



*INDIVIDUAL DECEASED
PERSONNEL FILE*

12/14

ARMY OF THE REPUBLIC—
R. H. GRAHAM POST NO. 312 —
JOHN RUFORD POST NO. 243
UNITED SPANISH WAR VETERANS—
SIBONY BAY CAMP NO. 9
COL. KITTILSEN CAMP NO. 27
AMERICAN LEGION—
ROCK ISLAND POST NO. 200
MOLINE POST NO. 246
EAST MOLINE POST NO. 227
MILAN POST NO. 569
COE-LAMB POST NO. 421
COL. CHAS. A. YOUNG POST NO. 591

VETERANS RELIEF COMMISSION OF ROCK ISLAND COUNTY

FRANK OSTLIN
SUPERINTENDENT OF VETERANS' RELIEF AND SERVICE
406 FIFTH AVENUE BUILDING
TELEPHONE MOLINE 1229 MOLINE, ILLINOIS

DISABLED AMERICAN VETERANS—
R. 1. COUNTY CHAPTER NO. 9
VETERANS OF FOREIGN WARS—
WILLARD L. VELIE JR., POST NO. 2183
GUSTAF C. LANNOO POST NO. 1303
ROY S. WISE POST NO. 2056
DRIER-WHITNEY POST NO. 1933
OFFICE OF SECRETARY
AMERICAN RED CROSS, HOME SERVICE—
MOLINE CHAPTER
ROCK ISLAND CHAPTER

December 11, 1944.

12-13-44
VKS

506233

Re: COLVIN, Howard Eugene Cpl.
36 024 183
87th Recon. Cav. Sq. Mechz
APO 257 c/o Postmaster,
New York, N.Y.

Commanding Officer,
Army Effects Bureau,
Quartermaster Corps,
Kansas City, Missouri

Dear Sir:

Josephine Colvin, 1330 - 12th Street,
Moline, Illinois, has been advised that her son--the above
named--was killed in action on October 28, 1944. She is
anxious to receive her son's personal effects, so will you
kindly send them to her as soon as received?

Respectfully yours,

Frank Ostlin

N

Troop B
Tec. 5 Howard COLVIN



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

IN REPLY REFER TO: 306233 8

JEM:JS:mm
December 30, 1944

Mrs. Josephine Colvin
1330 12th Street
Moline, Illinois

Dear Mrs. Colvin:

This will acknowledge a recent letter from Mr. Frank Ostlin, Superintendent of Veterans' Relief and Service, Moline, Illinois, on your behalf, concerning the personal effects of your son, Corporal Howard Eugene Colvin.

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,

A. L. SMITH
Administrative Assistant
Army Effects Bureau

2 Incls—
Form 76
Envelope

cc--Mr. Frank Ostlin
Superintendent of Veterans' Relief and Service
Moline, Illinois,
for your information, reference your letter, Dec. 11, 1944

IMMEDIATE ACTION

1330 - 12th St.,
Moline, Illinois,
January 15, 1945.

Re: COLVIN, Howard Eugene Cpl.
ASN 36 024 183
306 233 S
JRM:JS:mm

*file
mm*

Mr. A. L. Smith, Administrative Assistant
Army Effects Bureau,
Kansas City Quartermaster Depot,
601 Hardesty Avenue,
Kansas City 1, Missouri

Dear Mr. Smith:

This is in reply to your letter of December
30 regarding my son--the above named.

My son had never married
His parents' names are: Josephine Colvin
and Marvin E. Colvin and we reside at 1330 - 12th Street,
Moline, Illinois

There will be no estate opened for our
son, Howard.

If we should change our address in the
future, we will promptly advise you.

Yours very truly,

Josephine Colvin

Josephine Colvin

RESTRICTED
INVENTORY FORM

3 December 1944
Date

SUBJECT: Inventory of Personal Effects of:

Colvin Howard E. Ten 5 36024183
(Last Name) (First Name) (MI) (Rank) (ASN)

TO: Effects Quartermaster, Communications Zone, APO 8 87 US Army

The above named individual of "B" Troop 87th Cav. Recon Sq. Mech. 7th Arm'd Div.
Died of Wounds (Unit) 28 October (Organization)

was reported ~~Lightly wounded in action~~ about 27 October 1944.
Status (KIA, MIA, Hosp. etc.) (Date)

Designated Beneficiary if information readily accessible _____

INVENTORY OF EFFECTS

- 1 ea Dictionary ✓
- 1 ea Notebook ✓
- 1 ea Map of France ✓
- Personal Mail ✓
- 1 ea Key ring w/key ✓
- 1 ea Billfold ✓
- 1 ea Ten shelling note souvenir ✓
- 1 ea Ten Mark note souvenir ✓
- 4 ea Photographs ✓
- 1 ea U.S. Postal Money Order Amt. 5 (\$ 5.00) five dollars Ser. No. 1628 payee Mrs. Martha Owen ✓
- 1 ea U.S. Postal Money Order Amt. (\$ 5.00) five dollars Ser. No. 1659 payee Mrs. Lee Colvin ✓
- EX 1 ea U.S. Postal Money Order Amt. (\$10.00) ten dollars Ser. No. 6189 payee Mrs. M.E. Colvin ✓
- 1 ea U.S. Postal Money Order Amt. (\$5.00) five dollars Ser. No. 6190 payee Joe Pachel ✓

Money in the amount of ~~88.01~~ 88.01 has been turned into J.P. BELLAMY, Lt. Col. F.D.
(Name of finance office and

210-857 Form WDFD 38 enclosed.
symbol number) D

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

I certify that the above items constitute all of the effects, secured by me, of the above named individual and that they were forwarded to the Effects Depot by Truck on 9 December 1944.
(Rail, Truck, etc.)

Malcolm A. McKeller
Name MALCOLM A. MCKELLER
Rank & ASN Capt. O-0102159
Organization 87th Cav. Recon Sq. Mech. APO. 257 Postmaster New York, N.Y.

Any additional pertinent information:

306233

Registered mail.

East Moline Ill. July 17/45

War Department Army Effects Bureau.

Kansas City Quartermasters Depot.

