

# INDIVIDUAL DECEASED PERSONNEL FILE

GEORGE L. BAILEY  
C/38  
15 OCT 44  
6 SEPT 44

# RECEIPT OF REMAINS

DISTRIBUTION CENTER CHARLOTTE QUARTERMASTER DEPOT, CHARLOTTE, N. C.

ROUTINE 7 DECEMBER 1948

REMAINS CONSIGNED TO: PLATTS FUNERAL HOME  
721 CRAWFORD AVENUE  
AUGUSTA, GEORGIA

REMAINS OF THE LATE PRIVATE FIRST CLASS GEORGE L. BAILEY SN 34 263 587  
BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT ON TRAIN NUMBER THIRTY ONE  
SOUTHERN RAILWAY LEAVING CHARLOTTE FOUR TEN AM  
TEN DECEMBER AND DUE TO ARRIVE AUGUSTA  
SOUTHERN RAILWAY STATION TEN FIFTEEN AM

RAILROAD TIME TEN DECEMBER. REQUEST YOU MAKE ARRANGEMENTS TO  
ACCEPT REMAINS AT STATION UPON ARRIVAL. REQUEST YOU IMMEDIATELY PASS THIS  
INFORMATION ON TO NEXT OF KIN.

FREDERIC W. DENNIS, JR.  
LT. COL., QMC

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

THIS 10th DAY OF December, 19 47

PLATT'S FUNERAL HOME,

Sgt. John R. Bushman  
WITNESS (Escort)

J. H. Hester Prop.  
CONSIGNEE

(A)

NAT  
RECORDS ANNEX  
DATE 25 Dec 48  
NAME R & R  
R & R

1

DISINTERMENT DIRECTIVE

54-69

SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER 3504 00106		DATE 15   06   48 DAY   MONTH   YEAR		
NAME BAILEY GEORGE L				SERIAL NUMBER 34263587		RANK PFC		ARM 1
CEMETERY ANDILLY - LAY ST REMY								DATE OF DEATH DAY   MONTH   YEAR 1   4300   04 CODE   DIST. PT.
PLOT K	ROW 10	GRAVE 237	COUNTRY FRANCE			CAUSE OF DEATH 1		

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE PLATTS FUNERAL HOME 721 CRAWFORD AVENUE AUGUSTA, GEORGIA		NAME AND ADDRESS OF NEXT OF KIN MAMIE P. BAILEY (MOTHER) 1339 15TH STREET AUGUSTA, GEORGIA	
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SECTION C — DISINTERMENT AND IDENTIFICATION

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

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL 304		CONDITION OF REMAINS	
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OTHER MEANS OF IDENTIFICATION  
SEE ATCHD WORK SHT

MINOR DISCREPANCIES 1

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
CASKET SEALED BY		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 <b>USMC, ANDILLY, France</b>		TO <b>C.O., CASKEETING POINT ANTWERP, Belgium.</b>	
KIND OF CONVEYANCE <b>RAIL</b>		NAME OF CONVOYER <b>THOMAS B ABBOTT, PVT</b>	
SIGNATURE OF SHIPPER <i>E. R. King</i> <b>ELMO R. KING, 1/LT, INF.</b>	DATE <b>15 9 48</b>	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE <b>20 SEP 1948</b>

### 2. SHIPPED

FROM <b>AGRC ANTWERP BELGIUM</b>		TO <b>USAT CARROLL VICTORY</b>	
KIND OF CONVEYANCE <b>VC. 2</b>		NAME OF CONVOYER <b>K. W. WHEREOTT CAPT. I. C.</b>	
SIGNATURE OF SHIPPER <b>L E Butler Lt Col Inf</b>	DATE <b>22 OCT. 1948</b>	SIGNATURE OF RECEIVER <i>K. W. Whereott</i>	DATE <b>28 OCT. 1948</b>

### 3. SHIPPED

FROM		TO <i>W. W. Preisch</i>	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>W. W. Preisch</i> <b>W. W. PREISCH LIEUT. COLONEL, TC.</b>	DATE <b>NOV 16 1948</b>

### 4. SHIPPED

FROM <i>W. W. Preisch</i>		TO <i>W. Dennis Jr.</i>	
KIND OF CONVEYANCE		NAME OF CONVOYER <b>Sgt. William McLean</b>	
SIGNATURE OF SHIPPER <b>W. W. PREISCH LIEUT. COLONEL, TC.</b>	DATE <b>NOV 19 1948</b>	SIGNATURE OF RECEIVER <i>Frederic W. Dennis Jr.</i> <b>FREDERIC W. DENNIS JR. LT. Colonel, GAC</b>	DATE <b>NOV 20 1948</b>

