



INDIVIDUAL DECEASED PERSONNEL FILE

BEST COPY POSSIBLE
POOR QUALITY ORIGINAL

Delaney, John F. pgs. 38

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

JRM:JRM:lgw

Case No. 183830

Date 27 April 1945

SUBJECT: Report of transaction in disposing of the effects of

John F. Delaney, 36513484 late a
(Name of deceased) (Army Serial Number)

Private, Field Artillery who died
(Grade) (Organization, Army or Service)

on the 23 day of August, 1944, at European Area.

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

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

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

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

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

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

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 25 April 1945, pursuant to Special Orders 228, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of

John Delaney 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, John Delaney of
(Name of person found entitled)

804 Indiana Avenue, St. Charles State of
(Number, Street or Avenue) (City, Town or Village)
Illinois, is the father of the
(Relationship or Capacity)

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

(Signature of Summary Court Officer)

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

(Name, Rank, Organization)

SUMMARY COURT MARTIAL

A

A-1-10

Serial No. 3631348Y Name DELANEY, JOHN
Grade _____ Rank PVT
Organization _____
Address _____
Nearest Relative _____
Address _____
Killed in Action _____ Died of Disease _____
Date _____ Hospital _____
Battle Area US MIL CEM, VILLENEUVE SUR AUVERYS Information _____
Place of Burial _____ FRANCE
Point of Coordination _____
Description of Body _____
Members Missing _____
Signed Pvt J. J. Jullien

WAR DEPARTMENT
FINANCE DEPARTMENT
Form No. 33
Approved Nov. 24 1930

WAR DEPARTMENT
FINANCE DEPARTMENT

RECEIPT FOR MISCELLANEOUS COLLECTIONS

Blay

1. 3.01 (350 cr) 19th Fin Dist Sec, APO 340, 26 August, 19 44
(Station) (Date)
* Received in cash of
* Subject of Cash from E. R. DeLoane, 24 14, CNO O-1595463, 609 Graves Reg-
istration Co APO 403
Dollars and 00/100 Cents
on account of Deposit of cash of John Delaney, Pvt, 36313424, 7th Armd Div (H&A)

APP P. A. 218916
which sum I have passed to the credit of the United States, and hold myself accountable therefor.
EDWARD STOKES, F. D.

SH 310-414

*Strike out words not applicable.

O. P. STOKES, JR., Finance Department
Deputy

To be executed in triplicate.
Original copy to be sent to Chief of Finance.
Two copy to be furnished as receipt.
One copy to be retained by Disbursing Officer.

NAME DELANEY, JOHN PVT 3481

BAY	PALLET	BOX	TALLY
		11	7227
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
GRB			

ER. QM Form 48

August 25, 1944
(Date)

File 70

SUBJECT: Inventory of Personal Effects of:

<u>De Lancy</u>	<u>John</u>	<u>Pvt.</u>	<u>36313481</u>
(Last Name)	(First Name)	(Rank)	(ASN)

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

The above named individual of Unknown (Unit)

7th Armored Div. was reported MIA
(Organization) (Status-Killed, MIA, Hospitalized)

about Unknown 1944
(Date)

Designated Beneficiary if information readily accessible _____

Unknown

INVENTORY OF EFFECTS

Class 1

- 1 wallet ✓
- 1 photo ✓
- 1 lighter ✓
- miscellaneous cards ✓
- 3 souvenir coins ✓

Class 2

150 francs 0

C. R. Downese
C. R. Downese
2d Lt. GIC
609 3d Cr. Reg. Co.

RECEIVED EFFECTS 2 AUG 27 1944

120 00000

Money in the amount of 150 francs ⁰ has been turned
into EDWARD STOKES, Capt., FD. SN 210-444 ^{019th Fin. Div. Sec. 100.310}
(Name of Finance Officer and symbol number) Form WFPD 38 enclosed.

None

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

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

Name *E. R. Downese*
E. R. Downese

Rank & ASN 2d Lt. Q10

Organization 609 QM Cr. Reg. Co.