This is to notify you that Mr M E
Calvin family recieved the small
package of there sons things and also
the Registered letter and money orders
and will say many thanks for
sending them. Howards Calvin father
passed away two months ago so if
any things else of our sons come
there please send them to his mother
at 342-19-Street East Moline Ill.
and we will be very thankful for
them. Signed Mrs Josephine Calvin

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mr. Marvin E. Colvin

Effects of:
Name T/5 Howard E. Colvin

1330 - 12th Street

ASN 36024183

Moline, Illinois

Case No. 306233 D

Wt.

DATE 20 April 1945

JRM:VJ:ih

W. Johnson
FOR: Effects Quartermaster

REMARKS:

Inclose Bureau Check
Acct. No. 88193
Amount \$8.01 *emb*
 Inclose "Valuables" item
 Ship "Valuables" item(s)

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

ROUTING:

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

88193

306233

66495 emb

May 2

45

Marvin E. Colvin

8.01

Eight and 01/100

REMARKS:

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

Shipping Clerk

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

JRM:VJ:ih

Case No. 306233

Date 20 April 1945

SUBJECT: Report of transaction in disposing of the effects of

Howard E. Colvin
(Name of decedent)

3602183
(Army Serial Number)

late a

Technician Fifth Grade
(Grade)

Cavalry
(Organization, Army or Service)

who died

on the 27 day of October, 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., KQCM 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 14 April 1945, pursuant to Special Orders 228, Headquarters KQCM Depot, dated 25 September 1943, the application or affidavit of Mrs. Josephine Colvin 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, Marvin E. Colvin of (Name of person found entitled)

1330 - 12th Street, Moline State of (Number, Street or Avenue) (City, Town or Village)

Illinois 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

Wendt

RECEIPT OF REMAINS DAY LETTER

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

WENDT BROS. FUNERAL HOME
609 15TH AVENUE
EAST MOLINE, ILLINOIS

ROUTINE

REMAINS CONSIGNED TO:

REMAINS OF THE LATE **TEC. 5 HOWARD E. COLVIN** (36,124,183)
BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT. ON TRAIN NUMBER **19,**

C. R. I. & P. RR.

LEAVING CHICAGO **3:45 PM C.S.T. MONDAY 3 MAY 1948**

AND DUE TO ARRIVE **EAST MOLINE, ILL., 8:50 PM C.S.T. MON. 3 MAY 1948**

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

TO ACCEPT REMAINS AT STATION UPON ARRIVAL. REFER TO CONTROL NUMBER **3286**

RECORDS BRANCH
MAY 17 11 19 AM '48
MEMORIAL DIVISION

CARROLL J. GRINNELL
LT. COL. Q.M.C.

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

THIS 3 DAY OF May, 1948
DAY MONTH

Avram M. Miller Sgt.
WITNESS (Escort)

Wendt Bros. Funeral Home
CONSIGNEE

REV. 18B

*File
Sec
19 May 48
O'Brien
C.R.I.*

GP

1

DISINTERMENT DIRECTIVE

71-11

SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 1240 02876	DATE 15 11 47 DAY MONTH YEAR	
NAME COLVIN HOWARD E		SERIAL NUMBER 36024183	RANK TECS	ARM 1
CEMETERY HENRI CHAPELLE - EUPEN		DATE OF DEATH 1 6 100 08 DAY MONTH YEAR CODE DIST. PT.		
PLOT S	ROW 7	GRAVE 132	COUNTRY BELGIUM	CAUSE OF DEATH 1

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE WENDT BROS FUNERAL HOME 609 15TH AVENUE EAST MOLINE, ILLINOIS	NAME AND ADDRESS OF NEXT OF KIN JOSEPHINE COLVIN (MOTHER) 1131 5TH AVENUE MOLINE, ILLINOIS
--	---

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME COLVIN HOWARD E	SERIAL NUMBER 36024183	RANK TEC 5	DATE OF DEATH EST 28 OCT 1947	DATE DISINTERRED 30 OCT 1947
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION USAGF	RELIGION P	IDENTIFICATION VERIFIED BY THOMAS C HAYDEN, JR. CAPT 562 QM SV COL NAME AND TITLE QMC	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL MATTRESS COVER	CONDITION OF REMAINS BODY DISARTICULATED
OTHER MEANS OF IDENTIFICATION NO CONFLICTING EVIDENCE	
MINOR DISCREPANCIES NONE FOUND	



REMAINS PREPARED AND PLACED IN CASKET DATE 3 NOV 1947	BY ELIJAH H FIELDS, IDENT TECH.
CASKET SEALED BY ELIJAH H FIELDS, IDENT TECH.	EMBALMER (Signature) <i>[Signature]</i> ELIJAH H FIELDS, IDENT TECH. FCS, PROVISIONAL.
CASKET BOXED AND MARKED DATE 3 NOV 47	BY FRANCIS H BENSON CLERK RECORDER
SHIPPING ADDRESS VERIFIED BY ELIJAH H FIELDS, IDENT TECH.	

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

[Signature]
RAYMOND G JOHNSON, 1ST LT INF.
SIGNATURE OF GRS INSPECTOR

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

3286

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM U.S.M.C. HENRI CHAPELLE, BELGIUM	TO LIEGE, BELGIUM (BARGE LOADING PT)
KIND OF CONVEYANCE TRUCK	NAME OF CONVOYER SGT LUPE J VALENZUELA RA 39570049
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE 16/1/48
SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 16/1/48

2. SHIPPED

FROM LIEGE, BELGIUM (BARGE LOADING PT)	TO ANTWERP PORT Pier 140
KIND OF CONVEYANCE BARGE PETRUS	NAME OF CONVOYER SGT ALFRED L VAUGHN RA 35568872
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE 16/1/48
SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 19 JAN 1948

3. SHIPPED

FROM AORC ANTWERP BELGIUM	TO USAT ROBERT F. BURNS
KIND OF CONVEYANCE ZEC	NAME OF CONVOYER EROY N. NATHAN, 1st LT. T.C.
SIGNATURE OF SHIPPER L E Butler Lt Col Inf	DATE -9 MAR 1948
SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE -9 MAR 1948