### 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

1

# DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER		DATE	
NAME <b>BAILEY GEORGE L</b>				SERIAL NUMBER <b>34263587</b>		RANK <b>PFC</b>	
CEMETERY				ARM <b>1</b>		DATE OF DEATH DAY MONTH YE	
PLOT <b>K 10</b>				GRAVE <b>237</b>		COUNTRY <b>ANDILLY FRANCE</b>	
				CODE		DIST. F	
				CAUSE OF DEATH			

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 <b>BAILEY, George L</b>		SERIAL NUMBER <b>34263587</b>		RANK <b>Pfc</b>		DATE OF DEATH <b>22 June 1948</b>		DATE DISTINTERRED	
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER		ORGANIZATION		RELIGION <b>P</b>		IDENTIFICATION VERIFIED BY <b>C D GARNER, Embalmer</b> NAME AND TITLE			

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL <b>Military clothing</b>		CONDITION OF REMAINS <b>Disarticulated; missing skull, rt. ulna &amp; radius.</b>	
OTHER MEANS OF IDENTIFICATION <b>None</b>			

MINOR DISCREPANCIES 1

**None**

REMAINS PREPARED AND PLACED IN <del>CASKET</del> <b>transfer box</b>		DATE <b>23 June 1948</b>		BY <b>C D GARNER, Embalmer</b>	
CASKET SEALED BY <b>JOHN A. BRICKLEY, EMB. SUPV.</b>		EMBALMER (Signature) <i>C. D. Garner</i>			
CASKET BOXED AND MARKED DATE <b>1/10/48</b>		BY <b>ORVILLE W. BILLINGS</b> <b>CLERK RECORDER</b>			
		SHIPPING ADDRESS VERIFIED BY <b>all markings, tags &amp; plates verified by</b> <b>W. M. BROWN, CAPT. CMC.</b>			

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

*William Poole*  
William POOLE, Capt. FA. DET "A" AGRC.  
SIGNATURE OF GRS INSPECTOR

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

AGRC ANTWERP AIRPORT OFFICE CASKETING POINT INSPECTION CHECK LIST

NAME BAILEY, GEORGE L. TRIC USMC ANDILLY LAY ST. REMY	GRADE SERIAL NUMBER PFC. 31263587 CONSIGNEE PLATTS FUNERAL HOME. 721 CRAWFORD AVE., AUGUSTA, GA.
SHIPPING CASE--GENERAL APPEARANCE ( check only discrepancies ) -----FINISH -----HANDLES -----DRAW BOLTS -----STENCILLING--Name Plate	Condition of Shipping Case--Check One ----Satisfactory ----Unsatisfactory REMARKS:
CASKET--GENERAL APPEARANCE ( Check only discrepancies ) ___ Finish ___ Hand Rails and Finals ___ Nameplate ___ Cam Locks (sealing) & Casket ___ Odor and/or Moisture	Condition of Casket--Check One ___ Satisfactory ___ Unsatisfactory

ROUTED TO:

\_\_\_ MORTUARY SECTION

\_\_\_ MAINTENACE & REPAIR SECTION

Condition of Remains ___ Satisfactory <u>X</u> Unsatisfactory Necessary Disinfection (Explain) ESCESSIVE MOISTURE AND MOLD. REWRAPPED WITH NEW BLANKET, SHEET, AND COTTON. HARDENING COMPOUND AND CAVITY FLUID ADDED.	Casket Repaired ___ Yes ___ No Casket Exchanged ___ Yes ___ No Shipping Case Repaired ___ Yes ___ No Shipping Case Exchanged ___ Yes ___ No REMARKS:
---	--

DATE: 1/10/48	SIGNATURE OF MORTICIAN <i>J. A. Brinkley</i> J. A. BRINKLEY, ENR. SUPV.	DATE: 1/10/48	SIGNATURE OF INSPECTOR <i>E. R. MacDonald</i> E. R. MAC DONALD, CAPT. QMC.
REMARKS:			

CFF16 31 3 EXTRA GOVT COLLECT

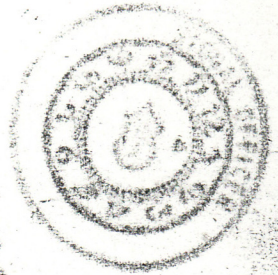
AUGUSTA GA NOV 12 347P

C O

AMN GRAVES DIVN QM

ANSWERING TELEGRAM NOVEMBER 10TH REGARDING REMAINS OF PFC  
GEORGE L BAILEY, I STILL WISH REMAINS TO BE SENT TO PLATTS  
FUNERAL HOME 721 CRAWFORD AVE AUGUSTA GA

MAMIE P BAILEY 1339 FIFTEENTH ST..