Any additional pertinent information:

PACKAGE DESCRIPTION <i>1 pkg</i>	ARMY EFFECTS BUREAU INVENTORY <i>183,830</i>	DECEASED <input checked="" type="checkbox"/>
		MISSING <input checked="" type="checkbox"/>
		P.O.W. <input checked="" type="checkbox"/>
		ABANDONED <input checked="" type="checkbox"/>
		TALLY NO. <i>7225</i>
		INV. DATE <i>11 April 44</i>
		ORG. NO. OF PKGS. <i>1</i>
		BOX NO. <i>11</i>
		SHEET <i>1</i>
		OF <i>1</i> SHEETS
		ORGANIZATION <i>7th Army US Air</i>

NAME **JOHN DELANEY**
A.S.N. **36313484** RANK **PVT**

BELT	TOWELS & WASHCLOTHS	WINGS
BELT, MONEY (NO MONEY)	CLOTHING	BAGS, CLOTH OR TRAVEL
CLOTH, WASH	BRACELET IDENT.	BILLFOLD, (NO-MONEY) <i>etc</i>
COATS	BRUSHES	CASE
FOOTWEAR, PR.	CAMERAS	FOOTLOCKER
GLOVES, PR.	GLASSES	KIT, SEW, TLT, OR WRITING
HANDKERCHIEFS	KNIVES	BOOKS
HEADWEAR	LIGHTERS <i>✓</i>	BOOKS, ADDRESS
JACKETS	MISC. INSIGNIA	BOOKS, PILOT LOG
OVERCOATS	PEN, FOUNTAIN	DIARY (REMOVED FOR DUR)
SCARFS	PENCIL, MECHANICAL	FILMS
SHIRTS	PIPES	LETTERS
SOCKS, PR.	RELIGIOUS ARTICLES	PAPERS, PERSONAL
TIES	RIBBONS, DECORATION	PHOTOS <i>✓</i>
TOWELS	RINGS	SHOE SHINE ARTICLES
TROUSERS, PR.	TOBACCO	SHORT SNORTER
TRUNKS, PR.	TOILET ARTICLES	SOUVENIRS
UNDERWEAR	WATCH	SOUVENIR MONEY <i>✓</i>
		STATIONERY
		TESTAMENTS
		U.S. MONEY (AMOUNT) <i>02</i>

REMARKS *Taken from American Signal* ATTACHMENTS
Cond. St. Charles Post
St. Charles Illinois

FORM #54 *1 SR Label*
FORM #100 *Inventory of Effects*
Form 382

* <i>Rusty</i>	WEIGHT	G.I. REMOVED
		SHORTAGE ON REVERSE <i>✓</i>
C.I.T. <i>none</i>		IDENT. TAGS REMOVED
WAREHOUSE SPACE <i>2219</i>	STORED BY <i>Sk</i>	DIARY REMOVED
INVENTORIED BY <i>F. J. H. H.</i>	DATE SHIPPED <i>MAY 12 1945</i>	LOCKED STORAGE
PACKED BY <i>(Signature)</i>	CHECKED BY <i>(Signature)</i>	LAUNDRY REMOVED
	<i>✓</i> #43 OR ADDITIONAL	FILM REMOVED

ADDITIONAL REMARKS

SHORTAGES

U. S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

Symbol #	210-444	150 Francs
		150 Francs.

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

Fideli

INVENTORY CLERK

Nolan

SUPERVISOR

G.J. REMOVED

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SUPPLY

Mr. John Dolaney
804 Indiana Avenue
St. Charles, Illinois

SHIP TO:

Effects of: **Pvt. John F. Delaney**

Name **36313484**

ASN **183830 D**

Case No.

Wt.

DATE **27 April 1945**
JFM:JFH:lgw

Miss [unclear]
FOR: Effects Quartermaster

REMARKS:

X Inclose Bureau Check
Acct. No. **73576**
Amount **\$3.01**
Inclose "Valuables" item
Ship "Valuables" item(s)

Remove G.I.
Note discrepancy in
Films removed
Diary removed
Literary removed

ROUTING:

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

68010 mam

73576
183830

May 7, 45

John Delaney

3.01

Three and 01/100

RE MARKS:

1945

Ranked **FRANKED**
Est. Exp. Chgs. **MAY 12 1945**
Est. Pkt. Chgs. **1**
No. of packages **1**