4. SHIPPED

FROM USAT "ROBERT F. BURNS"	TO NYPE
KIND OF CONVEYANCE ZEC	NAME OF CONVOYER EROY N. NATHAN, 1st LT. T.C.
SIGNATURE OF SHIPPER EROY N. NATHAN, 1st LT. T.C.	DATE 31 MAR 1948
SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 2 APR 1948

5. SHIPPED

FROM NYPE	TO PORT TRANSPORTATION OFFICER
KIND OF CONVEYANCE Train	NAME OF CONVOYER Cpl Rene H. Waleysand
SIGNATURE OF SHIPPER JAMES L. MCKINNON COLONEL, T. C.	DATE APR 6 1948
SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE APR 8 1948

6. SHIPPED

FROM NYPE	TO Chief, Operations Br.
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	DATE
SIGNATURE OF RECEIVER	DATE

7. SHIPPED

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

TO OFFICE OF

FORWARD COPY
QUARTERMASTER GENERAL, WASHINGTON, D. C.
ATTN: HDQRS., A. G. R. S.

CERTIFICATE

(AR 30-1830)

CONTROL NO. 3286 HW II

MAY 20 1948

210-251
STA. 199
R. K. LeBROU
COL., F. D.
CHICAGO, ILL.
MAY 1948

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

PART A - CIVILIAN OR PRIVATE CEMETERY

A

REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT <i>213</i> COLVIN, HOWARD E.	GRADE TECH 5	SERIAL NUMBER 36024183	COMPONENT ARMY
--	------------------------	----------------------------------	--------------------------

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 below named cemetery.

CLAIM VALID-REPATRIATION MAY 11 1948 E. J. N.

INSERT NAME OF CEMETERY Glendale	CITY OR COUNTY Warren County	STATE Ill
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: Chicago Quartermaster Depot American Graves Registration Div. 1819 W. Pershing Rd. Chicago 9, Illinois	SIGNATURE OF CLAIMANT <i>Josephine Colvin</i> JOSEPHINE COLVIN	DATE 5-4-48
	ADDRESS OF CLAIMANT (City, Street or RFD, and State) 1151 5TH AVENUE MOLINE, ILLINOIS	
	RELATIONSHIP TO DECEDENT MOTHER	

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: <i>F. D., U. S. ARMY, CHICAGO, ILL.</i> PAID ON 146615 MAY 20 1948 <i>MONIEY ACCOUNTS OF R. K. LeBROU</i> COL., F. D. Symbol Number 210-257	SIGNATURE OF CLAIMANT	
	ADDRESS OF CLAIMANT (City, Street or RFD, and State)	
	RELATIONSHIP TO DECEDENT	DATE

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

T/5 Howard E. Colvin, 36 024 183
 Plot S, Row 7, Grave 132,
 United States Military Cemetery
 Henri-Chapelle, Belgium

8 September 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, Mrs Joesphine Colvin

(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

Monmouth Cemetery Monmouth Ill

(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.*)

CODED 20/10/47 *Remfor*

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 Wendt Bros Funeral Home			
NUMBER AND STREET 609 15th ave	CITY OR TOWN East Moline	COUNTY OR PROVINCE Rock Island	STATE OR TERRITORY OF U. S. A., OR COUNTRY Illinois
EXPRESS OFFICE (Nearest railroad passenger station) East Moline Ill	TELEGRAPH ADDRESS	TELEPHONE No. East Moline 29	

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 Owen	FIRST NAME Martha	MIDDLE INITIAL	RELATIONSHIP TO DECEASED Sister
NUMBER AND STREET 1131 5th ave	CITY OR TOWN Moline	COUNTY OR PROVINCE Rock Island	STATE OR TERRITORY OF U. S. A., OR COUNTRY Illinois

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

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

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

Mrs Josephine Colvin (SIGNATURE OF NEXT OF KIN) 1131 5th ave (STREET AND NUMBER)
Mrs Josephine Colvin (NAME PRINTED OR TYPED) Moline, Illinois (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 24 day of Sept., 1947, at city (or town) of Moline, county of Rock Island, and State (or Territory or District) of Illinois

Carl S. Wendt (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Notary Public (OFFICIAL TITLE)

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

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

21 MAR 1947

In Reply Refer To
QMCMR 293
Colvin, Howard E.
SN 36 024 183

SUBJECT: Address of Legal Next of Kin of Deceased Veteran

TO: Army Finance Center, OCF
Correspondence Section
Special Settlement Accounts Division
Pay Settlements Branch
Building 205
St. Louis 20, Missouri

1. Records on file in this office indicate that Mr. Edward Colvin, father, 1330 12th Ave. Moline, Illinois

is the legal next of kin of:

NAME: Colvin, Howard E.

RANK: Technician Fifth Grade

SERIAL NO: 36 024 183

2. It is requested that this office be furnished the latest address and relationship of the legal next of kin, and any other relatives of the deceased veteran mentioned above.

3. In case the next of kin is not as indicated above, request copies of such documentary evidence as may have been submitted to your office to establish this relationship.

FOR THE QUARTERMASTER GENERAL:

cc 15 Dec 44

[Handwritten Signature]
J. B. COLSON
Colonel, QMC
Memorial Division

[Handwritten Signature]

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

21 MAR 1947

In Reply Refer To
QMGMR 293

Colvin, Howard E.
SN 26 034 188

SUBJECT: Address of Legal Next of Kin of Deceased Veteran

TO: Army Finance Center, OCF
Correspondence Section
Special Settlement Accounts Division
Pay Settlements Branch
Building 205
St. Louis 20, Missouri

1. Records on file in this office indicate that **Mr. Edward Colvin, father, 1830 12th Ave. Maline, Illinois**

is the legal next of kin of:

NAME: **Colvin, Howard E.**
RANK: **Technician Fifth Grade**
SERIAL NO: **26 034 188**

2. It is requested that this office be furnished the latest address and relationship of the legal next of kin, and any other relatives of the deceased veteran mentioned above.

3. In case the next of kin is not as indicated above, request copies of such documentary evidence as may have been submitted to your office to establish this relationship.