NOV 12 1947

<b>MESSAGEFORM</b>		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) CHARLOTTE QUARTERMASTER DEPOT, CHARLOTTE, N. C.			SECURITY CLASSIFICATION		
ACTION TO:  .  .  .			PRECEDENCE FOR		
			DAY LETTER		ACTION INFORMATION
			<input type="checkbox"/> ORIGINAL MESSAGE		
INFORMATION TO:			REFERS TO ANOTHER MESSAGE		
			IDENTIFICATION		CLASSIFICATION
<p>PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATIONS TO MAKE ARRANGEMENTS. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM.</p> <p style="text-align: right;">FREDERIC W. DENNIS, JR. LT. COL., QMC</p>					
SECURITY CLASSIFICATION			AUTHORIZATION		
ORIGINATING AGENCY			SIGNATURE		
SYMBOL	DATE-TIME GROUP	OFFICIAL TITLE	PAGE		OF
QMDVI CHIEF AGR DIVISION	NOV 10 1948	FREDERIC W. DENNIS, JR. Lt. Colonel, QMC	2		2

WD AGO FORM 11-168  
15 JUN 1945

This form supersedes WD AGO Form 11-168, 23 Aug 44, and WD AGO Form 801, 12 Mar 43, which are obsolete.

16-45801-1 ☆ U. S. GOVERNMENT PRINTING OFFICE

Revised 29 July 1948

(ADVANCE TELEGRAM C)



**INCOMING**

NOV 20 1948

**INSPECTION CHECKLIST**  
(FOR USE AT OVERSEAS PORT, U.S. PORT AND DISTRIBUTION CENTER)

NAME <b>BAILEY, George L.</b>			GRADE <b>PFC</b>		SERIAL NUMBER <b>34 263 587</b> <i>c-87</i>	
SOURCE <b>Andilly - Lay St Remy France</b>			CONSIGNEE <b>Platts Funeral Home 721 Crawford Avenue Augusta, Georgia</b>			
SHIPPING CASE - General Appearance (Check ONLY Discrepancies)			CONDITION OF SHIPPING CASE (Check one) <input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> UNSATISFACTORY			
<input checked="" type="checkbox"/> FINISH (Exterior) <input type="checkbox"/> HANDLES <input type="checkbox"/> DRAW BOLTS <input type="checkbox"/> STENCILING - NAMEPLATE <input type="checkbox"/> HEALTH PERMIT MARKER <input type="checkbox"/> HEALTH PERMIT NUMBER			REMARKS <i>Repair &amp; Paint</i>			
CASKET - General Appearance (Check ONLY Discrepancies)			CONDITION OF CASKET (Check one) <input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> UNSATISFACTORY			
<input checked="" type="checkbox"/> FINISH (Exterior) <input type="checkbox"/> HAND RAILS AND FINIALS <input type="checkbox"/> NAMEPLATE <input type="checkbox"/> CAM LOCKS (Sealing) AND GASKET <input type="checkbox"/> ODOR OR MOISTURE			REMARKS <i>Repair Top Part of Base</i>			
ROUTED TO						
<input type="checkbox"/> MORTUARY SECTION			<input checked="" type="checkbox"/> MAINTENANCE AND REPAIR SECTION			
CONDITION OF REMAINS <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY			CASKET REPAIRED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
NECESSARY DISINFECTION (Explain)			CASKET EXCHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO			
			SHIPPING CASE REPAIRED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
			SHIPPING CASE EXCHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO			
			REMARKS			
TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTOR	
					<i>[Signature]</i>	
REMARKS  <b>OK - OUTGOING</b> <i>12-3-4 P</i> <i>[Signature]</i>						

DEC 10 1948

# REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

DATE


12-10-48

(Read Explanation on Reverse Side before completing form)

