

293 GARNER, ODE J. 34499318 PFC. EUROPEAN AREA CAV. (TE NN.) 45mc

JUL 14 1949 LIST

DUPLICATE

CHECK TYPE REQUIRED (See Instructions attached)		W. II APPLICATION FOR HEADSTONE OR MARKER (Please make out and return in duplicate)	
<input type="checkbox"/> UPRIGHT MARBLE HEADSTONE	ENLISTMENT DATE	SERIAL No.	EMBLEM (Check one) <input checked="" type="checkbox"/> CHRISTIAN <input type="checkbox"/> HEBREW <input type="checkbox"/> NONE
<input type="checkbox"/> FLAT MARBLE MARKER	December 11, 1942	31 199 318	
<input type="checkbox"/> FLAT GRANITE MARKER	DISCHARGE DATE	PENSION No.	COMPANY
<input checked="" type="checkbox"/> BRONZE MARKER		YG-4 091 691	
NAME (Last, First, Middle Initial)		STATE	RANK
Garner, Ode J.		Tennessee	Pfc.
		U. S. REGIMENT, STATE ORGANIZATION, AND DIVISION	
DATE OF BIRTH (Month, Day, Year)	DATE OF DEATH (Month, Day, Year)	Third Division	
September 20, 1917	June 6, 1945	LOCATION (City and State)	
NAME OF CEMETERY		Maryville, Tennessee	
Ellijoy		NEAREST FREIGHT STATION (City and State)	
SHIP TO (I CERTIFY THE APPLICANT FOR THIS STONE HAS MADE ARRANGEMENTS WITH ME TO TRANSPORT THE STONE FROM THE FREIGHT STATION TO THE CEMETERY)		Maryville, Tennessee	
Charles N. Garner		POST OFFICE ADDRESS OF CONSIGNEE	
(SIGNATURE OF CONSIGNEE)		337 East Broadway, Maryville, Tennessee	
DO NOT WRITE HERE	I certify this application is submitted for a stone for the unmarked grave of a veteran. I hereby agree to assume all responsibility for the removal of the stone promptly upon arrival at destination, and properly place it at the decedent's grave at my expense.		
FOR VERIFICATION	JUL 12 1949	Laura N. Garner	June 15, 1949
ORDERED	9 AUG 1949	APPLICANT'S SIGNATURE	DATE OF APPLICATION
B/L	FILE	2nd Ball Street, Alcoa, Tennessee	
SHIPPED		Address (Street, City, State)	

OQMG FORM
REV 6 JUL 48 623

IMPORTANT—Complete Reverse Side

16-11453-7 GPO

FOR ORD. 2 AUG 1949



JUL 1 1949

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

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

G. A. Thomas

(Signature of superintendent, sexton, or caretaker)

Date June 15, 1949

16-11458-4

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

JUL 1 1949

16-11458-4

ORIGINAL ORDER

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

FLAT GRANITE MARKER

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

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

INSCRIPTION: LATIN CROSS

ODE J GARNER / TENNESSEE / PFC CAVALRY / WORLD WAR II /
SEPT 20 1917 JUNE 6 1945

SHIP TO: CHARLES N GARNER
337 EAST BROADWAY
MARYVILLE
FOR: TENNESSEE

R. R. STATION:

FILE 9 AUG 1949
do not remove
E Green
JUL 19 1949

R. R. STATION:

APPLICANT: LAURA GARNER
340 BELL STREET
ALCOA
TENNESSEE

CEMETERY: ELLIJOY
MARYVILLE
TENNESSEE

Seymour
Y.P.W.

QGMG FORM
Rev. 1 NOV. 48 312

APPROVAL AND ACCEPTANCE

Laura G. Garner.
SIGNATURE

ORIGINAL ORDER

FLAT GRANITE MARKER

DEPARTMENT OF THE ARMY

OFFICE OF THE QUARTERMASTER

WASHINGTON, D. C.

Below you will find a copy of the inscription from the OFFICIAL RECORDS... CHECK IT... RETURN THIS SIDE THE FLAT GRANITE MARKER... DO NOT DELAY SIGN & RETURN TODAY.



CLERK BY / MAR 11 / 1945

SEP 20 1917 OCE J GARNER / TENNESSEE / PFC

INSCRIPTION: LATIN CROSS

IF R. STATION

SHIP TO

CHARLES W GARNER 337 EAST BROADWAY MARYVILLE TENNESSEE

IF R. STATION

FOR

Johnson

ELLIROY

CEMETERY

JEFFERSONVILLE TENNESSEE

YFW

JUL 1 1948

LAURA X GARNER 340 BELL STREET ALCOA TENNESSEE

APPLICANT:

Laura X Garner

APPROVAL AND ACCEPTANCE

FORM 1 NOV 48 312

RRE Form #39

13 Jul 48

Attached hereto correspondence and/or other identifying media of possible archival value, pertaining to:

GARNER	ODE	J	PFC	34499318
(Last Name)	(First Name)	(Initial)	(Rank)	(ASN)

Repatriated to the United States:

5 MAR. 1949

STATION FILE

Incl #

HEADQUARTERS
UNITED STATES FORCES
EUROPEAN THEATER
GRAVES REGISTRATION SERVICE COMMAND
APO 887

COF/mjg

(Margraten, III-7-171)

(S: 5 August 1945)
21 July 1945

SUBJECT: Identification of Deceased Personnel.

GARNER, Ode J., Pfc, 34499318.

TO : Graves Registration Officer, Chanor Base Section,
APO 562, U. S. Army.

1. Report of Burial for subject deceased enlisted man, buried at Margraten American Military Cemetery, has been received at this headquarters stating that remains were identified by EMT signed by 1st Lt. Stanley S. Larson.

2. Request that this office be furnished a more specific statement of the means by which identity was accomplished; for example, fingerprints, tooth chart, statement of recognition, medical records, etc. All forms or correspondence executed, which clarify the means by which deceased was identified should be forwarded to this office in duplicate.

3. Report of Burial gives the place of death as the 96th Evac Hospital, Germany. A statement from the proper hospital personnel as to how identity was established will suffice.

4. It is further requested that the geographical location of the 96th Evac Hospital at the time of deceased's death be furnished this office. This information is essential for the completion of Report of Burial before it is transmitted to the Quartermaster General, Washington, D. C.

For the Chief, Graves Registration Service Command:



Philip J. Wolf
PHILIP J. WOLF,
Captain, QMC,
Assistant.

QM-GR 293 (Margraten III-7-171) 1st Ind. JAS/jbm
OQM, HQ. CHANOR BASE SECTION, APO 562, U. S. ARMY. 30 July 1945.

TO: Graves Registration Officer, Depot Q-183-J, 52nd QM Base Depot,
APO 562, U. S. Army.

Request compliance with basic communication.

For the Base Section Quartermaster:



Wayne A. Starnes
2/2d Com
for JAMES A. SEUSS
Capt., QMC
Assistant

293.
HQ, Q-183, 52nd QM BASE DEPOT, APO 562, U.S. ARMY.

TAO/li.
2 AUGUST 1945.

TO: Commanding Officer, 603rd QM. Gr. Reg. Co., APO 562, U.S. Army.

For necessary action.

For the Commanding Officer:

T. A. O'Neill
T. A. O'NEILL
Captain QMC
Chief GR & E Div.

3rd Ind.
HEADQUARTERS 603rd QM GRAVES REGISTRATION COMPANY, APO 562,
US ARMY 8 August 1945

TO: Graves Registration Officer, Chanor Base Section, APO 562,
US Army (THRU: GR/E, APO 562, US ARMY)

Subject Deceased was disinterred for additional information.
Two finger prints were available, a tooth chart and check-list.

For the Commanding Officer:

Cleon E Wells
CLEON E WELLS
1st Lt., QMC

Incl: Report of Burial w/tooth chart and check list.

U.S. ARMY
GRAVES REGISTRATION SERVICE
HEADQUARTERS
APO 562

293-
HQ, Q-183, 52nd QM BASE DEPOT, APO 562, US ARMY

4th Ind

TAO/nl

13 August 45

TO: Quartermaster, Hq, Chanor Base Section, APO 562, US ARMY
(Attn: GravesReg. Officer)

Attention invited to 3rd indorsement.

For the Commanding Officer:

Incl - n/c



T.A. O'Neill
T. A. O'NEILL
Capt., QMC
Ch.Gr.E. Div

QM-GR 293. (Margraten, III-7-171) 5th Ind. JAS/k
OQM, HEADQUARTERS, CHANOR BASE SECTION, APO 562, U. S. ARMY, 22 August 1945

To: US TGRS, TSFET, (Rear), APO 887, U. S. Army.

1. Attention is invited to 3rd indorsement and attached inclosures.
2. No information is available at the cemetery or in this office regarding the geographical location of the 96th Evac Hospital at the time of deceased death.

For the Base Section Quartermaster:



Wayne J. Stamer
2/2/45
for JAMES A SEUSS
Capt., QMC
Assistant

00QM*GR&E Div.

CHECK LIST FOR UNKNOWN'S

GARNER, ODE J.

UNKNOWN X- ASN- 34499318

CEMETERY Margraten, Holland

PILOT III ROW 7 GRAVE 171

Arrived at cemetery _____ From _____

(HOUR) (Date) (collecting point)

Place of death 96th Evac. Hospital

(name) (coordinates and landmarks)

Remains recovered by 607th QM Gr. Reg. Co.

(name and organization)

Evacuated to cemetery by 607th QM Gr. Reg. Co.

(name and organization)

Load list attached No Are names of deceased found in same area as this un-

(yes-no)

known starred No Are circumstances described which may indicate organization of

(yes-no)

the deceased? No If only part of a body was received, was a careful search made

(yes-no)

for other parts of Unknown Yes

(yes-no)

If remains come from vehicle, plane, etc: _____

(type of vehicle or plane, nickname,

serial number, organization or symbols)

Crew list _____

(names of other deceased and positions in which found)

If a tank, which hatches were free and available for rescue use _____

If organization to which vehicle or plane was assigned or if names of all other de-

ceased are not known, give detailed information concerning vehicle or plane _____

(parts of makings or symbols) (burned) (pierced by shell fire- where)

(found in town, field, by road, etc.) (damaged by mine explosion)

(names of men who escaped) (description of other vehicles or planes in same area)

Detailed description of personal effects _____

(Indicate exact pocket or part of body

WHERE FOUND)

UNKNOWN

UNKNOWN

UNKNOWN

UNKNOWN

UNKNOWN

UNKNOWN

Bandages or dressings **Unknown** **Unknown**
 (length, width, location)

Tattoos **Unknown**
 (number, location - illustrate on sep. page)

Outstanding moles, warts or birthmarks **Unknown**
 (yes-no) (description, location)

Scrub or tan, other than hands and face **Unknown**

Tobacco stain on fingers or teeth **Unknown**
 (designate where, extent)

Complexion **Unknown** Build **Unknown**
 (light, med, dark, clear, pimples, pocks, freckles) (large, fat, thin, muscular)

Hair **Brown Dark** **Unknown** **Approx-2"**
 (color, length, quantity, curly, wavy, straight, whorls, or definite parting, baldness, widow's peak, distinctive cutting, or other characteristics)

Sideburns **Unknown** Mustache **Unknown** Beard or goatee **Unknown**
 (color, setting, shape) (color, size, shape) (length, heav., light, color, extent)