FOR THE QUARTERMASTER GENERAL:

J. B. COLSON
Colonel, QMG
Memorial Division

21 5 20 PM '47
pap
D Q M G
MAIL & RECORDS BRANCH

MEMORIAL DIVISION

MAR 21 5 20 PM '47

GRAND ARMY OF THE REPUBLIC—

D. H. GRAHAM POST NO. 312
JOHN BUFORD POST NO. 243

UNITED SPANISH WAR VETERANS—

SIBONY BAY CAMP NO. 8
COL. KITILSEN CAMP NO. 27

AMERICAN LEGION—

ROCK ISLAND POST NO. 200
MOLINE POST NO. 248
EAST MOLINE POST NO. 227
MILAN POST NO. 869
COE-LAMB POST NO. 421
COL. CHAS. A. YOUNG POST NO. 591

BRANCH OFFICE: CITY HALL, ROCK ISLAND, ILLINOIS

TELEPHONE R. I. 5016

VETERANS ASSISTANCE COMMISSION
OF ROCK ISLAND COUNTY

FRANK OSTLIN

SUPERINTENDENT OF VETERANS' RELIEF AND SERVICE

FIFTH AVENUE BUILDING

TELEPHONE MOLINE 6300

MOLINE, ILLINOIS

DISABLED AMERICAN VETERANS—

R. I. COUNTY CHAPTER NO. 8

VETERANS OF FOREIGN WARS—

WILLARD L. VELIE, JR., POST NO. 2123

GUSTAF C. LANNOO POST NO. 1303

ROY S. WISE POST NO. 2055

DRIER-WHITNEY POST NO. 1933

AMERICAN VETERANS OF

WORLD WAR II—

POST NO. 19—MOLINE

POST NO. 6—ROCK ISLAND

June 10, 1947

Reference: QMGMF 293

Colvin, Howard E.

SN 36 024 183

113

THE QUARTERMASTER GENERAL
Attention: Memorial Division
Washington, 25, D.C.

Gentlemen:

In reply to your letter of June 2, 1947, to Mr.
Leigh Colvin, we have been asked to send you the following information:

MAILING ADDRESS OF Mrs. Josephine Colvin (Mother)

1131 - 5th Avenue

Moline, Illinois

DEATH CERTIFICATE OF Marvin Edmund Colvin (Father)

Date of Death-May 14, 1945

Trusting this is the information desired, we remain

Sincerely,

Frank Ostlin, Supt.,
Veterans Assistance Commission

By Howard E. McIntosh
HOWARD E. MCINTOSH

HM

Encl: Cert. Copy of
Death Record

file
12 Aug 47
arr. with
0004683

CERTIFIED COPY OF A RECORD OF DEATH

1943 REVISION
Form V.S. No. 30B

I HEREBY CERTIFY that the attached is a true and correct copy of the record of death of **MARVIN EDMUND COLVIN** as made from a copy of the original certificate of such death now on file in this office in accordance with the law requiring reports of births, stillbirths and deaths in Illinois.

Signed *C. C. Ellis, Jr., D. ped. M., E. H. Hall*
Official title Local Registrar
Address 1614 1/2 5th Ave., Moline, Ill.,

Date May 19, 1945

1. PLACE OF DEATH Rock Island		Registration Dist. No. 792
County of Moline		City, Town, or Village, P. O. address, or other P. O. address Moline
2. PLACE OF RESIDENCE: STATE ILLINOIS County Rock Island		Street and Number 1330 - 12th Street
3. (a) FULL NAME MARVIN EDMUND COLVIN		Street and Number 1330 - 12th St.
3. (b) If veteran, name and rank NO		3. (c) Social Security No. 355-03-7129
4. Sex Male		5. Color or race White
6. (b) Name of husband or wife Josephine Scott Colvin		6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased April 15, 1873		8. AGE: Years 72 Months 0 Days 29
9. Birthplace Talmadge Ohio		10. Usual occupation Retired
11. Industry or business Retired		12. Name Byron N. Colvin
13. Birthplace Baltimore Ohio		14. Maiden name Juliette Miller
15. Birthplace Baltimore Ohio		16. Birthplace Baltimore Ohio
17. P. O. Address Moline, Illinois		18. INFORMANT Mrs. Josephine Colvin
19. PLACE OF BURIAL Oak Dale		20. Date May 17, 1945
21. (a) Cemetery Monmouth		22. (b) DATE May 17, 1945
23. Funeral director E. E. Wendt		24. (Signed) Ralph S. Turner
25. Personal signature with pen and ink Wendt Bros.		26. Address Rock Island, Illinois
27. (a) State the disease causing death. All cases of death from "poisonous, caustic, or any other means" must be referred to the coroner. See Section 10 Coroner's Act.		28. Date May 16, 1945
29. I hereby certify that I attended the deceased from APR. 25, 1945 to MAY 14, 1945		29. I hereby certify that I attended the deceased from APR. 25, 1945 to MAY 14, 1945
30. I last saw him live on May 14, 1945		30. I last saw him live on May 14, 1945
31. Immediate cause of death Fever - Undetermined origin sweats		31. Immediate cause of death Fever - Undetermined origin sweats
32. Associated diseases Hydrothorax with Atherosclerosis		32. Associated diseases Hydrothorax with Atherosclerosis
33. Was there an autopsy? NO		33. Was there an autopsy? NO
34. Was there a communicable disease? NO		34. Was there a communicable disease? NO
35. Was disease in any way related to occupation of deceased? NO		35. Was disease in any way related to occupation of deceased? NO
36. P. O. Address Moline, Ill. M. E. Hall, Dep. Reg.		36. P. O. Address Moline, Ill. M. E. Hall, Dep. Reg.

(70973-25M-9-44)



QMGF 293
Colvin, Howard E.
SN 76 021 183

2 June 1947

Address Reply To
THE QUARTERMASTER GENERAL
Attention: Memorial Division

Mr. Leigh Colvin
Rural Route
Milan, Illinois

Dear Mr. Colvin:

We are endeavoring to locate the next of kin and person authorized to determine the final disposition of the remains of your brother, the late Technician Fifth Grade Howard E. Colvin.

It would be greatly appreciated if you would furnish our office with the present mailing address of your father, Mr. Edward Colvin. If he is now deceased it is requested that a certified copy of the death certificate for him be forwarded together with the address of your mother, Mrs. Josephine Colvin.