NAME OF DECEDENT (Last, First, Middle Initial)		BRANCH OF SERVICE	TO BE FILLED IN BY CLAIMANT	
RAILEY, George L.		USA	<input checked="" type="checkbox"/> INTERMENT EXPENSES (Civilian or Private Cemetery)	
RANK OR GRADE	SERIAL NO.	<input type="checkbox"/> TRANSPORTATION EXPENSES (National or Post Cemetery)		
PFC	34 263 587	Ft. McPherson, Ga. No. 541		

### INSTRUCTIONS TO PERSONS SIGNING THIS FORM

1. This form is NOT to be signed by Funeral Director.
2. Fill in as required and sign four copies.
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.

FILL IN THIS STATEMENT IF BOX "A" IS CHECKED  I certify that the sum of \$ <u>737.00</u> was paid by me from personal funds in connection with the interment of the remains of the above-named decedent in the cemetery indicated below:  NAME: <u>Westover Memorial Park</u> CITY OR COUNTY: <u>Augusta</u> STATE: <u>Georgia</u>	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)
RETURN FOUR COPIES TO  AMERICAN GRAVES REGISTRATION DIVISION CHARLOTTE QUARTERMASTER DETPT CHARLOTTE 6, N. C.	SIGNATURE OF CLAIMANT  ADDRESS (Street number or RFD, City and State) <u>1339-15th St. Augusta, Ga.</u> RELATIONSHIP TO DECEDENT <u>Mother</u>

DO NOT USE

COPY

REMARKS

"CLAIM VALID, REPATRIATION"

RALPH W. RICHARDSON  
CAPTAIN QMC

DEC 16 1948

DEC 31 1948

Atlanta, Ga.

83431

on Voucher

Fin. Dept.

438586

*amt Pd. 75.00*

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Pfc. George L. Bailey, 34 263 587  
 Plot K, Row 10, Grave 237,  
 United States Military Cemetery  
 Andilly, France

29 July 1947

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

~~Mrs. Mamie P. Bailey~~

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, Mamie P. Bailey (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  
Westover Memorial Park, Augusta, Georgia.  
(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.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

OCT 15 1947

**PART I (Continued)**

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

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

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

OR

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

FULL NAME OF FUNERAL DIRECTOR			
<b>Platt's Funeral Home</b>			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
<b>721 Crawford Avenue</b>	<b>Augusta</b>	<b>Richmond</b>	<b>Georgia.</b>
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	TELEPHONE No.	
<b>Railway Express Agency.</b>	<b>Union Depot, Augusta, Ga.</b>	<b>2-4628.</b>	

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

LAST NAME	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP TO DECEASED
<b>BAILEY</b> Jr.	<b>John</b>	<b>S.</b>	<b>Brother</b>
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
<b>1325 Emmette Street</b>	<b>Augusta</b>	<b>Richmond</b>	<b>Georgia.</b>

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.

*M.P.*  
*Mamie P. Bailey* (SIGNATURE OF NEXT OF KIN)      1339 15th Street (STREET AND NUMBER)  
Mamie P. Bailey. (NAME PRINTED OR TYPED)      Augusta, Georgia. (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 18th day of August,

1947, at city (or town) of Augusta, county of Richmond, and State (or Territory or District) of Georgia.

*Arthur Sykes Jackson Jr*  
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)  
Notary Public, Georgia, State at Large.  
My Commission Expires Nov. 19, 1950.  
(OFFICIAL TITLE)

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

*JW*  
Pfc. George L. Bailey, 34 263 587  
Plot K, Row 10, Grave 237,  
United States Military Cemetery  
Andilly, France

29 July 1947

Mrs. Mamie P. Bailey  
1339 15th Street  
Augusta, Georgia

Dear Mrs. Bailey:

The people of the United States, through the Congress have authorized the disinterment and final burial of the heroic dead of World War II. The Quartermaster General of the Army has been entrusted with this sacred responsibility to the honored dead. The records of the War Department indicate that you may be the nearest relative of the above-named deceased, who gave his life in the service of his country.

The enclosed pamphlets, "Disposition of World War II Armed Forces Dead," and "American Cemeteries," explain the disposition, options and services made available to you by your Government. If you are the next of kin according to the line of kinship as set forth in the enclosed pamphlet, "Disposition of World War II Armed Forces Dead," you are invited to express your wishes as to the disposition of the remains of the deceased by completing Part I of the enclosed form "Request for Disposition of Remains." Should you desire to relinquish your rights to the next in line of kinship, please complete Part II of the enclosed form. If you are not the next of kin, please complete Part III of the enclosed form.