Eyes **Unknown** Eyebrows **Unknown**
 (color, setting, shape) (color, bushiness, extend across nose)

Nose **Unknown** Ears **Unknown**
 (size, shape, straight) (size, set close to or far from head)

Forehead **Unknown** Mouth **Unknown** Lips **Unknown**
 (high, wide wrinkled) (large, medium, small) (small, large, full)

Teeth **Tooth Chart Taken**
 (write, size, unevenness, spacing, noticeable crowns, fillings, extractions)

Chin **Unknown** Cheekbones **Unknown**
 (prominent, receding, pointed, dimple, double) (high, normal)

Jaw **Unknown** Circumference of head in inches **Unknown**
 (large, small, normal) (n.t. band)

Neck **Unknown** Larynx **Unknown** Shoulders **Unknown**
 (size, long, short, normal, wrinkled) (prominent, normal) (broad)

Arms **Unknown**
 straight, small, rounded) (length, muscular, color, extent & quantity of hair)

Hands **Unknown**
 (vaccination scar size of wrist) (large, small, normal, calloused noticeably)

(marks on fingers indicating that rings were worn)

Fingers Unknown
(short, thick, long, slender; size of knuckles) (missing fingers or joints)

(unusual characteristics of fingernails)

Chest Unknown
(Size at nipples; color, quantity & extent of hair; large, small, normal)

Back Unknown Waist Unknown
(quantity and extent of hair) (size at navel, appendectomy, amount & color of hair)

Circumcized Unk Pubic hair Unk Hernioplasty Unknown
hair) (yes-no) (color) (yes-no) (location)

Legs Unknown
(inscarn) (muscular; knock-kneed, bowed, normal) (quantity, color & extent of hair)

Feet Unknown Toes Unknown
(size; corns; calluses; flat) (slender, straight, crooked, overlap)

Evidence of healed fractures Unknown
(nose, arms, legs, etc.)

Black out parts of body not received at cemetery:



Have photographs been made and attached No If not, explain No Facilities
(yes No)

Have fingerprints been placed on GRS #1 No If not, explain See Remarks
(yes-no)

Has tooth chart been prepared? Yes If not explain
(yes-no)

Remarks: Thumb & 1st Finger on Right hand printed.

Cleon E. Wells

Signature of GHO and Organization

CLEON E. WELLS 1st Lt. QMC
CO3rd QM Gr. Reg. Co.

Item	Clothing Markings	Sizes	Color	wear, tear, repairs, etc.
*Headgear (type)				
Raincoat				
Overcoat				
Jacket, Field				
Jacket, Combat				
Mackinaw				
Sweater				
Jacket, HBT	G-8686	None	None	None
*Shirt, Wool OD				
Undershirt, Wool				
Undershirt, Cotton			White	
Trousers, HBT		36-35		
*Trousers, Wool OD				
Belt, Web				
Drawers, Wool				
Drawers, Cotton	German Mesh type			
Leggings				(note unusual lacing)
Socks			OD Brown	
*Shoes (type)				
Overshoes				
Web Equipment (type)				
(Other Item)				
(Other Item)				

*If body is nude, sizes of these items should be computed by measuring the remains.

Chevrons or Shoulder Patch

Insignia (type & location; shirt, jacket, coat, helmet)

Description of Remains:

Age Height Weight Description of wounds

G. R. & E. DIV.
OFFICE OF THE CHIEF QUARTERMASTER
HQ. COM. ZONE, ETOUSA

TOOTH CHART

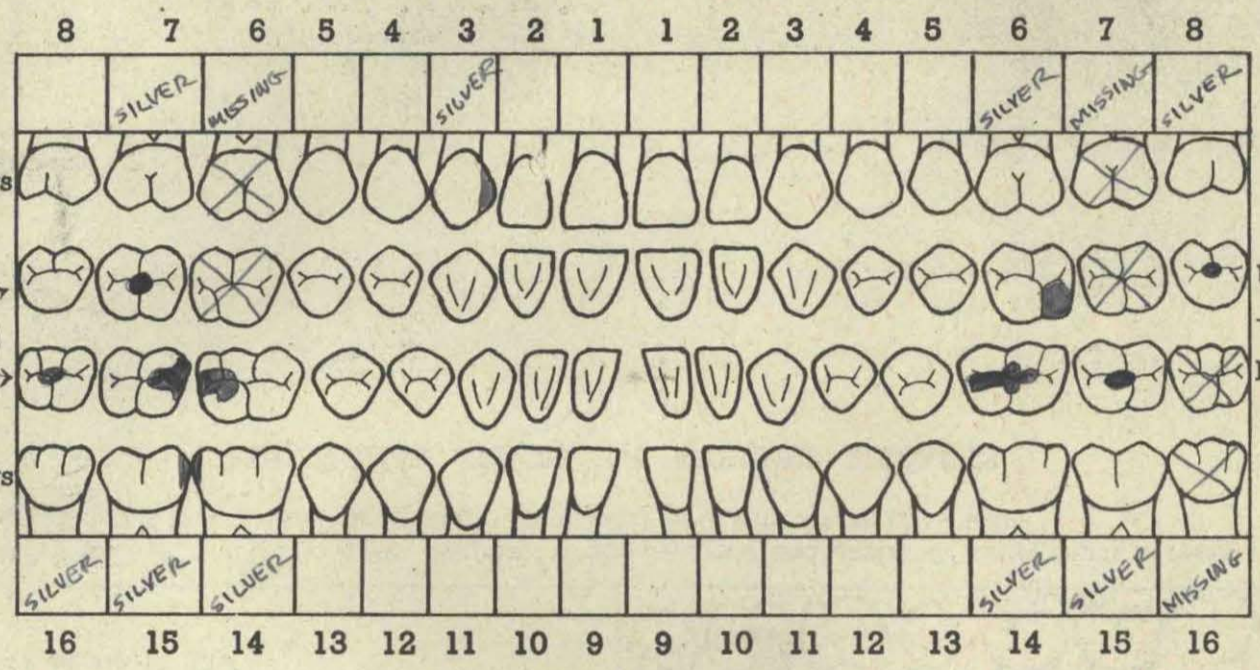
6 August 1946
Date

GARNER Ole J. Pfc 3449318
Last Name First Initial Rank Serial No.

90 Evac. Hosp. 87 Recon. 87 Recon.
Unit Organization
90 Evac. Hosp. 87 Recon.
Place of Death Date of Death Cause of Death

Right

Left



This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

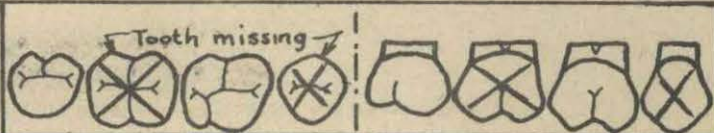
Cleon E. Wells

Signature of Officer or other person who prepared Tooth chart

**CLEON E. WELLS 1st Lt. QMC
803rd QM Gr. Reg. Col**

Verified by G. R. S. Officer

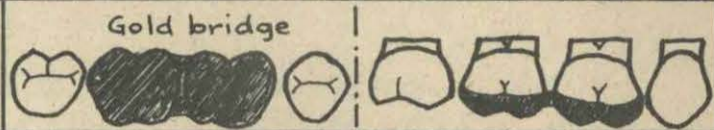
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



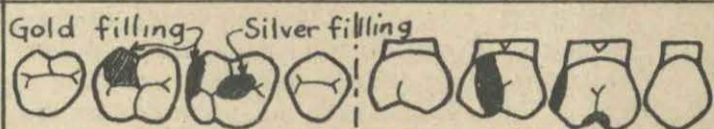
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



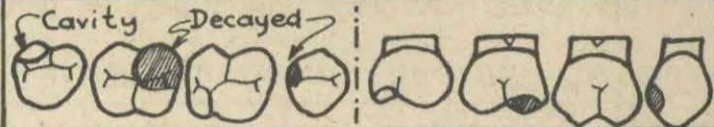
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



FILLINGS... Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :



CARIES (CAVITIES). Outline location and size of cavity, shade in thus :



DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

ADDITIONAL SPACE FOR FURTHER REMARKS

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN THEATER AREA
APO 887, U.S. Army

13 March 1946

S T A T E M E N T

Identification of deceased is considered sufficient at this time. Original Report of Burial was previously submitted to your headquarters on Transmittal Letter #1607 for verification of (~~fingerprints~~) (tooth Chart). (GARNER, Ode J., 34499318)

Dr. B. Mohler
DCP B. MOHLER
Major, QMC
Chief, Burial Records Branch
Registration Division

7201

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

(Read Explanation on Reverse Side before completing form)

DATE

11 Apr 49

NAME OF DECEDENT (Last, First, Middle Initial)

GARNER, ODE J

BRANCH OF SERVICE

AGF

TO BE FILLED IN BY CLAIMANT

A. INTERMENT EXPENSES (Civilian or Private Cemetery)

APR 1949

RANK OR GRADE

PFC

SERIAL NO.

34499318

B. TRANSPORTATION EXPENSES (National or Post Cemetery)

Ft. McPherson, Ga. Sta. No. 54

INSTRUCTIONS TO PERSONS SIGNING THIS FORM

WW II

CLAIM VALID REPATRIATION

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

GEORGE GREEN
CAPTAIN, QMG.

FILL IN THIS STATEMENT IF BOX "A" IS CHECKED

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

CEMETERY NAME:

Ellijay

CITY OR COUNTY:

Maryville

STATE:

Tenn

RETURN ^{Five} FOUR COPIES TO

AGR DIVISION
ATLANTA GENERAL DISTRIBUTION DEPOT U.S. ARMY
ATLANTA, GEORGIA

FILL IN THIS STATEMENT IF BOX "B" IS CHECKED

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

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

SIGNATURE OF CLAIMANT

DO NOT SIGN

ADDRESS (Street number or RFD, City and State)

New Dal Maryville Tenn

RELATIONSHIP TO DECEDENT

Father

REMARKS

COPY

APR 30 1949

Atlanta, Ga. _____

Paid on Voucher _____ 137094 Money.

Accounts of _____ Fin. Dept.

Check No. 672431

amt Pd. 75.00

PART A

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

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

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

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

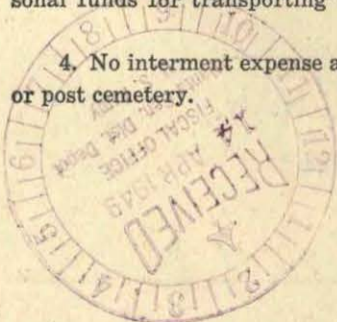
PART B

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

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

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

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



RECEIPT OF REMAINS

DISTRIBUTION CENTER ATLANTA GENERAL DEPOT
ATLANTA, GEORGIA

4-6-49

DELIVER AND REPORT
ANY CHARGES

ROUTINE

REMAINS CONSIGNED TO: RAWLINGS MILLER FUNERAL HOME
MARYVILLE, TENN.