Your cooperation in this matter will be sincerely appreciated.

Sincerely yours,

RICHARD B. [unclear]
Major, QMG
Memorial Division



JUN 2 5 05 PM '47

830

CORRESPONDENCE ACTION WORK SHEET

Send Letter to MR. Leigh Calvin Brother

Address Rural Route, Milan, Illinois

Army Serial Number 36 024 183 Rank T/5

Opening Paragraph: 62-1 62-2 62-3 62-4

Burial Information: 6 6A 7 8 9 10 11 12 12A 13 13A
 14 14A 14B 15 16 17 20 21 22 22B

Temp. Cem. _____
 Perm. Cem. _____

(over)

Plot	Row	Grave	Name of Cemetery	City and Country
------	-----	-------	------------------	------------------

Return of Remains: 78 79 81 82

Other Paragraphs:	23	24	26	27	28	29	30	35	36	40	41
	42	43	51	53	54	55	56	57	58	58A	60
	61	63A	63B	65	65A	65B	65C	67D	66	67	68
	68A	69	70	73	74	76	84	85			

Indorsements: To AG (47 71) To Ch of Chap (48 71)
 To Other Agencies: (71)

Personal Effects: 50 64

Suspend Attach Suspend Slip

Copy of Letter to AGO and Identification Section *

Temporary Change of Address * * Permanent Change of Address
 Buck Slip to Records Section
 Copy to Adjutant General

Dates of Letters for which Copies are necessary to AAF:

Other:

Closing Paragraph: 62-5 Regret Delay *

Letter to be dated	<u>Gary</u> Analyst	Typist	Reviewer
--------------------	---------------------	--------	----------

* Note: Circle paragraph numbers and/or starred phrases that are applicable.

NAME OR DESIGNATION

Calvin

Howard

Middle Initial

E

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

Bn. 7

21 MAR 1947

In Reply Refer To: QMGMR 293

Colvin, Howard E.
SN 36 024 183

Date of Birth 24 April 1919

SUBJECT: Request for information re next of kin of above named
deceased serviceman of World War II.

XC 3750057

TO : Director, Dependents and Beneficiaries Claims Service
Veterans Administration
Washington 25, D. C.

3-26-47
J.L.B

For use in determination of final disposition of remains of the
above identified deceased serviceman, it is requested that appropriate infor-
mation be entered on the lower portion of this letter and that one copy of the
completed letter be returned to this office.

1 Incl. *Key*
Envelope

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

Date April 15, 1947

Veteran's

Name Howard E. Colvin

XC- 3,750,051

Information in the VA case file indicates that the deceased service-
man was survived by the relatives listed below.

NOTE - A. Identify two persons in the following order of preference:

- | | |
|----------------------------------|---------------------------|
| 1. Widow | 5. Mother |
| 2. Male children over 21 years | 6. Brothers over 21 years |
| 3. Female children over 21 years | 7. Sisters over 21 years |
| 4. Father | 8. Other relatives |

B. If parent is listed, state whether natural, step-, adoptive or
foster parent.

C. If no information is available concerning any surviving relatives,
state "None".

Relationship :	Name :	Address :
WIDOW :	:	:
(If none, state "None" :	None :	:
Has she remarried? _____ If so, is proof of remarriage on file? _____		

Natural Mother : Mrs. Josephine Colvin 1330 - 12th Street, Moline, Ill.

Brother : Leigh Colvin : R. R. Milan, Ill.

L. M. Hylton
L. M. HYLTON

DIRECTOR,
CLAIMS SERVICE
(Address) Veterans Administration Bldg. #7
226 W. Jackson Blvd., Chgo 6, Ill.

GL: jh

RP501

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

In Reply Refer To *45 miles*
~~XXXXXXXXXX~~ *314.6*
EIB Graves Registration
(European)

21 November 1946

SUBJECT: Burial Records *Cow*

TO: Commanding Officer
American Graves Registration Command
European Theater Area
APO 887, c/o Postmaster
New York, New York

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

Cemetery: United States Military Cemetery Henri-Chapelle, Belgium

<u>NAME</u>	<u>RANK/ GRADE</u>	<u>SERIAL NO.</u>	<u>PLOT</u>	<u>ROW</u>	<u>GRAVE</u>	<u>DATE OF DEATH</u>
<i>M/3</i> Galvin, Howard E.	<u>T/5</u>	<u>36 024 183</u>	<u>S</u>	<u>7</u>	<u>132</u>	<u>27 Oct 44</u>
Connell, David C. III	<u>Pvt</u>	<u>33 096 543</u>	<u>EE</u>	<u>10</u>	<u>190</u>	<u>29 Nov 44</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:

ovm

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

VD

REP. TRAILITION RECORDS B RANCH

14 Nov 1946

DATE

NAME COLVIN HOWARD E. TEC/S

SERIAL NO 36024183

REGISTRY HENRI CHAPELLE #1 BEL.

PLOT 3

ROW 7

GRIVE 132)

LETTER FIELD

Correct Records to Read

Date of Death 27 Oct 1944

Chesline
SPECIAL CHECKER

*File
Accounting
21 Nov 46
NAT*

SP-78-203
Colvin Edward E.

14 September 1945

Mr. Edward Colvin
1330 12th Avenue
Moline, Illinois

Dear Mr. Colvin:

The War Department is most desirous that you be furnished the burial location of your son, the late Technician Fifth Grade Edward E. Colvin.

The records of this office disclose that he is interred in the U. S. Military Cemetery, Henri Chapelle, Belgium, plot 2, row 7, grave 122.

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

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

Sincerely yours,

E. D. GIBCOCKY
Lieutenant General
The Quartermaster General

GRAVES REGISTRATION SECTION

SEP 15 9 23 AM '45

MEMORIAL DIVISION

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

51484

29 October 1944
Date

RESTRICTED

293
10

Colvin, Howard E. T/5 36024183 325
Last Name First Initial Rank Serial No. PR

Co. B 87 Recon Sq 7th Army Div
Unit Organization PR

Germany 27 26 October 1944 DOW GSW chest
Place of Death Date of Death Cause of Death

29 October 1944 Henri Chapelle #1 705352
Time and Date of Burial Name of Cemetery Name or Coordinates of Location

132 7 S Cross
Grave Number Row Number Plot Number Type of Marker

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

If No Identification Tags
How were remains identified?