2.1

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

183830

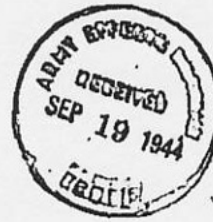
REPORT OF DEATH

DATE 12 September 1944

dlr 4627

FULL NAME <u>Delaney, John F.</u>		ARMY SERIAL NUMBER <u>36,313,484</u>		GRADE <u>Pvt</u>	
HOME ADDRESS <u>St. Charles, Illinois</u>		ARM OR SERVICE <u>Field Artillery</u>		DATE OF BIRTH <u>6 Sep 1919</u>	
PLACE OF DEATH <u>European Area</u>		CAUSE OF DEATH <u>Killed in action</u> ✓		DATE OF DEATH <u>23 Aug 44</u>	
STATION OF DECEASED <u>European Area</u>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <u>23 Jan 1942</u>		LENGTH OF SERVICE FOR PAY PURPOSES	
				YEARS	MONTHS
					DAYS
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <u>Mr. John Delaney, father, 804 Indiana Ave., St. Charles, Ill.</u>					
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <u>Mr. John Delaney, father, same as above</u> <u>Miss Harriet Delaney, sister, address same as above</u>					
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT	
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS	
OTHER PAY STATUS (SPECIFY BELOW)					
YES	NO	YES	NO	YES	NO
				YES	NO
					X

ADDITIONAL DATA AND/OR STATEMENT



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

REPORT OF DEATH

DATE 12 September 1944
dlr 4627

FULL NAME Delaney, John F.				ARMY SERIAL NUMBER 36,313,484				GRADE Pvt					
HOME ADDRESS St. Charles, Illinois				ARM OR SERVICE Field Artillery				DATE OF BIRTH 6 Sep 1919					
PLACE OF DEATH European Area				CAUSE OF DEATH Killed in action				DATE OF DEATH 23 Aug 44					
STATION OF DECEASED European Area				DATE OF ENTRY ON CURRENT ACTIVE SERVICE 23 Jan 1942				LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS					
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mr. John Delaney, father, 804 Indiana Ave., St. Charles, Ill.													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mr. John Delaney, father, same as above Miss Harriet Delaney, sister, address same as above													
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
												X	

ADDITIONAL DATA AND/OR STATEMENT

1944 FILE

RESTRICTED
REPORT OF BURIAL

TM 10-630 AND AR 30-1815

31.1
August 25, 1944

<u>De Laney, John</u>		<u>F</u>		<u>-Pvt.</u>		<u>36313484</u>	
<small>P.R.</small>	<small>Last Name</small>	<small>First</small>	<small>P.R.</small>	<small>Initial</small>	<small>P.R.</small>	<small>Rank</small>	<small>Serial No.</small>
<u>Btry. B. Unknown</u>		<u>440 Army</u>		<u>F.A. Bn</u>		<u>7th Armored Div.</u>	
<small>Unit</small>	<small>Unk</small>	<small>Unk</small>	<small>P.R.</small>	<small>Unk</small>	<small>Organization</small>	<small>Organization</small>	<small>453</small>
<u>Melun, France</u>		<u>23 Aug 44</u>		<u>Unknown</u>		<u>KIA</u>	
<small>Place of Death</small>		<small>Date of Death</small>		<small>Cause of Death</small>			
<u>1700-25 August, 1944</u>		<u>U. S. Military Cemetery, Villeneuve-sur-Auvers, France</u>		<u>U. S. Military Cemetery, Villeneuve-sur-Auvers, France</u>			
<small>Time and Date of Burial</small>		<small>Name of Cemetery</small>		<small>Name or Coordinates of Location</small>			
<u>10</u>	<u>1</u>	<u>A</u>	<u>Stake</u>	<u>Stake</u>	<u>Stake</u>	<u>Stake</u>	
<small>Grave Number</small>	<small>Row Number</small>	<small>Plot Number</small>	<small>Type of Marker</small>	<small>Type of Marker</small>	<small>Type of Marker</small>	<small>Type of Marker</small>	

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

If No Identification Tags

How were remains identified?

By identification tag and pay book

What means of identification were buried with the body?