REMAINS OF THE LATE PFC ODE J GARNER 34499318

BEING SHIPPED TO YOU ACCOMPANIED BY ESCORT

LEAVING ATLANTA 9:25 AM 11 APRIL

AND DUE TO ARRIVE KNOXVILLE, TENN ON I&N # 32 1:35 PM 11 APRIL PD

REQUEST YOU IMMEDIATELY PASS THIS INFORMATION ON TO NEXT OF KIN AND REQUEST

FURTHER YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT RAILROAD STATION UPON

ARRIVAL AND TRANSPORT REMAINS TO CHARLES N GARNER AT

MARYVILLE, TENN PD

YOU SHOULD SUBMIT ITEMIZED STATEMENT IN QUADRUPPLICATE PROPERLY CERTIFIED TO

THIS DEPOT FOR PAYMENT OF TRANSPORTATION CHARGES ONLY IF ANY FROM

KNOXVILLE, TENN STATION TO MARYVILLE, TENN PD

JOHN E. PRUITT
LT. COLONEL, OMC

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

THIS 16 DAY OF April, 1949

Paul E. Swann
WITNESS (Escort)

Rawlings Miller
CONSIGNEE R. L. Chamber
RAWLINGS MILLER FUNERAL HOME

RAT
FILE
RECORDS ANNOTATED
DATE 26 April 49
NAME Paul E. Swann
R & R BR.

MMM

DISINTERMENT DIRECTIVE

7-92
263
4

1

SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER 4650 05883		DATE 15 07 48 DAY MONTH YEAR	
NAME GARNER ODE J			SERIAL NUMBER 34499318	RANK PFC	ARM 1	DATE OF DEATH	
CEMETERY MARGRATEN - AACHEN					1	DISPOSITION OF REMAINS 4800 05 CODE DIST. PT.	
PLOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH		
III	7	171	HOLLAND		1		

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE RAWLINGS-MILLER FUNERAL HOME MARYVILLE, TENNESSEE		NAME AND ADDRESS OF NEXT OF KIN CHARLES N. GARNER (FATHER) CITY ROUTE #8 c/o CITY CAB 36 MARYVILLE, TENNESSEE	
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SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON		ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
<input type="checkbox"/> REMAINS	<input type="checkbox"/> MARKER	USAGF		NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	
SEE ATTACHED SHEET	
MINOR DISCREPANCIES	
REMAINS PREPARED AND PLACED IN CASKET	
DATE	BY
CASKET SEALED BY	EMBALMER (Signature)
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE	BY

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

SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC MARGHATEN, HOLLAND	TO ANTWERP PORT PIER 140
KIND OF CONVEYANCE TRUCK	NAME OF CONVOYER RUT GEORGE D. LORDI RA 12317162
SIGNATURE OF SHIPPER <i>William E. Owen</i> DATE 27/1/49	SIGNATURE OF RECEIVER <i>R D Miller</i> DATE 27 JAN 1949

2. SHIPPED

FROM AGRC ANTWERP BELGIUM	TO BOAT HAITI VICTORY
KIND OF CONVEYANCE VG. 2	NAME OF CONVOYER A.S. KIMBERLIN N.V. LINE
SIGNATURE OF SHIPPER R. D. MILLER, Lt. COL. T.C. DATE MAR 1949	SIGNATURE OF RECEIVER <i>R. S. Kimberlin</i> DATE MAR 1949

3. SHIPPED

FROM	TO New York Port of Embarkation
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER <i>J. V. [unclear]</i> DATE 15 1949

4. SHIPPED PORT TRANSPORTATION OFFICER

FROM NYPE	TO DC 3
KIND OF CONVEYANCE Train	NAME OF CONVOYER <i>Lt Robert Arcott</i>
SIGNATURE OF SHIPPER <i>Lt. Colonel, T.C.</i> DATE 17 Mar ,49	SIGNATURE OF RECEIVER <i>Capt. Dmc</i> DATE 3-31-49

5. SHIPPED

FROM MAYALIGTE TENNESSEE	TO MAYALIGTE TENNESSEE
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER <i>CHARLES H. CARNEY (FATHER)</i>	SIGNATURE OF RECEIVER <i>CHARLES H. CARNEY (FATHER)</i> DATE

6. SHIPPED

FROM T. J. J. HOLLAND	TO T
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER DATE

7. SHIPPED

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

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

GARNER ODE J

34499318 PFC

1

CEMETERY

DISPOSITION OF REMAINS

PLOT ROW GRAVE COUNTRY

CAUSE OF DEATH

III 7 171 MARGRATEN HOLLAND

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

ODE J GARNER

34499318

PFC

4.AUGUST 48

 REMAINS
 MARKER

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

UNK.,

ERNEST J. OGLESBY JR., 1LT., CAV.,
NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

RE MAINS OF UNIFORM & MATTRESS
COVERADVANCED STAGE OF
DECOMPOSITION, LEFT RADIUS MISSING

OTHER MEANS OF IDENTIFICATION

GRSTAG FOUND WITH RE MAINS

MINOR DISCREPANCIES 1

NONE

REMAINS PREPARED AND PLACED IN CASKET

DATE 5.AUGUST 48

BY

FERRARS D. STEWART, E. BALMER

CASKET SEALED BY

EMBALMER (Signature)

FERRARS D. STEWART

FERRARS D. STEWART

CASKET BOXED AND MARKED

STOPPING ADDRESS VERIFIED BY TAGS, MARKINGS, PLATES

5.AUGUST 48 WILLIAM H. JONES
CLERK RECORDER

VERIFIED BY: ERNEST J. OGLESBY JR., 1LT., CAV.,

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

ERNEST J. OGLESBY JR., 1LT., CAV.,

SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAN TRANSFER

QMC FORM
REV 15 MAR 46 1194

FM

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

MESSAGEFORM		MESSAGE CENTER No.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT	
CALLS V	STA. SER. No. NR	PRECEDENCE	TRANSMISSION INSTRUCTIONS	ORIGINATOR	DATE-TIME GROUP
ACTION	INFORMATION		EXEMPT	OPERATING SIGNALS	GROUP COUNT GR
SPACE ABOVE FOR SIGNAL CENTER ONLY					
FROM: (Originator) ATLANTA GENERAL DISTRIBUTION DEPOT ATLANTA, GEORGIA			SECURITY CLASSIFICATION		
ACTION TO: CHARLES N. GARNER CITY ROUTE #8 MARYVILLE, TENNESSEE			PRECEDENCE FOR ACTION INFORMATION		
INFORMATION TO:			<input type="checkbox"/> ORIGINAL MESSAGE		
MAR 9 - 1949			REFERS TO ANOTHER MESSAGE IDENTIFICATION CLASSIFICATION		
PFC ODE J GARNER					
<p>WE HAVE BEEN ADVISED REMAINS OF THE LATE</p> <p style="text-align: right;">PFC ODE J GARNER</p> <p style="text-align: center;">ARE ENROUTE TO THE UNITED STATES PD OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED TO MARYVILLE TENNESSEE</p> <p style="text-align: center;">RAWLINGS-MILLER FUNERAL HOME</p> <p style="text-align: center;">PD PLEASE CONFIRM YOUR ORIGINAL INSTRUCTIONS WITHIN FORTY EIGHT HOURS AFTER RECEIPT OF THIS MESSAGE OR SUBMIT NEW DELIVERY INSTRUCTIONS AND FURNISH YOUR CORRECT MAILING ADDRESS BY TELEGRAM COLLECT TO ATLANTA GENERAL DISTRIBUTION DEPOT ATTENTION GRAVES REGISTRATION DIVISION ATLANTA GEORGIA PD REPLY IS NECESSARY WITHIN THIS PERIOD SINCE IT WILL NOT BE POSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER THE EXPIRATION OF FORTY EIGHT HOURS PD 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 PD 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 RAIL ROUTING AND SCHEDULED TIME REMAINS WILL ARRIVE AT RAILROAD STATION PD ALSO HE WILL BE REQUESTED TO FURNISH YOU THIS INFORMATION SO THAT YOU MAY COMPLETE FUNERAL ARRANGEMENTS PD THIS TELEGRAM WILL BE SENT AT LEAST THREE DAYS PRIOR TO ACTUAL SHIPMENT FROM THIS DISTRIBUTION CENTER PD PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL PD IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATIONS TO MAKE ARRANGEMENTS PD PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM PD</p> <p style="text-align: right;">JOHN H FRUITT LT COL QMC</p>					
SECURITY CLASSIFICATION			AUTHORIZATION		
ORIGINATING AGENCY			SIGNATURE		
SYMBOL (C)	DATE-TIME GROUP	OFFICIAL TITLE		PAGE	OF

WUA265 17 GOVT COLL

MARYVILLE TENN MAR 10 1040A

COMMUNICATIONS CENTER RECEIVED

AGD

MAR 10 12 18 PM '46

AGRD

RETEL PFC ODE J GARNER SHIPPING INSTRUCTIONS UNCHANGED

ARMTA GEN. DIST. DEPT.

MAILING ADDRESS CARE CITY CAB COMPANY MARYVILLE TENNESSEE

CHARLES N GARNER

1152AM.

f

7-5-206

CASE NO.		INSPECTION CHECK LIST				SPACE NO. <i>7-5-206</i>
NAME OF DECEASED (Last, First, Middle Initial) GARNER, ODE J			BRANCH OF SERVICE AGF	RACE W	RELIGION P	SEX M
RANK OR GRADE PFC	SERIAL NUMBER 34499318	CONSIGNEE RAWLINGS-MILLER FUNERAL HOME MARYVILLE, TENNESSEE				
SHIPPING CASE—GENERAL APPEARANCE (Check ONLY Discrepancies)			CONDITION OF SHIPPING CASE (Check One)			
			<input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> UNSATISFACTORY			
FINISH (Exterior)			REMARKS <i>Case scuffed</i>			
FINISH (Interior)						
HANDLES						
HANDLE BOLTS						
STENCILING—NAME PLATE						
HEALTH PERMIT MARKER						
HEALTH PERMIT NUMBER						
CASKET—GENERAL APPEARANCE (Check ONLY Discrepancies)			CONDITION OF CASKET (Check One)			
			<input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> UNSATISFACTORY			
FINISH (Exterior)			REMARKS <i>Casket scuffed</i>			
HANDLES AND FASTENINGS						
STENCILING—NAME PLATE						
CAM LOCKS (Sealing)						
ODOR OR MOISTURE						
ROUTED THROUGH						
<input type="checkbox"/> MORTUARY OPERATING ROOM			<input checked="" type="checkbox"/> REPAIR SHOP			
CONDITION OF REMAINS			CASKET REPAIRED			
<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
NECESSARY DISINFECTION (Explain)			CASKET EXCHANGED			
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
			SHIPPING CASE REPAIRED			
			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
			SHIPPING CASE EXCHANGED			
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
			REMARKS			
TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTOR	
			<i>2:18</i>	<i>3-31-49</i>	<i>[Signature]</i>	
REMARKS						

REPAIRATION
RECORDS BRANCH
APR 20 11 32 AM '49
FEDERAL DIVISION

QUEST FOR DISPOSITION OF REMAINS

L 9/25/48

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

DATE: *prev. 10/29*

Pfc Odo J. Garner, 34 499 318
Plot III, Row 7, Grave 171,
United States Military Cemetery
Margraten, Holland

12 May 1948

DO NOT WRITE ABOVE THIS LINE

A		C	
B		D	

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

PART I

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

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

DP prev JUL 23 1948

3 coded 7/17/48 Benyon

OQMG FORM 14 NOV 1946

345 MILITARY

9 JUN 1948

16-50411-1

PAGE 1

Kraeger

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			
Rawlings-Miller Funeral Home,			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
	Maryville,	Blount	Tenn.
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	TELEPHONE No.	
Knoxville, Tenn.			