What means of identification were buried with the body?

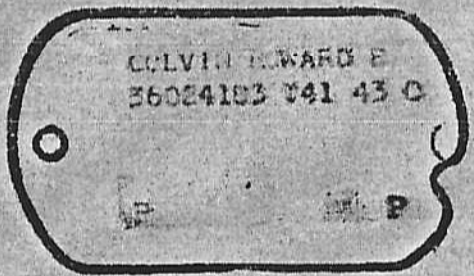
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right: Kuchler 36252303 S/Sgt 104th Div 133
Name Serial No. Rank Organization Grave No.

Deceased's Left: Bannerman 36172539 Cpl 70th FA Bn 151
Name Serial No. Rank Organization Grave No.

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



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

Emergency Addressee _____
Name

_____ Address

Religion P

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

HARRY DUBROV, 1st Lt, 1st Div reporting burial

RESTRICTED

Verified by G.P.S. Officer

me #16

File 115
5-8-45
a2B

HEADQUARTERS, ARMY SERVICE FORCES

MEMO ROUTING SLIP

TO THE FOLLOWING IN ORDER INDICATED:

	NAME OR TITLE	ORGANIZATION	BUILDING AND ROOM	INITIALS
1	Director	Memorial Division	Room 1007, Tempo C. Washington, D. C.	<i>o om</i>
2				
3	Burial			

RE: *293* Colvin, Howard E. 36024183 T/5th

- For necessary action regarding burial.
- The records of this office show that subject soldier died of wounds 23 October 1944 in Holland.

For the Chief, Casualty Br.

1 Incl

WZS

WESLEY Z. SHIPE
2nd Lt., A.G.O.



File 7/23/45

NAME	ORGANIZATION	BUILDING AND ROOM	DATE
FROM: Casualty Branch,	Inves & Corres Sec	Room 4630, Munitions Building	17 Feb 45
			TELEPHONE 77667

Wrapper Ind.

Hq., 87th Cav. Rcn. Sq. Mecg., APO #257, c/o Postmaster, New York, N.Y.,
3 January 1945.

TO: Commanding General, 7th Armd. Div., APO #257, U. S. Army.

1. The enclosed letter

2. The official status

3. Tec 5 Colvin was wounded in action 27 October 1944 in the vicinity of Meijel, Holland and died the 29 October 1944. Tec 5 Colvin was buried 29 October 1944, Henri Chapelle #1, Belgium, Grave Number 132, Row 7, Plot Number S, Type of Marker, Cross. Tec 5 Colvins religion was Protestant.

For the Commanding Officer:

/s/ EDWARD H. ROGERS
CWO, USA
Assistant Adjutant

70-11-12-148

306,232

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE ~~302212~~
 WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 23 November 1944

FULL NAME Colvin, Howard E.		ARMY SERIAL NUMBER 36 024 183	GRADE Tec/5
HOME ADDRESS Vinton, Iowa		ARM OR SERVICE Cavalry	DATE OF BIRTH 24 Apr. 1919
PLACE OF DEATH European Area	CAUSE OF DEATH Died of wounds rec'd in/ action.		DATE OF DEATH 27 Oct. 1944
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 26 June 1941	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS over 3 years.
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Josephine Colvin, mother, <i>342-19 St. East Moline</i> 1330 12th Ave., Moline, Illinois			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Josephine Colvin, mother, address same as above. Edward Colvin, father, address same as mother's, <i>deceased</i>			
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	
YES NO		YES NO	
		X	
OTHER PAY STATUS (SPECIFY BELOW)			
YES NO			C



ADDITIONAL DATA AND/OR STATEMENT

COPIES FURNISHED:		
<input type="checkbox"/> G. C. O.	<input type="checkbox"/> F. B. I.	<input type="checkbox"/> F. O., U. S. A.
<input type="checkbox"/> S. C. G. M. C.	<input type="checkbox"/> G. P. O.	<input type="checkbox"/> ARMY EFFECTS BUREAU
<input type="checkbox"/> S. A. C.	<input type="checkbox"/> VET. ADMIN.	<input type="checkbox"/> CASUALTY BRANCH FILE
		<input type="checkbox"/> A. G. 201 FILE

BATTLE
 NON-BATTLE

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

306233

DSJ:ELP:cm
April 18, 1946

ll
4
18

Dear Mrs. Colvin:

The Army Effects Bureau has received some additional property of your son, Technician Fifth Grade Howard E. Colvin.

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

Yours very truly,

D. S. JOHNSTON
2nd Lt., OMC
Chief, Adm. Div.

9

65

OFFICE OF REGISTRAR
11ST EVACUATION HOSPITAL (SEMI-MOBILE)
APO 339

21 January 194 5

SUBJECT: Inventory of Personal Effects Of: **Deceased**

Colvin **Howard** **Pvt** **2/5** **36021189**
(Last Name) (First Name) (PL) (Rank) (ASN)

PO: Effects Quartermaster, Communication Zone, APO 513, U. S. Army.

The above named individual of **Company B**
(Unit)

87th Recon. was reported **(Status-Killed, KIA)**
(Organization)

hospitalized About **28 October** 194 **4**
(Hospitalized, Etc) (Date)

Designated Beneficiary if information readily accessible _____

INVENTORY OF EFFECTS

- 1 U.S. Army pocket knife ✓
- 1 Red Stratford fountain pen ✓
- 1 Sheaffer's pencil ✓

Money in the amount of None has been turned into

(Name of finance officer and special number) Form DFD 38 enclosed.