If you should elect Option 2, it is advised that no funeral arrangements or other personal arrangements be made until you are further notified by this office.

Will you please complete the enclosed form, "Request for Disposition of Remains" and mail in the enclosed self-addressed envelope, which requires no postage, within 30 days after its receipt by you? Its prompt return will avoid unnecessary delays.

Sincerely,

THOMAS B. LARKIN  
Major General  
The Quartermaster General

Incls.

B-1-8

ima

*no yellow ey*

*CSL*

SP4YG 293  
Bailey, George L.  
SN 34 263 587

Address Reply To  
THE QUARTERMASTER GENERAL  
Attention: Memorial Division

22 April 1946

Mrs. Mamie P. Bailey  
1339 Fifteenth Street  
Augusta, Georgia

Dear Mrs. Bailey:

Your letter concerning your son, the late Private First Class George L. Bailey, has been received in this office.

The official Report of Burial discloses that the remains of your son were interred in Plot K, Row 10, Grave 237, in the United States Military Cemetery Number 1, Andilly, France, located five miles north of Toul and fourteen miles south and east of Saint Mihiel, both in France.

A copy of your letter has been forwarded to The Adjutant General for direct reply relative to the circumstances surrounding the death of your son as that office has jurisdiction over matters of this nature.

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

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

WILLIAM E. REID  
1st Lieut., QMC  
Assistant

ebc

APR 22 5 14 PM '46  
Q.M.G.  
MAIL & RECORDS BRANCH

APR 22 3 47 PM '46  
RECORDS BRANCH

WER

edj

SPQYG 293 Bailey, George L. SN 94 263 587

1st Ind.

ASF, OQMG, Washington, D. C. ~~22 April 1946~~

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

Forwarded for reply to so much thereof as pertains to your office.

FOR THE QUARTERMASTER GENERAL:

~~XXXXXXXXXX~~  
C. C. PIERCE  
~~XXXXXXXXXX~~  
Captain, OMC  
~~XXXXXXXXXX~~  
Assistant

WILLIAM E. REID  
1st Lieut., OMC  
Assistant

1 Incl--Cy ltr dtd 22 April 1946

APR 22 5 11 PM '46

O.C.M.S.  
MAIL & RECORDS BRANCH

APR 22 3 15 PM '46  
RECORDS BRANCH  
HEADQUARTERS DIVISION

1551-15<sup>th</sup> Street  
Augusta, Georgia  
April 10, 1946  
75

Grave Registration Bureau:  
Washington, D. C.

Dear Sirs:-

Will you please give me  
all the information available of the  
death and burial of my son -  
Private <sup>293</sup> First Class George L. Bailey 34,263,517  
who was reported missing in action  
in France September 6, 1944 and  
later reported killed in France  
October 15, 1944.

Thanking you in advance,

Sincerely,  
Mrs Mamie P. Bailey  
1339 - 15<sup>th</sup> Street  
Augusta, Ga.



REPORT OF BURIAL

TM 10-630 AND AR 30-1815

105 52995  
31 Oct 1944  
Date

BAILEY George L Pfc 34263587  
Last Name First Initial Rank Serial No.  
Unk 38 Armd Inf Bn 7th Armd  
Unit Organization

Chambley France 15 Oct 1944 Estimate MW of thorax and right leg  
Place of Death Date of Death Cause of Death

30 Oct 1944 1000 U S Mil Cem #1 Andilly France  
Time and Date of Burial Name of Cemetery Name or Coordinates of Location

237 10 K 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?

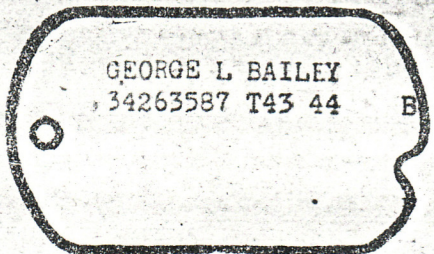
What means of identification were buried with the body?

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

Who is buried on:  
Deceased's Right: John F Ambrose 36357549 Sgt 379 Inf 236  
Name Serial No. Rank Organization Grave No.