IN CASE OF EMERGENCY THE NAME AND ADDRESS OF THE PERSON NEXT IN LINE OF KINSHIP AFTER ME, AS SET FORTH IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," IS:

LAST NAME	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP TO DECEASED
Garner	Laura	F.	Mother
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
City Route 8	Maryville	Blount	Tenn.

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.

Charles N. Garner (SIGNATURE OF NEXT OF KIN) City Route 8 (STREET AND NUMBER)
Charles N. Garner (NAME PRINTED OR TYPED) Maryville, Tenn. (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 19th day of May,
 1948, at city (or town) of Maryville, county of Blount, and State (or Territory or
 District) of Tenn.

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

Margaret A. Johnston (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
 Notary Public
 My Commission expires 4-16-52 (OFFICIAL TITLE)

PART II — RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

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

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

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

PART III

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

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

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

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

ADDITIONAL REMARKS AND INSTRUCTIONS

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



Pfc Ole J. Garner, 34 499 318 *agb*
 Plot III, Row 7, Grave 171,
 United States Military Cemetery
 Margraten, Holland

12 May 1948

Mr. Charles N. Garner
 Eagleton Road
 City 8
 Maryville, Tennessee

Dear Mr. Garner:

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

8 Incls. 8 TW

MAY 14 12 44 P
 O. D. M. G.
 MAIL & RECORDS BR

fbs



DDMG FORM 399
2 APR 48

REQUEST FOR NEW LETTER OF INQUIRY

TO LETTER OF INQUIRY SECTION REPATRIATION RECORDS BRANCH		FROM REPLY FORM ACCEPTANCE SECTION FAMILY CORRESPONDENCE BRANCH	
NAME OF DECEDENT (First, Middle, Last) Ode J. Garner		GRADE Pfc.	SERIAL NUMBER 34 499 318
GRAVE LOCATION			
CEMETERY Margraten Hol.	PLOT III	ROW 7	GRAVE 171
LETTER OF INQUIRY TO BE SENT TO: MR. EOI Sent 12 MAY 1948 Charles W. Garner (father)			
STREET Egleton Road		CITY AND STATE City 8, Maryville, Tenn.	
AUTHORITY FOR LETTER OF INQUIRY 345 by perm. widow (5 Dec. 47)			
CLERK'S SIGNATURE M. Logan		DATE EOI Sent 12 MAY 1948 4 May 48	

file
with
EOI
5-12-48

Maryville, Tenn.
City
March 23, 1948

J B Garner, Ode J

Dear Sir;

I am writing in regard to the body of Private First Class Ode J. Garner.

His wife which is re married now to Eugene Black received papers which she was to fill out and send in. And I the father which is the next of kin was supposed to receive papers to have filled out showing that I am the next of kin.

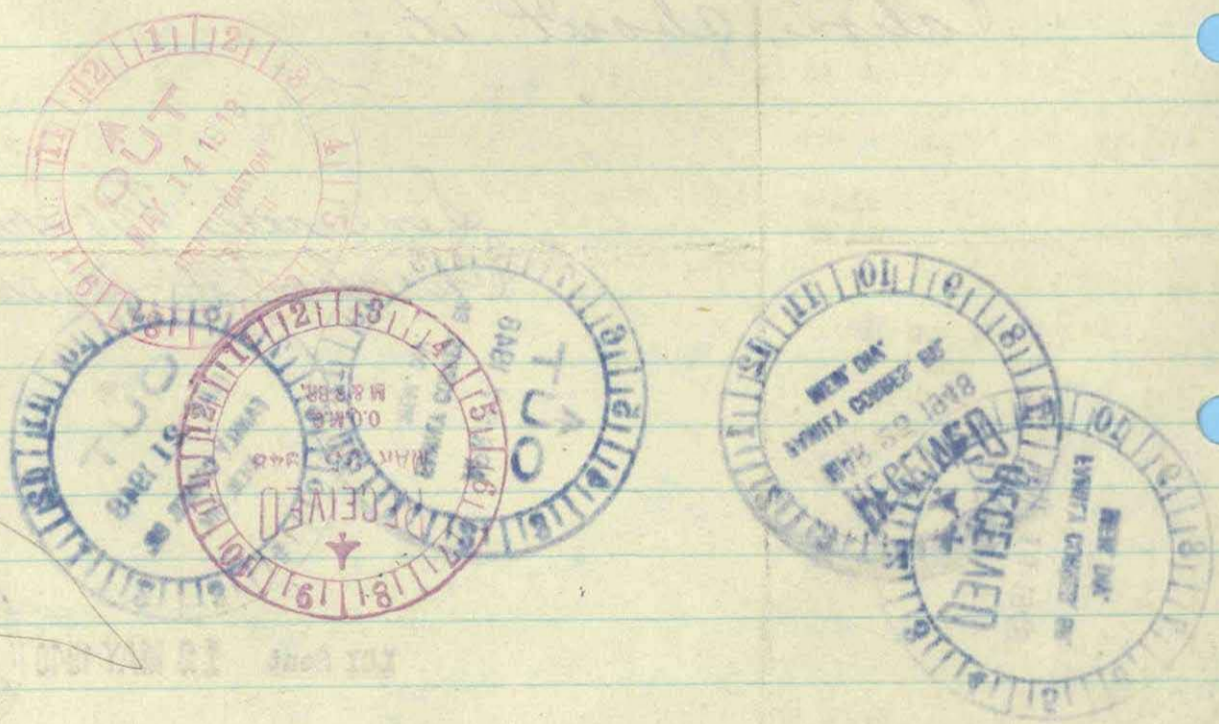
I haven't received any information as to whether she sent them in or not. I would be glad if you would give me some information about it.

Sincerely Yours,
Charles M. Garner



LOI Sent 12 MAY 1948

Handwritten notes and signatures in the bottom right corner, including the number 5-12-48.



REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

333
3/11/48
mos

Pfc. Ode J. Garner, 34 499 318
Plot III, Row 7, Grave 171,
United States Military Cemetery
Margraten, Holland

5 December 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, _____ (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

(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.)

LOI Sent 12 MAY 1948

[Handwritten signatures and initials]

[Handwritten: 5/2/48]

PART I (Continued)

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

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

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

OR

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

FULL NAME OF FUNERAL DIRECTOR			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
EXPRESS OFFICE (<i>Nearest railroad passenger station</i>)	TELEGRAPH ADDRESS		TELEPHONE No.

IN CASE OF EMERGENCY THE NAME AND ADDRESS OF THE PERSON NEXT IN LINE OF KINSHIP AFTER ME, AS SET FORTH IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," IS:

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

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

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

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

(SIGNATURE OF NEXT OF KIN)

(STREET AND NUMBER)

(NAME PRINTED OR TYPED)

(CITY AND STATE)

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

(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

(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)

(NAME PRINTED OR TYPED) (CITY AND STATE)

PART III

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

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

LAST NAME	FIRST NAME	MIDDLE INITIAL
<i>Garners</i>	<i>Charles</i>	<i>M.</i>
RELATIONSHIP TO THE DECEASED <i>Father</i>		
NUMBER AND STREET	CITY OR TOWN	STATE OR COUNTRY
<i>Easton Road</i>	<i>city of Maryville</i>	<i>Tenn.</i>

Mrs Ruby K. Black
(SIGNATURE)
Dec 15, 1947
(DATE)
58 Beal St.
(STREET AND NUMBER)
LOI Sent 12 MAY 1948
Alcoa Tenn.
(CITY AND STATE)
Father

ROBYK (GARNER) BLACK
(NAME PRINTED OR TYPED)

ADDITIONAL REMARKS AND INSTRUCTION

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



54

FROM: ANALYSIS SECTION

3-30-48
(Date)

TO: ACCEPTANCE UNIT SECTION

296 Garner Ed J 24 499 318
 (Last Name) (First Name) (Initial) (ASN)
Marionette Hilland 5 1 1 7 171
 (Cemetery) (Plot) (Row) (Grave)

The attached correspondence pertains to the disposition of the remains of the subject decedent. It is requested that the following information be supplied this Section in order to reply to correspondent:

- 1. Has 345 been dispatched
- 2. Has 345 been received and approved *R443 9/31/48*
- 3. What option was selected
- 4. 345 was executed by whom *Roda*
- 5. Did N.O.K. relinquish disposition authority
- 6. Did widow indicate remarriage
- 7. Did documents accompany reply form (if so, what document)
- 8. Have necessary records been amended to reflect this change in N.O.K.
- 9. Has L. O. I. been dispatched to new N.O.K.
- 10. Attach reply form and return to this section

Widow Roda to father
 Mr Charles M. Garner
 Eagleton Road
 City of Maryville Tenn

COOMBS
5072

LOI Sent 12 MAY 1948

File
572-48
to father

Roda
Attn:
Capt. Dougherty

Blutberg
4/27/48

put in our Reel & file

Water

Waldo W. S. Graft

David A. Couray

No Rec On 835 Card

Done

Pfc. Ode J. Garner, 34 499 318
Plot III, Row 7, Grave 171,
United States Military Cemetery
Margraten, Holland

leg

5 December 1947

Mrs. Ruby K. Garner
58 Bell Street
Alcoa, Tennessee

Dear Mrs. Garner:

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

LOI Sent 12 MAY 1948

8 Incls.
ms

csb

Dec 9 3 39 PM '47
U. S. M. G.
MAIL & RECORDS BR.

CHICAF 293
Garner, Ode J.
SN 34 499 318

Address Reply To
THE QUARTERMASTER GENERAL
Attention: Memorial Division

21 May 1947

Mr. Charles N. Garner
City 3
Maryville, Tennessee

Dear Mr. Garner:

Your letter concerning your son, the Late Private First Class
Ode J. Garner, has been received.

The War Department has now been authorized to remove, at Govern-
ment expense, to the place designated by the next of kin, the remains
of those of our American citizens who gave their lives overseas during
World War II.

I regret to inform you that, at the present time, it is not
possible to give you the exact date the remains of your loved one will
be returned.

I am sure you understand that, while this program is already in
effect, it is necessary to thoroughly verify our records. Upon com-
pletion of this verification, the "Letter of Inquiry--Return of World
War II Dead," will be mailed to the next of kin of those deceased
Americans for whom verified burial information is of record in this
office. In accordance with the present schedule, the remains are to
be returned by cemeteries, and prior to the evacuation date of each
cemetery, these letters of Inquiry will be mailed to the next of kin
giving them the opportunity to express their final and detailed desires
concerning the last resting place of the remains of their loved one.

Please be assured that everything is being done to speed the re-
turn, reverently and in a dignified manner, of those who made the
supreme sacrifice.

If we can assist you further, please feel free to contact us at
your convenience.

Sincerely yours,

RICHARD B. COOMBS
Major, QMC
Memorial Division

MAY 19 4 10 PM '47
COMMUNICATIONS RECORDS BRANCH

REC'D
MAY 21 3 29 PM '47
COMMUNICATIONS RECORDS BRANCH

Mr. Charles W. Garner

City 8.

Maryville Tenn.