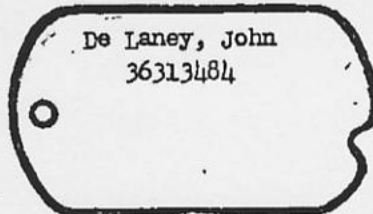
1 identification tag

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

Who is buried on:

Deceased's Right:	<u>Dobbs, James W.</u>	<u>17027671</u>	<u>Pvt. 1 Cl.</u>	<u>Unknown</u>	<u>9</u>
	<small>Name</small>	<small>Serial No.</small>	<small>Rank</small>	<small>Organization</small>	<small>Grave No.</small>
Deceased's Left:	<u>Hamby, George</u>	<u>O-1011351</u>	<u>Capt.</u>	<u>Co. B-735 Tk. Bn.-5</u>	<u>Armd. Div. 11</u>
	<small>Name</small>	<small>Serial No.</small>	<small>Rank</small>	<small>Organization</small>	<small>Grave No.</small>

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 Mr. John De Laney

Name

804 Indiana Ave., St. Charles, Ill.

Address

Religion Catholic

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

- 1 wallet 150 francs
- 1 photo
- 1 lighter
- miscellaneous cards
- 3 souvenir coins

WFA

E. R. DEWESE

Signature of Officer or other person reporting burial

E. R. DEWESE

2d Lt. QMC

609 V. B. Co. 8th Airborne Div. 8th Airborne Corps

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	8
Upper	8	7	6	5	4	3	2	1	8
Lower	8	7	6	5	4	3	2	1	8

Indicate: missing natural teeth by X; crowns by O; fillings by D; Bridges by C 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.



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

JRM:JFH:lgw
April 28, 1945

IN REPLY REFER TO 183830

Mr. John Delaney
804 Indiana Avenue
St. Charles, Illinois

Dear Mr. Delaney:

The Army Effects Bureau has received from overseas some personal effects of your son, Private John F. Delaney.

I am inclosing a check for \$3.01, representing funds which belonged to him. The remainder of the property is being forwarded to you in a package.

If, by any chance, the property has not reached you at the expiration of thirty days from this date, please notify me and tracer will be instituted.

The action of this Bureau in transmitting personal effects does not, of itself, vest title in the recipient. Such property is forwarded for distribution according to the laws of the state of the soldier's legal residence.

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

Yours very truly,

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

1 Incl--Check

REP. TR. TION
REWARDS, BR. 4507

23 NOV. 46

NAME DELANEY, JOHN F. POT

SERIAL NO. 36313484

COUNTRY VILLENEUVE-SUR-AUVERS FRANCE

PLOT A

ROW 1

GRAVE 10

LETTER FIELD

M.I.

ORG - BTRY. B.

440 ARMD. FA. BN.

7 ARMD. DIV.

London
OFFICER

kill
11 Dec 46
V. D. [unclear]
11 9 4

ec

20 September 1946

Mr. John Delaney
306 Indiana Avenue
Saint Charles, Illinois

Dear Mr. Delaney:

293

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Private John T. Delaney, A.S.N. 36 323 434.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Villeneuve-sur-Arverne, plot A, row 1, grave 10. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

This cemetery is located twenty-seven miles south of Paris, France, and is under the constant care and supervision of United States military personnel.

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

M.W.

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LERKIN
Major General
The Quartermaster General

RECEIVED
SEP 20 1946
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON, D. C.

FORM 314.6
Graves Registration
(European, U. S. Misc.,)

18 DEC 1946

SUBJECT: Burial Records

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

1. Request the burial reports and grave markers for the following decedents, interred at the United States Military Cemetery, Villeneuve-sur-Auvergne, France be changed to read as follows:

<u>NAME</u>	<u>RANK/</u> <u>GRADE</u>	<u>SERIAL NO.</u>	<u>ORGAN.</u>	<u>PLOT</u>	<u>ROW</u>	<u>GRAVE</u>
Cook, Le Roy W.	T/Sgt	17 006 875	Hq 109th Armd Inf Bn 4th Armd Div	A	6	130
Maloney, John F.	Pvt	36 313 484	Stuy B 410th Armd FA Bn 7th Armd Div	A	1	10
Bellefemine, John P.	T/5	31 005 723	Hq Stuy 102nd FA Bn 26th Inf Div	A	12	297
De Vault, Donald G.	Pfc	33 890 699	Co M 413th Inf Sgt 104th Inf Div	B	4	85

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

FOR THE QUARTERMASTER GENERAL:

MARTIN G. BILBY
Major, GSC
Assistant

REQUEST FOR PREPARATION OF LETTER FOR 293 INFORMATION		DATE 16 Jan 47	
NAME DELANEY JOHN F. PVT			
SERIAL NUMBER 36 313 484			
LETTER TO Field			
<input type="checkbox"/>	NAME		
<input type="checkbox"/>	RANK		
<input type="checkbox"/>	ASN		
<input type="checkbox"/>	ORGANIZATION		
<input type="checkbox"/>	NEXT OF KIN		
<input type="checkbox"/>	LATEST ADDRESS OF NEXT OF KIN		
<input checked="" type="checkbox"/>	DATE OF DEATH 23 August 1944		
<input type="checkbox"/>	CEMETERY	PLOT	ROW GRAVE
<input type="checkbox"/>	MISCELLANEOUS		
SPECIAL CHECKER (Signature)		M. P. ...	

QMGR 314.6
Graves Registration
(European, U. S. Misc.)

22 JAN 1947

SUBJECT: Burial Records

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

1. Request the burial reports and grave markers for the following decedents, interred in the United States Military Cemetery, Villeneuve-sur-Auvers, France, be changed to read as follows:

<u>NAME</u>	<u>RANK</u>	<u>SERIAL NO.</u>	<u>PLOT</u>	<u>ROW</u>	<u>GRAVE</u>	<u>DATE OF DEATH</u>	<u>ORGANIZATION</u>
Chlason, Gerald J.	SOT	31 319 357	A	5	115	24 Aug 44	Co F, 10th Inf Regt, 5th Inf Div.
Delaney, John F.	PVT	36 313 484	A	1	10	23 Aug 44	

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

FOR THE QUARTERMASTER GENERAL:

jew

MARTIN O. RILEY
Major, QMC
Assistant

VI

QMEME 293
Delaney, John F.
A. S. N. 36 313 484

31 March 1947

Mr. John Delaney
804 Indiana Avenue
Saint Charles, Illinois

Dear Mr. Delaney:

Inclosed herewith is a picture of the United States Military Cemetery Villeneuve-sur-Auvers, France, in which your son, the late Private John F. Delaney, is buried.

It is my sincere hope that you may gain some solace from this view of the surroundings in which your loved one rests. As you can see, this is a place of simple dignity, neat and well cared for. Here, assured of continuous care, now rest the remains of a few of those heroic dead who fell together in the service of our country.

This cemetery will be maintained as a temporary resting place until, in accordance with the wishes of the next of kin, all remains are either placed in permanent American cemeteries overseas or returned to the Homeland for final burial.

Sincerely yours,

G. A. HODMAN
Brigadier General, GSC
Chief, Memorial Division

1 Incl ✓
Photograph

143

MAR 2 2 54 PM '47

MAIL & RECORDS BRANCH

ft

Pvt. John F. Delaney, 36 313 484
Plot A, Row 1, Grave 10,
United States Military Cemetery
Villeneuve-Sur-Auvers, France

24 June 1947

Mr. John Delaney
804 Indiana Avenue
St. Charles, Illinois

Dear Mr. Delaney:

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.

est

710

878

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

In Reply Refer To RR Br: QMGMR 293 Delaney, John F., Pvt., 36 313 484

Plot A, Row 1, Grave 10
United States Military Cemetery
Villeneuve-sur-Auvers, France

IMPORTANT

Address reply and envelope to:

THE QUARTERMASTER GENERAL

Do NOT include the name of the
official who signed the com-
munication.

26 May 1948

P R I O R I T Y

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

Dear Miss Neel:

The Next of Kin of the above captioned deceased

father

(relationship)

Mr. John Delaney

804 Indiana Avenue

St. Charles, Illinois

(name)

(address)

has failed to return a Form 345 indicating disposition instructions for the
remains.

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

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

Sincerely yours,

JOHN O. HEATT
Colonel, OMC
Memorial Division

2 Encls. lhb

msk

JUN 3 11 11 AM '48
O. C. M. G.
MAIL & RECORDS BRANCH

11/11

293

Pvt. John F. Delaney, 36 313 484
Plot A, Row 1, Grave 10,
United States Military Cemetery
Villeneuve-sur-Auvers, France

20 August 1947

Mr. John Delaney
804 Indiana Avenue
St. Charles, Illinois

Dear Mr. Delaney:

Reference is made to the "Letter of Inquiry - Disposition of Remains" sent to you about 30 days ago, requesting you to complete and mail the "Request for Disposition of Remains" form to this office.