Address 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
spot by Truck on 22 January 1944
(Rail, truck, etc) (date)

Name Allen S. Allen
Rank and ASN ALLEN L. ALLEN
Captain, M.C.S-153718
Organization 1st Evac. Hosp. 3E

Any additional pertinent information:

Expired - 28 October 1944

ARMY EFFECTS BUREAU
DRY CLEANING LIST

ARMY EFFECTS BUREAU
LAUNDRY LIST

TALLY NO

013 078

306, 233

TALLY NO

845

HOWARD E. COLTIN

36024083

209 July 45
17/July 45

C-4083E

C-4083E

DRY CLEANING	do not use	LAUNDRY	do not use
SHIRTS, WOOL		SHIRTS, DRESS, COTTON	
1 TROUSERS, WOOL		HANDKERCHIEFS	
COAT, SERVICE, WOOL		TROUSERS, COTTON	
JACKET, FIELD		TIE, COTTON	
OVERCOAT, LONG		UNDERSHIRTS, COTTON	
OVERCOAT, SHORT, WOOL		DRANERS, WOOL	
1 CAP, GARRISON, WOOL		SWEATSHIRTS, COTTON OR WOOL	
CAP, GARRISON, W/LEATHER COTTON		DEAVERS, WOOL	
CAP, SERVICE WOOL		SOCKS, COTTON, PR.	
CAP, SERVICE, W/LEATHER COTTON		SOCKS, WOOL, PR.	
TIES, WOOL		PAJAMA TOPS	
GLOVES, LEATHER OR WOOL		PAJAMA BOTTOMS	
SCARFS		FATIGUES, 100% COTTON	
SWEATERS		FATIGUES TOPS, COTTON	
TRUNKS, SWIM		FATIGUES TROUSERS, COTTON	
		CAP, FATIGUE, COTTON	
		BELT, COTTON	
		TOWEL	
		CLOTH, WASH	
		CAP, GARRISON, "NO LEATHER" COTTON	
		CAP, SERVICE, "NO LEATHER" COTTON	
		GLOVES, COTTON	
		LEGGINGS	
		SUPPORTERS, ATHLETIC	
		SCARFS	
		TRUNKS, GYM	
		BAGS, GARRACKS	

37

WAREHOUSE SPACE 2940	STORED BY H/S	WEIGHT wpa
INVENTORIED BY [Signature]	DATE SHIPPED 28 AUG 1945	
PACKED BY [Signature]	CHECKED BY [Signature]	

PACKAGE DESCRIPTION
#1 Pkg

ARMY EFFECTIVE BUREAU INVENTORY

DECEASED
 MISSING
 P.O.W.
 ABANDONED
 TALLY NO. *8420*
 INV. DATE *9 July 45*
 ORIG. NO. *1*
 OF PKGS. *1*
 BOX NO. *1*
 SHEET *1*
 OF *1* SHEETS

NAME HOWARD E. COLVIN
 A.S.N. 36024083 RANK T/5

ORGANIZATION
TROOP 87th CAV. REG. 7th AIR DIV.

<input checked="" type="checkbox"/> Belt	<input checked="" type="checkbox"/> TOWELS & WASHCLOTHS	<input type="checkbox"/> MISC.	<input type="checkbox"/> RINGS
<input checked="" type="checkbox"/> BELT MONEY (NO MONEY)	<input checked="" type="checkbox"/> CLOTHING	<input checked="" type="checkbox"/> MISC.	<input type="checkbox"/> BAGS, CLOTH OR TRAVEL
<input type="checkbox"/> Cloth, wash	<input type="checkbox"/> FRAGILE IDENT.	<input type="checkbox"/> Pen, fountain	<input type="checkbox"/> BILLFOLD (NO MONEY)
<input type="checkbox"/> Coats	<input type="checkbox"/> Brushes	<input type="checkbox"/> Pencil, mechanical	<input type="checkbox"/> Case
<input type="checkbox"/> Footwear, Pr.	<input type="checkbox"/> CAMERAS	<input type="checkbox"/> Pipes	<input type="checkbox"/> Footlocker
<input type="checkbox"/> Gloves, Pr.	<input type="checkbox"/> Glasses	<input type="checkbox"/> PELICIOUS ARTICLES	<input type="checkbox"/> KEY, SEW, TLF, OR WRITING
<input type="checkbox"/> Handkerchiefs	<input type="checkbox"/> Knives	<input type="checkbox"/> PIERCE, DECORATION	<input type="checkbox"/> BOOKS
<input type="checkbox"/> Headwear	<input type="checkbox"/> Lighters	<input type="checkbox"/> Rings	<input type="checkbox"/> Books, Address
<input type="checkbox"/> Jackets	<input checked="" type="checkbox"/> MISC.	<input type="checkbox"/> Pins	<input type="checkbox"/> Books, Pilot Log
<input type="checkbox"/> Overcoats	<input type="checkbox"/> Pen, fountain	<input type="checkbox"/> Tobacco	<input type="checkbox"/> DIARY (REMOVED FOR DUR)
<input type="checkbox"/> Scarfs	<input type="checkbox"/> Pencil, mechanical	<input type="checkbox"/> Toilet articles	<input type="checkbox"/> FILMS
<input type="checkbox"/> Shirts	<input type="checkbox"/> Pipes	<input type="checkbox"/> WAX	<input type="checkbox"/> Letters
<input type="checkbox"/> Socks, Pr.	<input checked="" type="checkbox"/> PELICIOUS ARTICLES		<input type="checkbox"/> Papers, Personal
<input type="checkbox"/> Ties	<input checked="" type="checkbox"/> PIERCE, DECORATION		<input type="checkbox"/> Photos
<input type="checkbox"/> Towels	<input type="checkbox"/> Pins		<input type="checkbox"/> Shoe Shine Articles
<input type="checkbox"/> Trousers, Pr.	<input type="checkbox"/> Tobacco		<input type="checkbox"/> SHORT SKORTS
<input type="checkbox"/> Trunks, Pr.	<input type="checkbox"/> Toilet articles		<input type="checkbox"/> SOUTHERNS
<input type="checkbox"/> Underwear	<input type="checkbox"/> WAX		<input type="checkbox"/> SOUTHERN MONEY
			<input type="checkbox"/> Stationery
			<input checked="" type="checkbox"/> TESTAMENTS
			<input type="checkbox"/> U.S. MONEY (AMOUNT)

BLOODSTAINED & LAUNDRY

REMARKS *no information checked*

ATTACHMENTS *Inventory of Effects*

1 ribbon appear to be slightly bloodstained

C.A.T. *none*

WAREHOUSE SPACE *628*

STORED BY *EX*

INVENTORIED BY *Kustzebaum*

DATE SHIPPED *AUG 23 1945*

PACKED BY *Newton*

CHECKED BY *Newton* #43 OR ADDITIONAL

WEIGHT	G.I. REMOVED
	SHORTAGE OR REVERSE
	IDENT. TAGS REMOVED
	DIARY REMOVED
	LOCKED STORAGE
	LAUNDRY REMOVED
	FILM REMOVED

RESTRICTED
INVENTOR

13 Dec Date 1944

SUBJECT: Inventory of Personal Effects of:

(Last Name) (First Name) (MI) (Rank) 36 024 08 (ASN)

TO: Effects Quartermaster, Communications Zone, APO 887 US Army

The above named individual of Troop (Unit) 87th Cav. Co. (Organization) 1st Arm. Div.