May 5, 1947

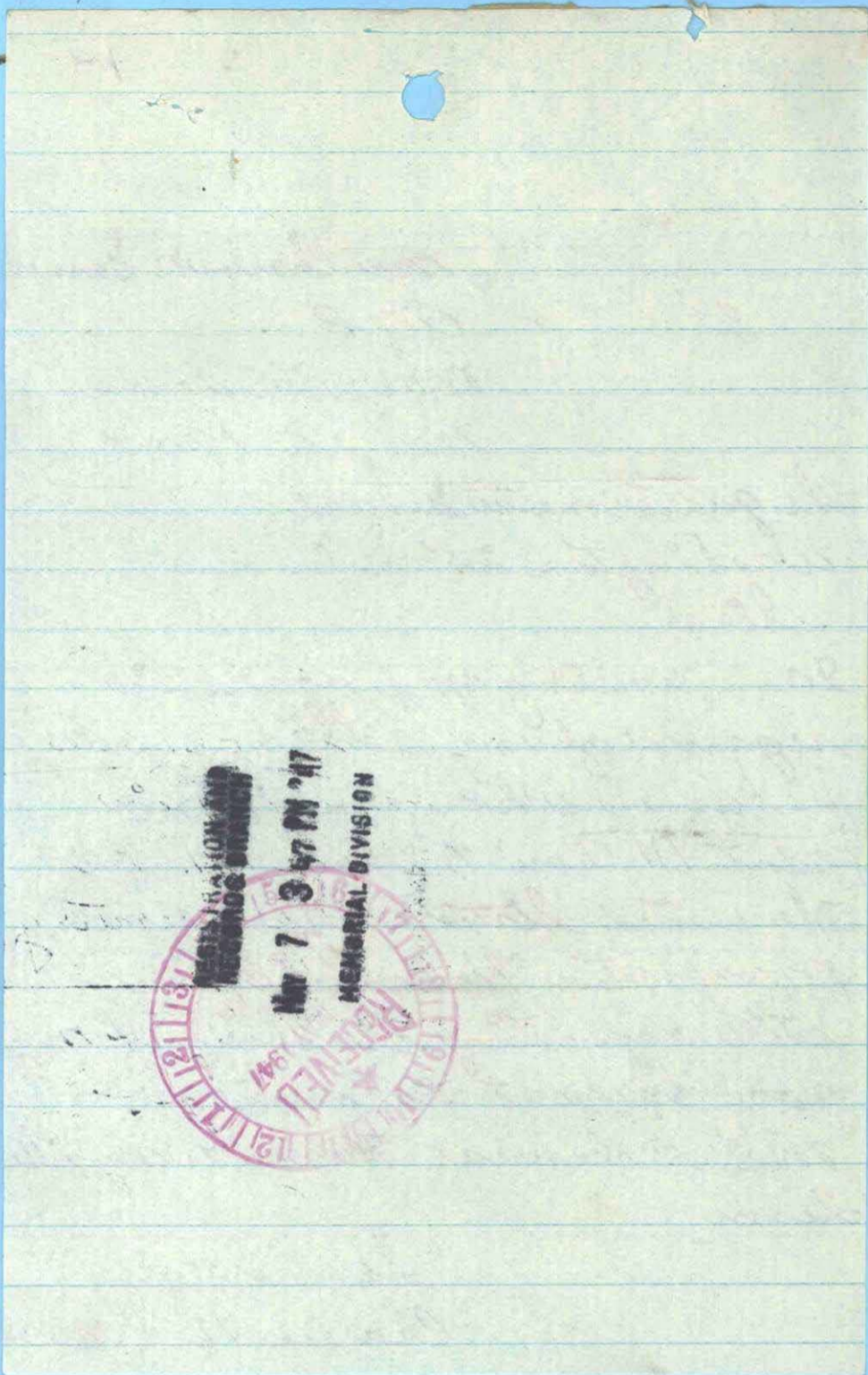
The Quartermaster General

Washington 25, D.C.

Sirs.

I am writing you again in
regards of my son ¹⁹³ J. C. ode
J. Garner who remained in
plot 111, Row 7, Grave 41, in
The United States Military Cemetery
Margraten Holland. I am
still requesting the body of my
son be sent to Rawlings &
Miller Funeral Home Maryville
Tenn.

Sincerely,
Charles W. Garner



CORRESPONDENCE ACTION WORK SHEET

Send Letter to Mr. Charles N. Garner Fuller Relationship

ADDRESS City 8, Marysville, Tennessee

Army Serial Number 34 499318 Rank Pfc

OPENING PARAGRAPH: 62-1 62-2 62-3 62-4

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

Temp. Cem.

Perm. Cem.

Plot	Row	Grave	Name of Cem.	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 65D 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 _____ days

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 ef Analyst Typist Reviewer

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

5626

NAME OF DECEASED

LAST NAME

FIRST NAME

MIDDLE INITIAL

Garner

Charles

N.

15
Full
5/2/47
T.M.H.

Best

QMGYG 293
Garner, Ode J.
SN 34 499 318

Address Reply To
THE QUARTERMASTER GENERAL
Attention: Memorial Division

12 August 1946

Mr. Charles N. Garner
Eagleton Road
Route 2
Maryville, Tennessee

0005626

Dear Mr. Garner:

Your letter concerning your son, the late Private First Class Ode J. Garner, has been received in this office.

The certificate of the remarriage of your son's widow has been placed in the files of this office. In the absence of any special considerations unknown to this office, you, the father, as the next in line of blood relationship, are the person authorized to determine the final resting place of the remains of your son.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

JAMES L. PRENN
Major, QMG
Assistant

CC: The Adjutant General

AUG 13 3 56 PM '46
O C M G
MAIL & RECORDS BRANCH

MEMORIAL DIVISION
AUG 13 3 56 PM '46
RECORDS BRANCH

ef
37

ARMY SERVICE FORCES
MEMO ROUTING SLIP

TO THE FOLLOWING IN THE ORDER INDICATED		CHECK ACTION	
TO: (Name, organization, building)	INITIALS		CONCURRENCE
1. Records Section Rep Rec Br	DATE		SIGNATURE
2. Mem Div			NOTE AND RETURN
3.			NOTE AND FORWARD
			COMPLETE ACTION
			CIRCULATE
			INFORMATION
			FILE

Garner, Ode J., 34 499 318 PFC

It is requested that the records of ^{your} this office be amended to show that the legal next of kin has been changed from Mrs. Ruby K. Garner, wife, 58 Bell Street, Alcoa, Tennessee, to Mr. Charles N. Garner, father, Eagleton Road, Route 2, Maryville, Tennessee.


PRENN

FROM: (Name, organization, building)

Mem Div, Rep Rec Br, Corres Sec

mh B 2619

DATE

12 Aug 46

TEL.

4127

Maryville Tenn.
7, 17, 46.

Dear sir,

I am writing you again
in regards of my son
Wade J. Garner who died
over seas 1 year ago
June the 14th and was
Buried in Plot 111 Row
7 Grave 171 which is located
approx imately twelve miles
North east of Aachen Germany
I am sending you the
marriage certifiy of
Ruby Katherine Garner.
As I am the father of
Wade J. Garner.
and desire the bodie to
be sent to Maryville Tenn.

Yours Truly
Charles J. Garner.

RECORDS AND
BRANCH
JUL 19 8 56 PM '46
MEMPHIS DIVISION





This is to Certify that

Eugene W. Black Ruby Katherine Hamer
of Maryville Tenn and Alcoa Tenn
were by me united in

Marriage

on the 21st day of
February

in the Year of our Lord 1946

at THE CITY OF ROSSVILLE WALKER COUNTY, GA.

Herman O. Bowman
HERMAN O. BOWMAN MAYOR AND JUSTICE OF THE PEACE



SPQYG 293 Garner, Ode J. SN 34 499 318 7 June 1946

time of repatriation you be prepared to forward to this office a copy of her marriage certificate or other proper proof of her re-marriage. The records of this office will then be amended to show the next in line of blood relationship as the person authorized to determine his final resting place.

This office has noted a change in your address and if this is to be your permanent mailing address, it is requested that this office be advised.

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

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

WILLIAM E. REID
1st Lieut., QMC
Assistant

da

WER

JUN 10 4 15 PM '46
QMC

JUN 10 3 01 PM '46
REPATRIATION AND
RECORDS BRANCH
MEMORIAL DIVISION

SPQYG 293
Garner, Ode J.
SN 34 499 318

Address Reply To
THE QUARTERMASTER GENERAL
Attention: Memorial Division

7 June 1946

Mr. Charles N. Garner
Route #2,
Maryville, Tennessee

Dear Mr. Garner:

Your letter concerning your son, the late Private First Class Ode J. Garner, has been received in this office.

The official Report of Burial discloses that the remains of your son were interred in Plot III, Row 7, Grave 171, in the United States Military Cemetery, Margraten, Holland, located approximately twelve miles northwest of Aachen, Germany and eight miles southeast of Maastricht, Holland.

The War Department has now been authorized to remove, at Government expense, to the final resting place designated by the next of kin, the remains of those American citizens who died while serving overseas with our armed forces during this war.

When the necessary preliminaries have been completed, a letter with an information pamphlet and a "Request for Disposition" form attached will be sent to the next of kin of those deceased American citizens. The "Request for Disposition" form, when properly filled out, will constitute the formal expression of the next of kin's detailed desires. It will not be necessary, therefore, for you to communicate with this office regarding this subject.

The necessity for complete coordination of movement in many parts of the world makes it impossible, at this time, to estimate when these forms will be mailed. Responses to them will be acted upon with a minimum of delay.

Please be assured that your feelings in this matter are fully appreciated.

Inasmuch as the records of this office indicate that the legal next of kin of the late Private First Class Ode J. Garner is his widow, this office must recognize her right to determine the final resting place of his remains. However, it is suggested that at the

Charles Garner
 Maryville Tenn.
 Route # 2,
 May 6, 1946

Sp 949
 In regard of ²⁹³ Ode J. Garner.
 34499318.

Dear Sir.

I am writing you in regard of the body of my son P. H. C. Ode J. Garner, which died in Germany June 6th 1945, which is buried in Margraten Holland Plate 111 row 7 Grave 171. As the wife of P. H. C. Ode J. Garner has remarried again and has no interest in the body.

I am requesting the body of my son to be sent to Maryville Tenn.

Rawlings - Miller Funeral home
 915 W. Broadway Maryville Tenn.

Sincerely yours

Charles B. Garner.

RECORDS SECTION

MAY 8 5 03 PM '46

RECORDS BRANCH



RECORDS AND
MEMORIAL DIVISION
MAY 8 2 01 PM '46

SPQYG 314.6 3rd Ind
European Theater of Operations

Hqs., ASF, OQMG, Washington 25, D. C.

26 April 1946

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

1. The fingerprints submitted on the reports of burial for the personnel listed on transmittal letters #1112, 1607, 1608 and 1681 have been compared and found identical with those on file.

2. The identity of the remains of PFC W. E. Stephens, 33098654, and PFC Paul Kneso, 32195487, whose names are listed on transmittal letters #1450 and 1608, have been established thru comparison of the dental charts.

3. Reference is made to the transmittal letters listed:

#1612: Identification of PFC Carson A. Sirico has been established thru favorable comparison of the Tooth Chart.
The case of T/5 Wayne R. Petaja is under investigation.

1624: Identification of the following has been established thru comparison of the dental charts and additional information available to this office:

Crowe, William C., Pvt	34192289
Cupitt, Lloyd R., T/Sgt	20463077
Schlesinger, Robert, 1/Lt	O-416058
Wilson, Oscar E., Pvt	37233069

Reports of the other six (6) men are under investigation.