The War Department is obliged to inter in permanent U. S. Military Cemeteries the remains of World War II Dead whose next of kin do not request their return to the United States for final burial. After burial in a permanent American Military Cemetery overseas, the next of kin will be mailed the interment flag that was actually used during the military funeral service and advised of the name and the location of the cemetery, together with the plot, row and grave number in which final interment was made.

If the form, "Request for Disposition of Remains," or a reply to this letter is not received from you within fifteen days, the War Department will proceed on the assumption that you do not wish the remains returned to the United States for permanent burial.

Sincerely,

GEN. A. HERRMAN
Brigadier General, G
Chief, Memorial D

JUL 20 9 44 AM '47

O. Q. M. G.
U. S. ARMY RECORDS BRANCH

REGISTERED
NO. 1317868

RETURN RECEIPT DEMANDED O. Q. M. G.

RC 26 m m 7 1/2

1. PLACE OF DEATH County of Kane		Registration Dist. No. 444		STATE OF ILLINOIS DEPARTMENT OF PUBLIC HEALTH	
City of Aurora		City Aurora Primary Dist. No. 3314		CERTIFICATE OF DEATH	
Street and Number, No. _____		St. _____ Ward _____		Registered No. 495 (Consecutive No.)	
(If death occurred in a hospital or institution, give its NAME instead of street and number.)		St. Charles		Hospital _____	
LENGTH OF TIME AT PLACE WHERE DEATH OCCURRED? yrs. 1 mo. _____ ds. _____					
2. PLACE OF RESIDENCE: STATE Illinois County _____ Township _____ Road Dist. _____		City or Village St. Charles Street and Number 804 Indiana Ave.			
3. (a) FULL NAME Margaret Delaney					18. LIST NO. _____
3. (b) If Veteran, name war _____		3. (c) Social Security No. _____			
4. Sex Female		5. Color or race white			
6. (a) Single, widowed, married, divorced Married		6. (b) Name of husband or wife John Delaney			
7. Birth date of deceased Oct. 14, 1889		6. (c) Age of husband or wife if alive _____ years			
8. AGE: Years 46 Months 0 Days 10		If less than one day _____ hr. _____ min.			
9. Birthplace Chicago Ill.		(City, town, or county) (State or foreign country)			
10. Usual occupation Housewife		11. Industry or business own home			
FATHER	12. Name David Dunn		13. Birthplace not known		
	(City, town, or county)		(State or foreign country)		
MOTHER	14. Maiden name Katherine White		15. Birthplace not known		
	(City, town, or county)		(State or foreign country)		
18. INFORMANT John Delaney (personal signature with pen and ink) P. O. Address 804 Indiana Ave.					
17. PLACE OF BURIAL Cremation or Removal (a) Cemetery Union				(b) DATE 10-26-35	
Location St. Charles				(Township, Road Dist., Village or City)	
County Kane		State Ill.			
18. Funeral director P. M. Daleiden		ADDRESS Aurora, Ill.			
(personal signature with pen and ink)		(firm name, if any)			
MEDICAL CERTIFICATE OF DEATH					
20. Date of death: Month Oct. day 23 year 1935 hour _____ minute _____					
21. I hereby certify that I attended the deceased from 3 or 4 weeks to 10-23-35 that I saw h. or alive on 10-23-35 and that death occurred on the date and hour stated above.					
Immediate cause of death Carbuncle Diabetes Right arm gangrene					Duration
Associated disease _____					
Other conditions (Include pregnancy within 3 months of death) _____					
22. Was an operation performed? _____ Date of _____ For what disease or injury? _____					
Was there an autopsy? _____ Findings? _____					
23. If a communicable disease; where contracted? _____					
Was disease in any way related to occupation of deceased? _____ If so, specify how: _____					
24. (Signed) H. A. Brennecke M. D. Address Aurora, Ill. Date 10-24-35 Telephone 4277					
*N. B.—State the disease causing death. All cases of death from "violence, casualty, or any undue means" must be referred to the coroner. See Section 10 Coroner's Act.					
25. Filed 10-25-35 by Geo. W. Hean					
P. O. Address Aurora, Ill.					

DELANEY John F 36213484 PAT

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named as item 3a and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

DATE **June 18th, 1948**

SIGNED *[Signature]* OFFICIAL TITLE **County Clerk of Kane County**

AT **Geneva**, Illinois.