Deceased's Left: Donald K McDougal 17106988 Sgt 379th Inf 238  
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 Mamie P Bailey  
Name

1339 15th St Augusta Ga  
Address

Religion P

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

MAR 30 1945  
979

BORIS MILLER 1st Lt QMC 3043 QMGR CO  
Signature of Officer or other person reporting burial  
Verified by G.R.S. Officer

Inc #6

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

**REPORT OF DEATH**

DATE 5 December 1944

*pmr 4627*

<b>FULL NAME</b> Bailey, George L.		<b>ARMY SERIAL NUMBER</b> 34 263 587	<b>GRADE</b> PFC										
<b>HOME ADDRESS</b> Augusta, Georgia		<b>ARM OR SERVICE</b> Infantry	<b>DATE OF BIRTH</b> 20 Jun 1920										
<b>PLACE OF DEATH</b> European Area	<b>CAUSE OF DEATH</b> Killed In Action		<b>DATE OF DEATH</b> 15 Oct 1944										
<b>STATION OF DECEASED</b> European Area		<b>DATE OF ENTRY ON CURRENT ACTIVE SERVICE</b> 7 Mar 42	<b>LENGTH OF SERVICE FOR PAY PURPOSES</b>										
<b>EMERGENCY ADDRESSEE (NAME, RELATIONSHIP &amp; ADDRESS)</b> Mrs. Mamie P. Bailey, mother, 1339 15th St., Augusta, Georgia.		<b>YEARS</b>	<b>MONTHS</b>										
<b>BENEFICIARY (NAME, RELATIONSHIP &amp; ADDRESS)</b> Mrs. Mamie Phillips Bailey, mother, address shown above. Charles Phillip Bailey, brother, 1339 15th St., Augusta, Georgia.		<b>DAYS</b>											
<b>INVESTIGATION MADE?</b>		<b>IN LINE OF DUTY</b>		<b>OWN MISCONDUCT</b>		<b>WAS DECEASED ON DUTY STATUS</b>		<b>AUTHORIZED ABSENCE</b>		<b>IN FLYING PAY STATUS</b>		<b>OTHER PAY STATUS (SPECIFY BELOW)</b>	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
											X		X

**ADDITIONAL DATA AND/OR STATEMENT**

The individual named in this report is shown by the records of the War Department to have been absent in a missing in action status on 6 Sep 44 and until subsequently reported killed in action on 15 Oct 1944, such evidence was terminated on 29 Nov 44 on which date evidence of death was received by the Secretary of War from a commander in the European Area.

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

BATTLE  
 NON-BATTLE

*File & Disc 4/4/9/4*  
 BY ORDER OF THE SECRETARY OF WAR

*James W. Penhart*  
 ADJUTANT GENERAL

ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mrs. Mamie P. Bailey

1339 15th Street

Augusta, Georgia

Effects of:  
Name Pfc. George L. Bailey

AS 34263587

Case No. 243585 D

Wt.

DATE 19 June 1945

*R. W. ...*  
FOR: Effects Quartermaster

REMARKS: GHG:RW:il

Inclose Bureau Check  
Acct. No. 102481  
Amount \$4.24 *inc*  
 Inclose "Valuables" item  
 Ship "Valuables" item(s)

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

86781 dk

ROUTING:

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

102481

243585

June 22 45

Mamie P. Bailey

4.24

Four and 24/100

REMARKS:

**SCREENED**  
*CB 4/16/48*

Frames \_\_\_\_\_  
Est. Exp. Chgs. \_\_\_\_\_  
Est. Frt. Chgs. \_\_\_\_\_  
No. of packages \_\_\_\_\_

Shipping Clerk

5/25

ARMY EFFECTS BUREAU  
INVENTORY.

881410

CASE NO.		
TYPED BY	243,585	BP
DATE	Batt	
STATUS	5-1-45	
NAME	Deceased	
A.S.N.	Bailey, George L.	
RANK	34253687	file
ORGANIZATION	Pfc.	ing
AMOUNT	Unk.	102481 ncl
LIST NO.	\$4.24	ACCOUNT NO. 86781 BP
REMARKS	F-169	PAID-Check No. 86781 BP

A C C O U N T I N G   I N V E N T O R Y

243585

GHG:RW:11  
June 19, 1945

Mrs. Mammie P. Bailey  
1339 15th Street  
Augusta, Georgia

Dear Mrs. Bailey

The Army Effects Bureau has received some additional property of your son, Private First Class George L. Bailey, consisting of funds in the amount of \$4.24. A check for this sum is inclosed.

