES 1

TALLY NUMBER 7074 INVENTORY DATE 4-APR-45 CASE NUMBER 234397

EFFECTS OF Wayne G. Claude RANK SP4

A.S.N. 37196079 ORGANIZATION \_\_\_\_\_

PACKAGE DESCRIPTION #1 Pkg

CLOTHING	PERSONAL ITEMS	CONTAINERS
<input checked="" type="checkbox"/> BELT	<input checked="" type="checkbox"/> BRACELET, IDENTIFICATION	<input type="checkbox"/> BAGS, CLOTH
<input checked="" 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)
<input type="checkbox"/> COATS	<input type="checkbox"/> GLASSES	<input type="checkbox"/> CASE
<input type="checkbox"/> FOOTWEAR, PR.	<input type="checkbox"/> KNIVES	<input type="checkbox"/> FOOTLOCKER
<input type="checkbox"/> GLOVES, PR.	<input type="checkbox"/> LIGHTERS	<input type="checkbox"/> KIT, SEWING
<input type="checkbox"/> HANKERCHIEFS	<input checked="" type="checkbox"/> MISC. INSIGNIA	<input type="checkbox"/> KIT, TOILET
<input type="checkbox"/> HEADWEAR	<input checked="" type="checkbox"/> MISC. ITEMS	<input type="checkbox"/> KIT, WRITING
<input type="checkbox"/> JACKETS	<input type="checkbox"/> PEN, FOUNTAIN	<input type="checkbox"/> PAPERS AND MISC.
<input type="checkbox"/> OVERCOATS	<input type="checkbox"/> PENCIL, MECHANICAL	<input type="checkbox"/> BOOKS
<input type="checkbox"/> SCARFS	<input type="checkbox"/> PIPES	<input type="checkbox"/> BOOKS, ADDRESS
<input type="checkbox"/> SHIRTS	<input type="checkbox"/> RELIGIOUS ARTICLES	<input type="checkbox"/> BOOKS, NOTE
<input type="checkbox"/> SOCKS, PR.	<input type="checkbox"/> RIBBONS, DECORATION	<input type="checkbox"/> BOOKS, PILOT LOG
<input type="checkbox"/> TIES	<input checked="" type="checkbox"/> RINGS	<input type="checkbox"/> DIARY (REMOVED FOR DURATION)
<input type="checkbox"/> TOWELS	<input type="checkbox"/> TOBACCO	<input type="checkbox"/> FILMS
<input type="checkbox"/> TROUSERS, PR.	<input type="checkbox"/> TOILET ARTICLES	<input type="checkbox"/> LETTERS
<input type="checkbox"/> TRUNKS, PR	<input type="checkbox"/> WATCH	<input type="checkbox"/> PAPERS, PERSONAL
<input type="checkbox"/> UNDERWEAR	<input type="checkbox"/> WINES	<input type="checkbox"/> PHOTOS
		<input type="checkbox"/> SHOE SHINE ARTICLES
		<input type="checkbox"/> SHORT SNORTER
		<input type="checkbox"/> SOUVENIRS
		<input checked="" type="checkbox"/> SOUVENIR MONEY
		<input type="checkbox"/> STATIONERY
		<input type="checkbox"/> TESTAMENTS
		<input type="checkbox"/> U.S. MONEY (AMOUNT)

REMARKS: no information  
rechecked

ATTACHMENTS: 1 inventory ✓  
GP label ✓

C.A.T. none

WAREHOUSE SPACE 689 STORED BY mk

INVENTORIED BY Harrison & Williams DATE SHIPPED MAY 3 1945

PACKED BY Cowley CHECKED BY E

WEIGHT	GI REMOVED
	<input checked="" type="checkbox"/> SHORTAGE ON REVERSE ✓
	<input type="checkbox"/> IDENT. TAGS REMOVED
	<input type="checkbox"/> DIARY REMOVED
	<input type="checkbox"/> LOCKED STORAGE
	<input type="checkbox"/> LAUNDRY REMOVED
	<input type="checkbox"/> FILM REMOVED

SHORTAGES

U.S. GOVT. CHECK SHORT

6.50 francs

NUMBER

DATE

SYMBOL

AMOUNT

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

*Harmon*

INVENTORY CLERK

*Nolan*

SUPERVISOR

G.I. REMOVED