1625: Identification of the following has been established thru comparison of the dental charts and additional information available to this office:

Davidson, Raymond C., PFC	35540310
Ireland, William M., PFC	31223509
Rich, Arthur L., 1/Lt	O-539983

The case of PFC Amendo L. Dorasio, 33991013 is under investigation.

1634: Pvt Joseph M. Webb, 34706227 - reference is made to

*File
x-26-46
J.P.*

SPQYG 314.6 - European Theater of Operations
3rd Ind dated 26 Apr 46 (Cont'd)

letter this office dated 25 Feb 45 (copy inclosed).

The other three (3) cases are under investigation.

1641: Identification of 2nd Lt. John E. Young, O-743154 has been established thru comparison of the dental chart and additional information available to this office.

Case of 1st Lt. Sidney W. Peterson, O-866910 is under investigation.

1673: Identification of 1st Lt. Benajah H. Bruher, O-1296317, has been established thru comparison of the dental chart and additional information available to this office.

The other two (2) cases are being investigated.

1683: 1st Lt. Donald J. Parrish, O-1108917 - reference is made to letter this office dated 1 March 46.
2nd Lt. John A. Willmont, O-304642 - reference is made to letter this office dated 23 April 46 (copies inclosed).

The other fifteen (15) cases are under investigation.

1687: Identification of Cpl Charles Burkhart, 14159780, has been established thru favorable comparison of the Tooth Chart.

Case of 2nd Lt. Roscoe G. Adams, O-745256, is being investigated.

Your headquarters will be advised immediately upon completion of the cases noted in paragraph 3.

4. The cases covered by the following transmittal letters are nearing completion; the result of the investigation will be forwarded without delay:

#1516, 1549, 1576, 1578, 1579, 1588, 1595, 1605, 1606, 1618, 1623, 1635, 1642, 1643, 1644, 1656, 1664, 1667, 1684, 1686, 1688, and 1693.

5. Attention is invited to letters this office (copies inclosed)

SPQYB 314.6 - European Theater of Operations
3rd Ind dated 28 Apr 46 (Cont'd)

advising of the identification of personnel included in the following
transmittal letters:

1492	1655
1587	1659
1602	1685
1617	1689

FOR THE QUARTERMASTER GENERAL:

Incls w/d
11 Incls added
11 copies of letters

WILLIAM G. SITNIK
Major, QMC
Assistant

*Photo copies delivered
to PR & K...
JP*

HEADQUARTERS
 US THEATER GRAVES REGISTRATION SERVICE
 THEATER SERVICE FORCES
 EUROPEAN THEATER

P JW/RJB/lmb

(Rear) APO 887
 28 August 1945

Q 314.6

293 Garner, Ode J.

SUBJECT: GR Form #1, Reports of Burial.
 Transmittal Letter No. 1607.

TO : The Quartermaster General, Washington 25, D.C.

1. Forwarded herewith are Reports of Burial and Tooth Charts for the following deceased personnel:

Name	Rank	ASN	Cemetery	Plot	Row	Grave
Camlet, Albert	Pvt	32088913	Henri Chapelle	B-4	10	191
Garner, Ode J.	Pfc	34499318	Margraten	III	7	171

2. No positive means of identification could be found.

3. Request fingerprints and tooth charts be compared with records available at your headquarters in an effort to establish positive identification and this office advised of results.

For the Director General:

F.C. MOORE,
 Captain, QMC
 Adjutant.

2 Incls a/s

A TRUE COPY

Don B. Mohler
 DON B. MOHLER
 Major QMC

293 Camlet, Albert - 32088913

*File
 4-26-46
 Q*

SECRET
UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C.

MEMORANDUM

(Date) (Time)
TO :

FROM : (Name)
SUBJECT : (Topic)

1. Reference is made to your report of April 11, 1946, and the following information:

2. The following information was obtained from the files of the Bureau:

3. The following information was obtained from the files of the Bureau:

4. The following information was obtained from the files of the Bureau:

5. The following information was obtained from the files of the Bureau:

6. The following information was obtained from the files of the Bureau:

7. The following information was obtained from the files of the Bureau:

8. The following information was obtained from the files of the Bureau:



SPQYG 293
Garner, Ode J.
34 499 318

Address Reply To
THE QUARTERMASTER GENERAL
Attention: Memorial Division

6 February 1946

Mrs. Ode J. Garner
58 Bell Street
Alcoa, Tennessee

Dear Mrs. Garner:

Your letter concerning your husband, the late Private First Class Ode J. Garner, has been received in this office.

The official Report of Burial discloses that the remains of your husband were interred in Plot III, Row 7, Grave 171, in the United States Military Cemetery, Margraten, Holland, located twelve miles northwest of Aachen, Germany and eight miles southeast of Maastricht, Holland.

There are erected on the graves of our deceased military personnel overseas temporary markers to which are attached embossed plates giving the name, rank, serial number and date of death. Your husband's grave is marked with a Cross.

The War Department anticipates that in the near future, authority will be granted to return at Government expense, the remains of those who died overseas to a final resting place as selected by the next of kin. Upon receipt of such authority, the War Department, through this office, will furnish full information to the proper next of kin and solicit their desires. It should be realized that this mission as a whole is world-wide in scope and of necessity time-consuming, but you may rest assured that this office fully appreciates your desires, and will do everything in its power to fulfill them at the earliest possible date.

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

Sincerely yours,

JAMES L. PRENN
Major, QMC
Assistant

WER
DSL
JRB
JLP

MAIL & RECEIVED
FEB 7 1946
FEB 7 1946
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON, D.C.

11w

1/21/46

Dear Sir:

I would like very much to have the markings of my late husband's grave A.G.P.C.-0-201. [Ode J. Garner ²⁹³ 34-499-318. He died in Germany June 6th 1945

I wonder if you could also give me any information on whether I can have his body returned to the states or not. It will be greatly appreciated if you can.

Sincerely yours,
 Mrs. Ode J. Garner
 58 Bee St.
 Alaska

1946 JAN 23 PM 3 18

CEMETERIAL BRANCH



FILE UNDER NO. 293 - Garner, Ode J. 34,499,318 Holland (Margraten)

INDEX SHEET

SYNOPSIS

Letter

20 Sep 45

FROM: OCMG
TO: FBI
ATTN: J. Edgar Hoover

SUBJ: Fingerprints of Unknown Deceased

DOCUMENT FILED UNDER NO. 293 - Unk. (Misc)

Jpm

*File
1 Nov 45
dem*

DDMC FORM 319
7 May 1945

BURIAL INFORMATION

NAME (Last, First, Middle Initial)

ASN

GRADE

Garner, Ode J.

34499318

ORGANIZATION

DATE OF DEATH

PLACE

DATE OF BURIAL

DATE OF REBURIAL

REMARKS

Case under investigation. See Identification Section 1136 "C".

Identified

Garner - Ballard - Complete

25-39936-5M

*File 45
175418
2*

u p e

FILE UNDER NO. 293 - GARNER, ODE J. (34499318)

I N D E X S H E E T

S Y N O P S I S

TELETYPE

2/25/46

FROM: OCMG.,
TO: WORLD WAR II, RECORDS ADMINISTRATION CENTER AGO, ST. LOUIS,
NO.

REQUEST RELIGIOUS PREFERENCE ON FOL:

- 1. ELVIS D. DALE 36368922
- 2. GEORGE J. BENEDICT 37495642.....

ADTT

END SPQYG 66 (ROSENGARD)

DOCUMENT FILED UNDER NO. 293 - ST. LOUIS

ead.

CASUALTY BRANCH
PROCESSING AND VERIFICATION SECTION

Name 293 Garner, Ode J Serial No. 34,499,318

Grade Pfc

Organization CV

OFFICIAL REPORTS: (IMPORTANT—Unofficial reports or information will not be shown below. This information will be indicated—"Code X.")

Type of Casualty	Date and Area	Classification and Message No.	Battle	Nonbattle	Date E. A. Notified
<u>DIE</u>	<u>6 Jun 45 Germany</u>	<u>AG 704 (18 Jun 45) 109WB⁰⁸-C-1X</u>		<input checked="" type="checkbox"/>	<u>23 Jun 45</u>

E. A. Mrs. Ruby K. Garner (wife)
58 Bell Street, Alcoa, Tennessee

Remarks: _____

Religious Preference obtainable from Demobilized Records

No casualty reported _____

Is there a Casualty Branch file? No _____ Yes _____

Form No. 43? No _____ Yes _____

Clerk furnishing report Chapman

Date of report 12 Oct 45 Room No. 4602 Group No. SRD

VISI-CARD AND RECORD REPORT

WD AGO FORM 035
22 DEC 1943

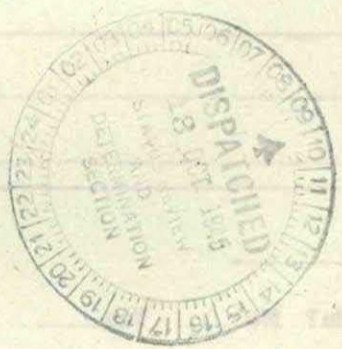
25-00828-50M

*File
3-8-46
[Signature]*

CASUALTY BRANCH
PROCESsing AND VERIFICATION SECTION

Name _____
Grade _____
Organization _____
Special Agent: (The field report or information will not be signed unless the information is indicated - Form 101)