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health or the local regis-

1. PLACE OF DEATH. County of <u>Kane</u>		Registration Dist. No. <u>453</u>	STATE OF ILLINOIS DEPARTMENT OF PUBLIC HEALTH CERTIFICATE OF DEATH	
City of <u>St. Charles</u>		Primary Dist. No. <u>3318</u>	Registered No. <u>22</u>	(Consecutive No.)
Street and Number, No. _____		St. _____ Ward <u>Delnor</u>	Hospital _____	
(If death occurred in a hospital or institution, give its NAME instead of street and number.)				
LENGTH OF TIME AT PLACE WHERE DEATH OCCURRED? _____ yrs. _____ mos. <u>7</u> ds.				
2. PLACE OF RESIDENCE: STATE <u>Ill.</u> County <u>Kane</u> Township _____ Road Dist. _____		City or Village <u>St. Charles</u> Street and Number <u>804 Indiana Ave.</u>		
3. (a) FULL NAME <u>John Jerome Delaney</u>				19. LIST NO.
3. (b) If Veteran, name war _____		3. (c) Social Security No. <u>322-184</u>		
4. Sex <u>M.</u>	5. Color or race <u>W.</u>	6. (a) Single, widowed, married, divorced <u>W.</u>		
6. (b) Name of husband or wife <u>Margaret</u>		6. (c) Age of husband or wife if alive _____ years.		
7. Birth date of deceased <u>Sept. 14, 1880</u> (Month) (Day) (Year)				
8. AGE: Years <u>67</u> Months <u>8</u> Days <u>12</u>		If less than one day _____ hr. _____ min.		
9. Birthplace <u>N.Y.</u> (City, town, or county) (State or foreign country)				
10. Usual occupation <u>messenger</u>				
11. Industry or business <u>Photo color</u>				
FATHER	12. Name <u>John Delaney</u>			
	13. Birthplace <u>N.Y.</u> (City, town, or county) (State or foreign country)			
MOTHER	14. Maiden name <u>Mary Tyrill</u>			
	15. Birthplace <u>N.Y.</u> (City, town, or county) (State or foreign country)			
16. INFORMANT <u>Mrs. Harriett Wilderspin</u> (personal signature with pen and ink)				
P. O. Address <u>804 Indiana Ave.</u>				
17. PLACE OF BURIAL Cremation or Removal		(b) DATE		
(a) Cemetery <u>Union</u>		<u>5-28-48</u> 19 <u>48</u>		
Location <u>St. Charles</u> (Township, Road Dist., Village or City)				
County <u>Kane</u>		State <u>Ill.</u>		
18. Funeral director <u>Russel C. Norris</u> (personal signature with pen and ink)		ADDRESS <u>St. Charles</u>		
Funeral Home _____		<u>7119</u>		
(firm name, if any)				
MEDICAL CERTIFICATE OF DEATH				
20. Date of death: Month <u>May</u> day <u>26</u> year <u>1948</u> hour <u>6</u> minute <u>A.M.</u>				
21. I hereby certify that I attended the deceased from <u>April 15, 1948</u> to <u>May 26, 1948</u> that I saw him <u>live</u> on <u>May 25, 1948</u> and that death occurred on the date and hour stated above.				
Immediate cause of death <u>Cirrhosis of liver</u>				Duration <u>6 mo.</u>
Associated diseases _____				
Other conditions (Include pregnancy within 3 months of death) _____				
22. { Was an operation performed? <u>no</u> Date of _____ For what disease or injury? _____				
Was there an autopsy? <u>no</u>				
Findings? _____				
23. If a communicable disease; where contracted? _____				
Was disease in any way related to occupation of deceased? <u>no</u>				
If so, specify how: _____				
24. (Signed) <u>O.A. Potter</u> M. D. Address <u>St. Charles</u> Date <u>5-27-48</u> Telephone <u>167</u>				
*N. B.—State the disease causing death. All cases of death from "violence, casualty, or any undue means" must be referred to the coroner. See Section 10 Coroner's Act.				
25. Filed <u>May 27</u> 19 <u>48</u> <u>A.F. Pearson</u> P. O. Address <u>St. Charles,</u>				

Delaney John F 36213484 PVT

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at _____ that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

DATE June 18th, 1948 SIGNED _____ OFFICIAL TITLE County Clerk of Kane County

AT Geneva, Illinois.