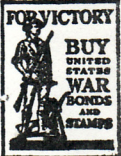
The transmittal of funds by this Bureau does not, of itself, vest title in the recipient. Such property is forwarded for distribution according to the laws of the state of decedent's legal residence.

Extending every sympathy, I am

Sincerely,

C. B. QUINN  
2nd Lt. Q.M.C.  
Chief, Files Branch

11-70-24  
1 Incl-  
Check



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

IN REPLY REFER TO 243585

GHG:VB:jm  
May 26, 1945

Mrs. Maimie P. Bailey  
1339 15th Street  
Augusta, Georgia

Dear Mrs. Bailey:

The Army Effects Bureau has received from overseas some property of your son, Private First Class George L. Bailey.

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

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

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

Yours very truly,

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

ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Mamie P. Bailey

SHIP TO:

1339 15th Street

Augusta, Georgia

Effects of: Pfc. George L. Bailey  
Name  
34263587  
ASN  
243535 D  
Case No.  
Wt.

DATE 23 May 1945

GHG:VB:bw

Linch  
FOR: Effects Quartermaster

REMARKS:

         Inclose Bureau Check  
         Acct. No.           
         Amount  
         Inclose "Valuables" item  
         Ship "Valuables" item(s)

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

ROUTING:

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

REMARKS:

         SEND DAMAGED ITEMS

Franked         

JUN 1 1945

Est. Exp. Chgs.         

Est. Frt. Chgs.         

No. of packages         

N.K.  
Shipping Clerk

R E S T R I C T E D  
I N V E N T O R Y     F O R M

US Mil. Cem. No. 1 Andilly, France  
31 October 1944                      Date

SUBJECT: Inventory of Personal Effects of:

BAILEY                      George                      L.                      Pfc.                      34263587  
(Last Name)                      (First Name)                      (MI)                      (Rank)                      (ASN)

TO: Effects Quartermaster, Communications Zone, APO \_\_\_\_\_ US Army

The above named individual of \_\_\_\_\_ Unk \_\_\_\_\_ 7th Ard. \_\_\_\_\_  
(Unit)                      (Organization)

was reported \_\_\_\_\_ KIA \_\_\_\_\_ about \_\_\_\_\_ 15 Oct. \_\_\_\_\_ 1944.  
Status (KIA, MIA, Hosp. etc.)                      (Date)

Designated Beneficiary if information readily accessible Mrs. Mamie P. Bailey  
1339 15th St. Augusta, Ga.

I N V E N T O R Y   O F   E F F E C T S

Class 1

- 1 Fountain pen ✓
- 1 Postal MO rec. (\$80.00) ✓
- 1 Soc. Sec. Card ✓
- 1 Photo ✓
- 2 Coins ✓

Class 2  
CURRENCY

210 Francs ○

Money in the amount of above has been turned into B.P. GUERIN, Lt. Col.  
11th Finance Office (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 \_\_\_\_\_ on \_\_\_\_\_ 194 \_\_\_\_\_.  
(Rail, Truck, etc.)

Name [Signature]  
Rank & ASN 1st Lt. MC  
Organization 3043 INGR CO

Any additional pertinent information:



ARMY EFFECTS SUPPLY INVENTORY

243,585

MISSING	<input type="checkbox"/>
P.O.M.	<input type="checkbox"/>
ABANDONED	<input type="checkbox"/>
TALLY NO.	77134
THY. DATE	10 May 45
ORIG. NO. OF PKGS.	1
BOX NO.	56
SHEET OF	1 SHEETS
ORGANIZATION	7th and.

NAME **GEORGE L. BAILY**  
 U.S.N. **34263587** PFC.