Date and time _____
Location _____
Status _____
Remarks _____



YIP-CARD AND RECORD REPORT

NO 100-101-030
10 OCT 1987

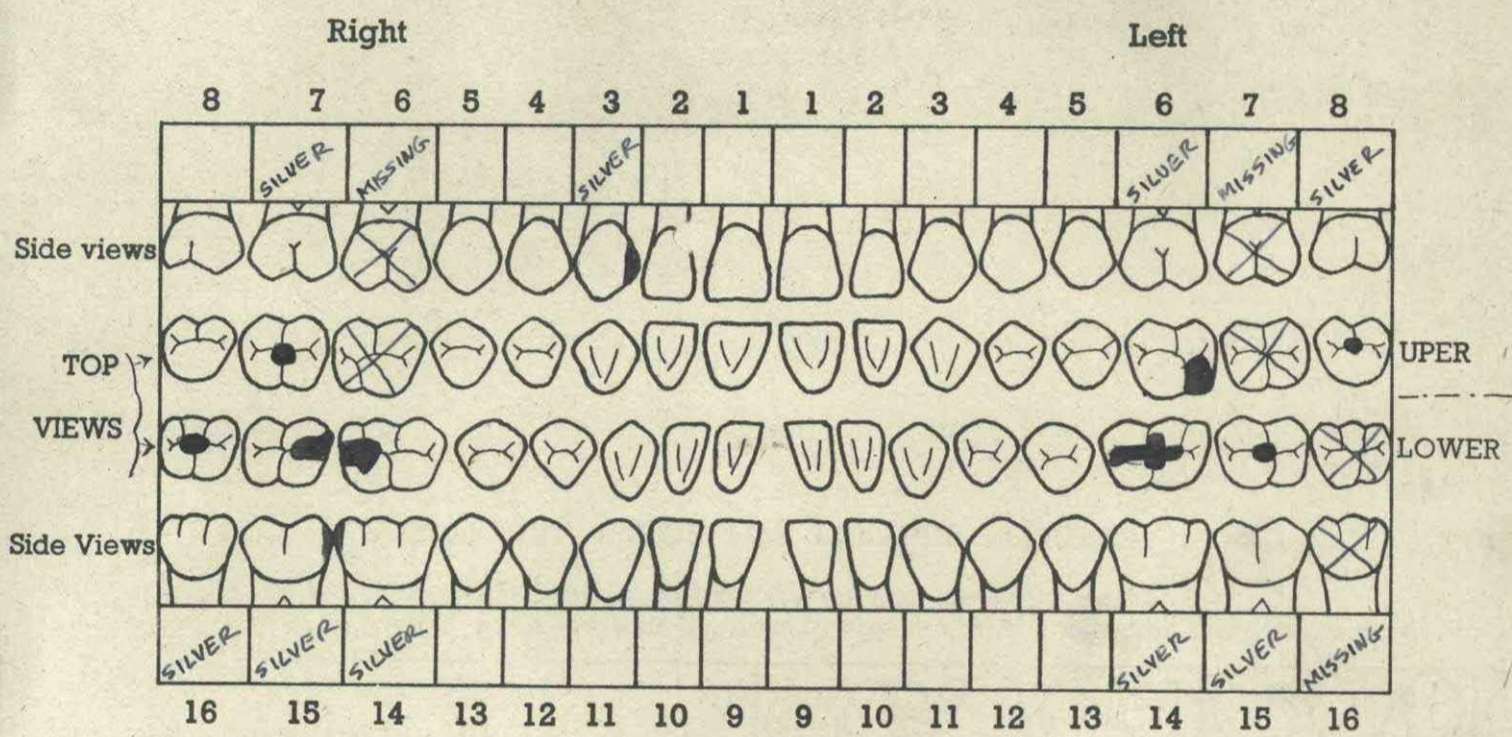
G. R. & E. DIV.
OFFICE OF THE CHIEF QUARTERMASTER
HQ. COM. ZONE, ETOUSA

TOOTH CHART

293

6 August 1945

GARNER	Ode	J.	Pfc	34499318
Last Name	First	Initial	Rank	Serial No.
96 Evac. Hosp.			87 Recon.	
Unit			Organization	
Place of Death			Date of Death	
			Cause of Death	



This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

Cleon E. Wells

Signature of Officer or other person who prepared Tooth chart
CLEON E. WELLS 1st. Lt. QMC
603rd QM Gr. Reg. Col

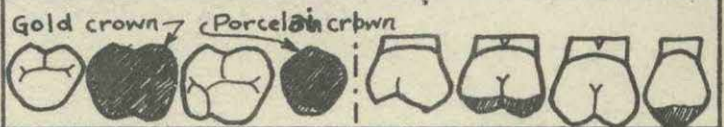
Verified by G. R. S. Officer

W. E. Wells
3-8-46

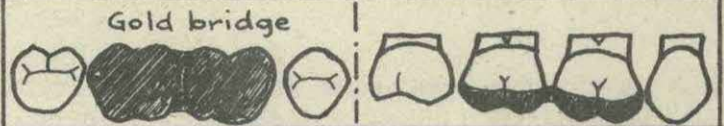
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



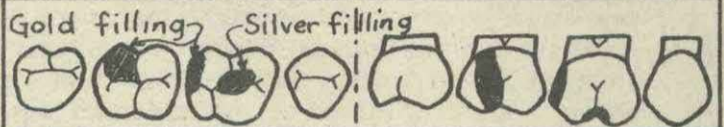
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



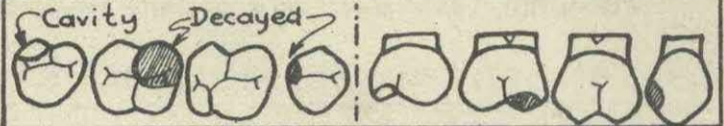
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



FILLINGS.. Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :



CARIES (CAVITIES). Outline location and size of cavity, shade in thus :



DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

ADDITIONAL SPACE FOR FURTHER REMARKS

00QM*GR&E Div.

CHECK LIST FOR UNKNOWN

GARNER, ODE J.

UNKNOWN X- ASN- 34499318

CEMETERY Margraten, Holland

PLOT III ROW 7 GRAVE 171

Arrived at cemetery _____ From _____

(hour) (date) (collecting point)

Place of death 96th Evac. Hospital

(name) (coordinates and landmarks)

Remains recovered by 607th QM Gr. Reg. Co.

(name and organization)

Evacuated to cemetery by 607th QM Gr. Reg. Co.

(name and organization)

Is load list attached No Are names of deceased found in same area as this un-

(yes-no)

known starved No Are circumstances described which may indicate organization of

(yes-no)

the deceased? No If only part of a body was received, was a careful search made

(yes-no)

for other parts of Unknown Yes

(yes-no)

If remains come from vehicle, plane, etc: _____

(type of vehicle or plane, nickname,

serial number, organization or symbols)

Crew list _____

(names of other deceased and positions in which found)

If a tank, which hatches were free and available for use _____

If organization to which vehicle or plane was assigned or if names of all other de-

ceased are not known, give detailed information concerning vehicle or plane

(parts of makings or symbols) (burned) (pierced by shell fire- where)

(found in town, field, by road, etc.) (damaged by mine explosion)

(names of men who escaped) (description of other vehicles or planes in same area)

Detailed description of personal effects _____

(Indicate exact pocket or part of body

WHERE FOUND)

Fingers Unknown
(short, thick, long, slender; size of knuckles) (missing fingers or joints) .

(unusual characteristics of fingernails) .

Chest Unknown
(Size of nipples; color, quantity & extent of hair; large, small, normal) .

Back Unknown Wrist Unknown
(quantity and extent of hair) (size of navel, appendectomy, amount & color of

Circumcized Unk Pubic hair Unk Hernioplasty Unknown
hair) (yes-no) (color) (yes-no) (location)

Legs Unknown
(inseam) (muscular; knock-kneed, bowed, normal) (quantity, color & extent of hair)

Feet Unknown Toes Unknown
(size; corns; calluses; flat) (slender, straight, crooked, overlap)

Evidence of healed fractures Unknown
(nose, arms, legs, etc.)

Black out parts of body not received at cemetery:



Have photographs been made and attached No If not, explain No Facilities
(yes-no)

Have fingerprints been placed on GPS #/1 No If not, explain See Remarks
(yes-no)

Has tooth chart been prepared? Yes If not explain
(yes-no)

Remarks: Thumb & 1st Finger on Right hand printed.

Cleon E. Wells

Signature of CMO and Organization
CLEON E. WELLS 1st Lt. QMC
603rd QM Gr. Reg. Co.

Item	Clothing Markings	Sizes	Color	Indicate unusual markings, wear, tear, repairs, etc.
*Headgear (type)				
Raincoat				
Overcoat				
Jacket, Field				
Jacket, Combat				
Mackinaw				
Sweater				
Jacket, HBT	C-8688	None	None.	None
*Shirt, Wool OD				
Undershirt, Wool				
Undershirt, Cotton			White	
Trousers, HBT		36-35		
*Trousers, Wool OD				
Belt, Web				
Drawers, Wool				
Drawers, Cotton	German Mesh type			
Leggings				(note unusual lacing)
Wool Socks			OD	
Cotton Socks			Brown	
*Shoes (type)				
Overshoes				
Web Equipment (type)				
(Other Item)				
(Other Item)				

*If body is nude, sizes of these items should be computed by measuring the remains.

Chevrans or Unknown Shoulder Patch Unknown

Insignia (type & location; shirt, jacket, coat, helmet)

Description of Remains:

Age Unknown Height est 6' Weight 190 Description of wounds _____

Bandages or dressings Unknown Unknown
(length, width, location)

Tattoos Unknown
(number, location - illustrate on sep. page)

Outstanding moles, warts or birthmarks Unknown
(yes-no) (description, location)

Sunburn or tan, other than hands and face Unknown
Tobacco stain on fingers or teeth Unknown
(designate where, extent)

Complexion Unknown Build Unknown
(light, med, dark, clear, pimples, poeks, freckles) (large, fat, thin,

Hair Brown Dark Unknown Approx-2"
(color, length, quantity, curly, wavy, straight, whorls, or definite parting,
Unknown
saldness, widow's peak, distinctive cutting, or other characteristics)

Sideburns Unknown Mustache Unknown Beard or goatee Unknown
(color, setting, shape) (color, size, shape) (length,
heavy, light, color, extent)

Eyes Unknown Eyebrows Unknown
(color, setting, shape) (color, bushiness, extend across nose)

Nose Unknown Ears Unknown
(size, shape, straight) (size, set close to or far from head)

Forehead Unknown Mouth Unknown Lips Unknown
(high, side wrinkled) (large, medium, small) (small, large, full)

Teeth Tooth Chart Taken
(white, size, unevenness, spacing, noticeable or was, fillings, extractions)

Chin Unknown Cheekbones Unknown
(prominent, rounding, pointed, double) (high, normal)

Jaw Unknown Circumference of head in inches Unknown
(large, small, normal) (hat band)

Neck Unknown Larynx Unknown Shoulders Unknown
(size, long, short, normal, wrinkled) (prominent, normal) (broad)

Arms Unknown
straight, small, rounded) (length) (muscular, color, extent & quantity of hair)

Hands Unknown
(vaccination scar size of wrists) (large, small, normal, calloused noticeably)

(marks on fingers indicating that rings were worn)

Muscle Chart (set for Unknown)

CASUALTY CARD
CORRECTIONS AND ADDITIONS TO BURIAL REPORT AS TAKEN FROM A.G.

NAME _____

RANK _____

ASN _____

ORGANISATION _____

DATE OF DEATH _____

PLACE OF DEATH

GERMANY

CAUSE OF DEATH _____

F.J.

(SIGNATURE)

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

REPORT OF BURIAL

15 June 1945

TM 10-630 AND AR 30-1815

Date

Garner

Ode

J

Pfc

34499318

Last Name

First

Initial

Rank

Serial No.

87th Recon. *Chd. SgM.*

96th Evac. hospital

Unit

6 June 1945

Organization

NBC Alcohol poisoning Blindness

Place of Death

Date of Death

Cause of Death

1600 15 June 1945

Margraten, Holland

VK 645482

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

171

7

III

Cross

Grave Number

Row Number

Plot Number

Type of Marker

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

If No Identification Tags

How were remains identified?

By BMT signed by Stanley S. Larson
1st Lt. Med. Adm. C
Registrar

Identified 8 Oct 45 by fingerprints subm to FBI by OCMG, Wash., D.C. **ARM

What means of identification were buried with the body?

GRS Form 1 and embossed tag

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

Who is buried on:

Hahn

170

Deceased's Right:

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

Unknown X-1115

172

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 Mrs Ruby K. Garner, Wife
Name

58 Bell, Street, Alcoa, Tennessee
Address

Protestant
Religion

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

Evacuated by 607th QM Gr. Reg. Co.

28 JUN 1945

33

Edwin H. Miller
Signature of Officer or other person reporting burial
EDWIN H. MILLER, 1st Lt. QM
603rd QM Gr. Reg. Co.