Was reported Status (KIA, MIA, Hosp. etc.) about 23th October (Date) 1944.

Designated Beneficiary if information readily accessible

INVENTORY OF EFFECTS

- 1 Pr Trousers OD ✓
- 2 Ea Caps Garrison OD ✓
- 2 Ea Ribbons ETC ✓
- 2 Ea Ribbons American Defense ✓
- 1 Ea Ribbon Good Conduct ✓
- 1 Ea Picture ✓
- 1 Ea New Testament ✓
- 1 Ea Brush ✓
- 1 Ea Money Belt ✓

Money in the amount of none has been turned into (Name of finance office and

symbol number) Form WDFD 38 enclosed.

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

I certify that the above items constitute all of the effects, secured by me, of the above named individual and that they were forwarded to the Effects Depot by (Rail, Truck, etc.) on 194

Name William A. McKellar
Rank & ASN Capt. O-1012159
Organization Hq. 87th Cav. Reg. Sg M.

Any additional pertinent information:



SHIPMENT ~~CLERK~~

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

IN REPLY REFER TO 306,233

(S-9-4-45)
RTB:LH:mew
August 4, 1945

Mrs. Josephine Colvin
342-19th Street East
Moline, Illinois

Dear Mrs. Colvin:

The Army Effects Bureau has received from overseas some personal property of your son, Technician Fifth Grade Howard E. Colvin.

I regret to advise that a decoration ribbon of your son's effects is damaged slightly by bloodstain. Please say whether you want this item sent with the remainder of the property. It is our desire to refrain from sending any article which would be distressing; at the same time, we do not feel justified in removing the item without your consent.

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

Yours very truly,

R. T. Brown
R. T. BROWN
1st Lt., QMC
Chief, Adm. Division

1 Incl--Envelope

East Moline Aug 7 1945

In replying to 306-233. asking you that I would like very much to have all of my son's personal property returned to me. every thing that you have received. thanking you for same. as ever

*Mrs Josephine Colvin
342-19-1st
East Moline, Ill. JWC*

JUN 29 1945

JUN 29 1945

PACKAGE DESCRIPTION
#1 pkg

ARMY EFFECTS BUREAU INVENTORY

306,233

RECEIVED
MISSING
P.O.W.
ABANDONED
TALLY NO. 8375
INV. DATE 19 June 45
Cria. No. 1
CF P.S.
BOX NO.
SHEET OF SHEETS
ORGANIZATION
B Troop
87 Cav Regt
Mech. 7th Arm Div

NAME HOWARD E. COLVIN
A.S.N. 36024183 RANK Tec. 5

Belt	TOILET & WASHARTICLES	WINGS
BELT, MONEY (NO MONEY)	CLOTHING	HATS, CLOTH OR TRAPEL
Cloth, Wash	BRACELET IDENE.	REINFOR. (ACCORD)
Coats	Brushes	Case
Footwear, Pr.	CAMBRAS	Footlocker
Gloves, Pr.	Glasses	KIT, ENV. KIT, OR ARTICLES
Handkerchiefs	Knives	BOOKS
Headwear	Lighters	Books, address
Jackets	KNIFE	Books, Pilot Log
Overcoats	Pen, Fountain	DIARY (REMOVED FOR DOR)
Scarfs	Pencil, Mechanical	FILMS
Shirts	Pipes	Letters
Socks, Pr.	RELIGIOUS ARTICLES	Papers, Personal
Ties	PIERCES, DECORATION	Photos
Towels	Rings	Shoe Shine Articles
Trousers, Pr.	Tobacco	SPORT SECURTY
Trunks, Pr.	Toilet Articles	SOUVENIRS (map)
Underwear	WATER	SOUVENIR MONEY
		Stationery
		TESTAMENTS
		U. S. MONEY (AMOUNT)

HOWARD E. COLVIN 1st YML

36024183 Tec 5 19 June 45 registered
 * 1 - U.S.P.M.O. NO. 6189 AMT \$10.00 Oct 27, 1944
 * 1 - U.S.P.M.O. NO. 6190 AMT \$5.00 Oct 27, 1944
 *** 1 - U.S.P.M.O. NO. 1658 AMT \$5.00 Oct 12, 1944
 **** 1 - U.S.P.M.O. NO. 1659 AMT \$5.00 Oct. 12, 1944
 # (Page) Mrs. M. E. Colvin (Page) Joe Michel (Page) Mrs. Owen
 ** (Page) Mrs. E. Colvin (all item) H. E. Colvin LB.

Herman Mark Removed
 nail clip and bottle caps

VALUABLES SHIPPED
 DATE 7/9/45
 BY E. J.

REMARKS Miss Betty Mae Colvin
 1546 - 7th Ave.
 Mobile Ill.

ATTACHMENTS
 FORM 258
 FORM #100
 Inventory

DAMAGED

note book ink stained also dictionary
 * rusty
 C.A.T. none

WAREHOUSE SPACE 1728
 STORED BY JSE
 INVENTORIED BY Baw
 PACKED BY J. J. [unclear]
 CHECKED BY J. J. [unclear]

WEIGHT	G.I. REMOVED
	X SHORTAGE ON REVERSE
	IDENT. TAGS REMOVED
	DIARY REMOVED
DATE SHIPPED	X LOCKED STORAGE
JUL 11 1945	LAUNDRY REMOVED
#43 OR ADDITIONAL	FILM REMOVED