<input type="checkbox"/> BELT	<input type="checkbox"/> TOWELS & WASHCLOTHS	<input type="checkbox"/> WINGS
<input type="checkbox"/> BELT, MONEY (NO MONEY)	<input type="checkbox"/> CLOTHING	<input type="checkbox"/> BAGS, CLOTH OR TRAVEL
<input type="checkbox"/> CLOTH, WASH	<input type="checkbox"/> BRACELET IDENT.	<input type="checkbox"/> BILLFOLD, (NO MONEY)
<input type="checkbox"/> COATS	<input type="checkbox"/> BRUSHES	<input type="checkbox"/> CASE
<input type="checkbox"/> FOOTWEAR, PR.	<input type="checkbox"/> CAMERAS	<input type="checkbox"/> FOOTLOCKER
<input type="checkbox"/> GLOVES, PR.	<input type="checkbox"/> GLASSES	<input type="checkbox"/> KIT, SEA, TLT, OR WRITING
<input type="checkbox"/> HANKERCHIEFS	<input type="checkbox"/> KNIVES	<input type="checkbox"/> BOOKS
<input type="checkbox"/> HEADWEAR	<input type="checkbox"/> LIGHTERS	<input type="checkbox"/> BOOKS, ADDRESS
<input type="checkbox"/> JACKETS	<input checked="" type="checkbox"/> <b>Misc insignia</b>	<input type="checkbox"/> BOOKS, PILOT LOG
<input type="checkbox"/> OVERCOATS	<input type="checkbox"/> PEN, FOUNTAIN	<input type="checkbox"/> DIARY (REMOVED FOR DUR)
<input type="checkbox"/> SCARFS	<input type="checkbox"/> PENCIL, MECHANICAL	<input type="checkbox"/> FILMS
<input type="checkbox"/> SHIRTS	<input type="checkbox"/> PIPES	<input type="checkbox"/> LETTERS
<input type="checkbox"/> SOCKS, PR.	<input type="checkbox"/> RELIGIOUS ARTICLES	<input type="checkbox"/> PAPERS, PERSONAL
<input type="checkbox"/> TIES	<input type="checkbox"/> RIBBONS, DECORATION *	<input checked="" type="checkbox"/> PHOTOS
<input type="checkbox"/> TOWELS	<input type="checkbox"/> RINGS	<input type="checkbox"/> SHOE SHINE ARTICLES
<input type="checkbox"/> TROUSERS, PR.	<input type="checkbox"/> TOBACCO	<input type="checkbox"/> SHORT SHORTER
<input type="checkbox"/> TRUNKS, PR.	<input type="checkbox"/> TOILET ARTICLES	<input type="checkbox"/> SOUVENIRS
<input type="checkbox"/> UNDERWEAR	<input type="checkbox"/> WATCH	<input checked="" type="checkbox"/> SOUVENIR MONEY
		<input type="checkbox"/> STATIONERY
		<input type="checkbox"/> TESTAMENTS
		<input type="checkbox"/> U.S. MONEY (AMOUNT)

relation ship unk.  
 Mrs. Mamie P. Baily  
 1339 15th St.  
 Augusta, Ga.

ATTACHMENTS  
 FORM 854  
 FORM 8100  
 inventory  
 1 sub-OR tag

DAMAGED

\* dirty  
 Mrs. Mamie P. Baily  
 1327 15 St. Augusta Ga.

N.K.

WEIGHT	<input checked="" type="checkbox"/> U.I. REMOVED
	<input checked="" type="checkbox"/> SHORTAGE ON REVERSE
	<input type="checkbox"/> IDENT. TAGS REMOVED
	<input type="checkbox"/> D.I. BY REMOVED
DATE SHIPPED	<input type="checkbox"/> LOCKER STORAGE
INVENTORIED BY <b>Baw</b>	<input type="checkbox"/> LAUNDRY REMOVED
PHOTO BY	<input checked="" type="checkbox"/> NO OR CONDITION L
CHECKED BY	<input type="checkbox"/> FILM REVOLVED

601 Hardesty Avenue  
Kansas City 1, Missouri

Date 23 May 1945

SUBJECT: Report of transaction in disposing of the effects of  
George L. Bailey 34263587 late a  
(Name of deceased) (Army Serial Number)  
Private First Class Infantry who died  
(Grade) (Organization, Army or Service)  
on the 15 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., HQM Depot, dated 25 September 1943, for the purpose of disposing of the effects of the above-named soldier, or person subject to military law, reports that:

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

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

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

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

#### FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 21 May 1945, pursuant to Special Orders 228, Headquarters HQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Mamie P. Bailey for the effects of the above-named deceased soldier, or person subject to military law, now in the possession of the United States, with other relevant evidence, was duly considered;

Whereupon, this Summary Court-Martial finds that, under the provisions of A.W. 112, Mrs. Mamie P. Bailey of 1339 15th Street, Augusta State of Georgia, is the Mother of the

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

BAILEY, George L.

Pfc.

34263587

KIA.

\$ 4.24

F. 169

243-585

C.V. 57 W.F. GETZ, Capt., F.D.