Verified by G.R.S. Officer

File 3-22-46

leg

#1607

IF DECEASED UNIDENTIFIED

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

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

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

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

Left Hand

4

3

2

1

Thumb

Right Hand

4

3

2

1

Thumb

TOOTH CHART

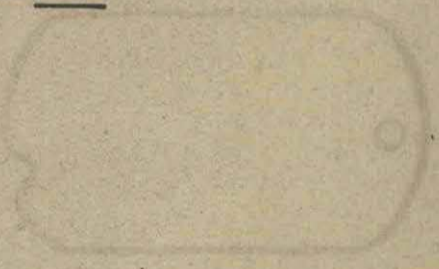
		Deceased's Left														
		8	7	6	5	4	3	2	1							
Upper	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Lower	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

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

Characteristics:

Other Data:

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



HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN THEATER AREA
APO 887, U.S. Army

13 March 1946

S T A T E M E N T

Identification of deceased is considered sufficient at this time. Original Report of Burial was previously submitted to your headquarters on Transmittal Letter #1607 for verification of (~~fingerprints~~) (tooth Chart). (GARNER, Ode J., 34499318)

Wm B. Mohler
Wm B. MOHLER
Major, QMC
Chief, Burial Records Branch
Registration Division

G. R. & E. DIV.
 OFFICE OF THE CHIEF QUARTERMASTER
 HQ. COM. ZONE, ETOUSA

TOOTH CHART

6 August 1945

Date

GARNER

Ode

J.

Pfc

3449318

Last Name

First

Initial

Rank

Serial No.

Unit

87 Recon.

Organization

96 Evac. Hosp.

87 Recon.

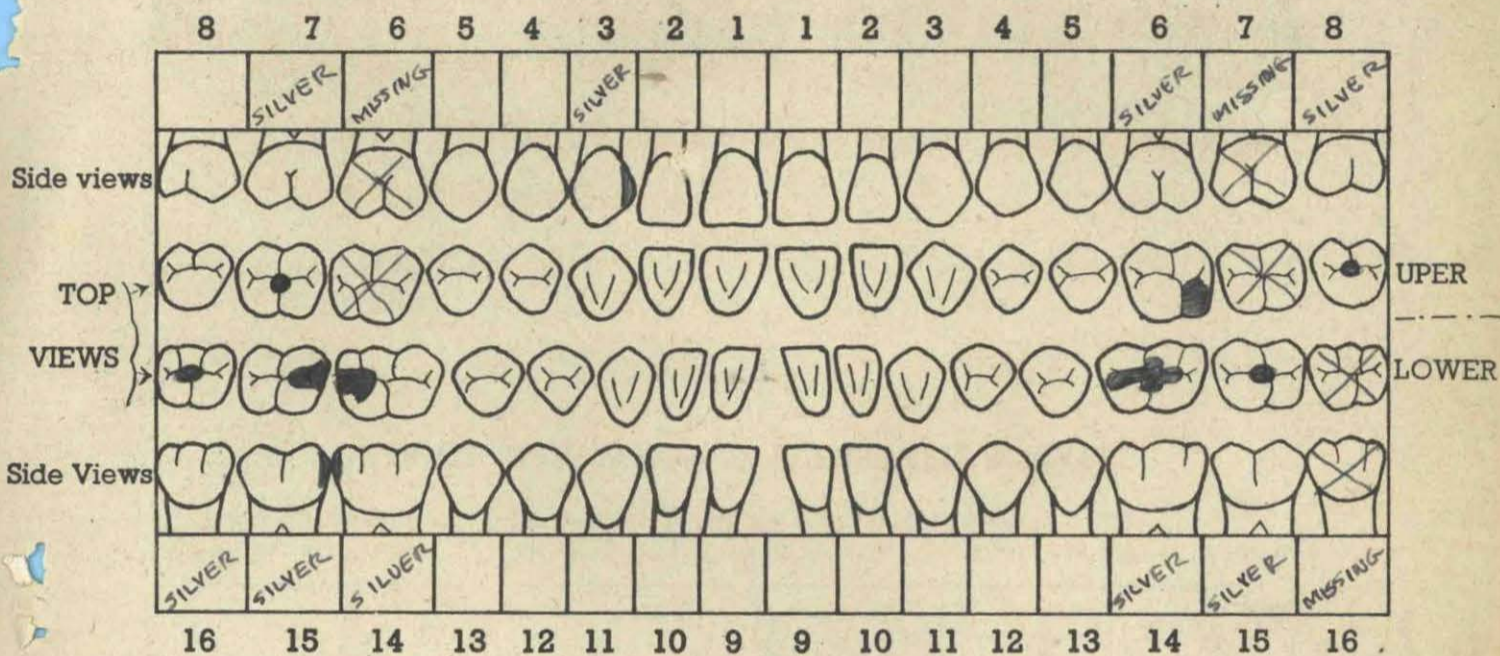
Place of Death

Date of Death

Cause of Death

Right

Left



This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

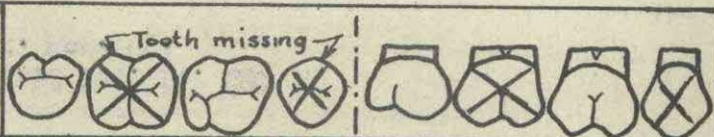
Cleon E. Wells

Signature of Officer or other person who prepared Tooth chart

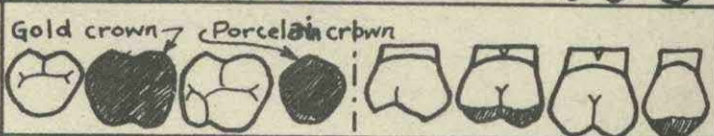
CLEON E. WELLS 1st. Lt. QMC
 603rd QM Gr. Reg. Co.

Verified by G. R. S. Officer

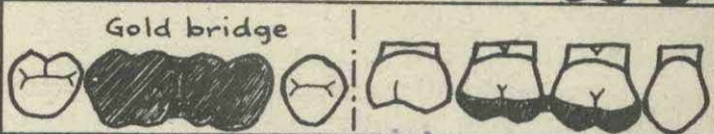
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



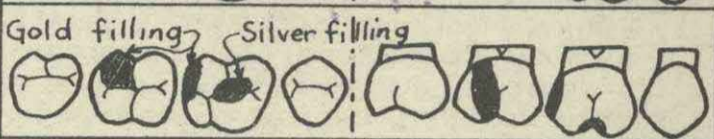
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



FILLINGS... Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :



CARIES (CAVITIES)... Outline location and size of cavity, shade in thus :



DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

ADDITIONAL SPACE FOR FURTHER REMARKS

REPORT OF BURIAL OF DECEASED UNIDENTIFIED

Form 1 (Rev. 1-22-50)

1A

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

	Date	Serial No.	Height:	Laundry Marks:	Place of Death
	15 June 1945	4443318	Weight:	Number of Rifle:	84th Evac. Hosp.
			Color of Eyes:	Wear Glasses?	1800 15 June 1945
			Color of Hair:	Is Tooth Chart Attached?	
			Race:		
	(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below. In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.)				
Left Hand	2	Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:			
1		By BMT signed by Stanley S. Larson 1st Lt. Med. Adm. C Registrar			
Thumb	1				



TOOTH CHART

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

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

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

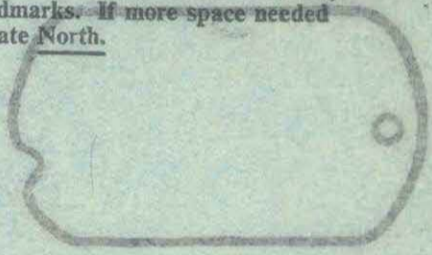
Identified

W. J. Garner

3494318

Woodland, E. M. Sect.

or Dept.



Characteristics:

Other Data:

Signature of Officer or other person receiving body:

Address:

Emergency Address: Mrs. Ruby K. Garner



GRAVES REGISTRATION
Form No. 1
(Revised 1 Sept. 1943)

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

16 June 1945

Date

293
Garner

Last Name

Ode

First

J

Initial

Pfc

Rank

34499318

Serial No.

(85) 87th Recon.

Organization

96th Evac. hospital

6 June 1945

NBC Alcohol poisoning Blindness

Place of Death

Date of Death

Cause of Death

1600 15 June 1945

Margraten, Holland

VK 645482

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

171

Grave Number

7

Row Number

III

Plot Number

Cross

Type of Marker

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

If No Identification Tags

How were remains identified?

By EMT signed by Stanley S. Larson
1st Lt. Med. Adm. C
Registrar

** Identified 8 Oct. 45 by fingerprints subm. FB I by COMG, Wash.D.C.

What means of identification were buried with the body?

AEM

GRS Form 1 and embossed tag

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

Who is buried on:

Deceased's Right:

Hahn

Name

Serial No.

Rank

Organization

170

Grave No.

Deceased's Left:

Unknown X-1115

Name

Serial No.

Rank

Organization

172

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 Mrs. Ruby K. Garner, Wife,

Name

58 Bell Street, Alcoa, Tennessee

Address

Religion Protestant

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

Evacuated by 607th QM Gr. Reg. Co.

Edwin H. Miller
Signature of Officer or other person reporting burial
EDWIN H. MILLER, 1st Lt. QMC
603rd QM Gr. Reg. Co.

Verified by G.R.S. Officer

*File
3-9-46*

IF DECEASED UNIDENTIFIED

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

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

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

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

Left Hand

4
8
2
1
Thumb

Right Hand

4
8
2
1
Thumb

TOOTH CHART

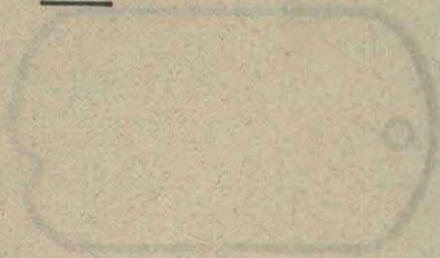
		Deceased's Left								Deceased's Right							
Upper	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	8
Lower	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	8

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

Characteristics: _____

Other Data: _____

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



SENSITIVE SURFACE - HANDLE EDGES ONLY

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

DATE 28 July 1945 abk

REPORT OF DEATH

FULL NAME GARNER, ODE J.		ARMY SERIAL NUMBER 34 499 313	GRADE PFC
HOME ADDRESS Seymour, Tennessee		ARM OR SERVICE Cavalry	DATE OF BIRTH 20 Sep 1917
PLACE OF DEATH European Area	CAUSE OF DEATH Acute Poisoning		DATE OF DEATH 6 June 1945
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 11 Dec 1942	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Ruby K. Garner, wife, 58 Bell Street, Alcoa, Tennessee			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Ruby K. Garner, wife, and Miss Anna M. Garner, daughter, both same as above Mrs. Lauara Katherine Garner, mother, Route #1, Seymour, Tennessee Mr. Charles Nelson Garner, father, same as mother's			
INVESTIGATION MADE?	IN LINE OF DUTY	OWN MISCONDUCT	WAS DECEASED ON DUTY STATUS
YES NO	YES NO	YES NO	YES NO
X	X	X	X
AUTHORIZED ABSENCE		IN FLYING PAY STATUS	
YES NO	YES NO	YES NO	YES NO
			X
OTHER PAY STATUS (SPECIFY BELOW)			
YES	NO	YES	NO

ADDITIONAL DATA AND/OR STATEMENT

 BATTLE NON-BATTLE

Evidence of death rec'd in WD 23 June 45

FILE
JUL 31 1945
JG

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

BY ORDER OF THE SECRETARY OF WAR:

Eli S. Fowler

ADJUTANT GENERAL

WD AGO FORM 52-1
1 FEBRUARY 1945THIS FORM SUPERSEDES WD AGO FORM 52-1, 1 DECEMBER 1944,
WHICH MAY BE USED UNTIL EXISTING STOCKS ARE EXHAUSTED.