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health or the local reg-

F.C. 9-2-48
 AT
 Call 2nd floor
 1st floor
 9-2-48

STATE OF ILLINOIS DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
 County of **Kane** Registration Dist. No. **446**
Geneva {Township
 Road Dist.
 Village
 City
 * (Cancel the three terms not applicable—Do not enter "R. R.," "R. F. D.," or other P. O. Address.)
 Primary **3317**
 Dist. No. _____
 Street and Number, No. _____ St. _____ Ward _____

Registered No. **104** (Consecutive No.)
 Name of hospital or institution **Colonial**
 Mother's stay before delivery: In hosp. _____ In this community _____
 or inst. _____ (Specify whether years, months, or days)

2. RESIDENCE OF MOTHER: (a) STATE _____ (b) County _____ (c) City or Village _____
 (usual place of abode)—Do not enter "R. R.," "R. F. D.," or other P. O. Address.
 (d) Township _____ (e) Road Dist. _____ 4. Date of birth _____ 19 **21**

3. FULL NAME OF CHILD **Harriet Anna Delaney** birth **Sept. 17** 19 **21**
 (Month, day, year)

5. Sex of Child _____ 6. Twin, Triplet _____ Number in order _____ 7. Number months of pregnancy _____ 8. Legitimate? Yes _____ No _____
 or other? _____ of birth _____ (To be answered only in the event of plural births)

9. Full name FATHER **John Jerome Delaney**

15. Full maiden name MOTHER **Margaret Dann**

10. Color or race **White** 11. Age at time of this birth **39** yrs.

16. Color or race **White** 17. Age at time of this birth _____ yrs.

12. Birthplace (city or place) **New York, N.Y.** (State or country)

18. Birthplace (city or place) **Chicago, Ill.** (State or country)

13. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Machinist**
 14. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

19. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. **Housewife**
 20. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

21. (a) Including this child, number of children born alive to this mother? **4**
 (b) Including this child, how many of these children are now living?
 (c) How many were born dead to this mother, i.e., Stillborn?

22. Mother's mailing address for registration notice:
210 East Ind. St.
St. Charles, Ill.

What treatment was given child's eyes at birth?
 23. (a) Was a blood test for Syphilis made upon the mother of this child? (b) Date blood specimen was taken. (c) Name of Laboratory making this test.
 NOTE: Result of the test must not be stated on this certificate.

24. I hereby certify that I attended at the birth of this child which was BORN ALIVE at **11:40AM.** on the date stated above.
 Date signed **Sept. 19, 1921** Address **Geneva, Ill.** Signature **I. G. Languin** Physician Midwife Phone **23**

25. Date Filed **Sep. 23, 1921** 26. Signature **E. G. Howell** Registrar
 Post Office Address **Geneva, Ill.**

9931 Delaney John F 363/3484 PVT

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the birth record for the child named at item 3 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of birth, stillbirths and deaths.

DATE **June 18th, 1948** SIGNED *[Signature]* **Geneva, Illinois** OFFICIAL TITLE **County Clerk of Kane County**

The original record of this birth is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certificates from copies of the original record. The Illinois statutes provide that the certification of a birth record by the Department of Public Health or the local registrar or the county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

File LAT. Margaret Malloy M. D. 8-2-48

B

D

Handwritten initials

DELANEY JOHN F 36313 48 + PUT

Book 42, License# 60998

STATE OF ILLINOIS }
COUNTY OF KANE } SS.

I, Charles Lowry, County Clerk in and for said County, in State aforesaid, and keeper of the records and files thereof, as provided by Statute do hereby certify that the Marriage Records of said office show

that Glenn M. Wilderspin of West Chicago, Illinois

aged 21 years,

and Miss Harriet A. Delaney of St. Charles, Illinois

aged 20 years,

were united in marriage by Robert J. Garsa, Catholic at St. Charles, Kane County, Illinois
Priest

Illinois, on the 25th day of April, A.D. 1942

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said County at my office in Geneva, in said County, this 18th day of

June A. D. 19 48

Handwritten signature of Charles Lowry

County Clerk

*File 487
C. J. Mulligan
C. J. Adams
J. C. Brand
9-2-48*

REQUEST FOR DISPOSITION OF REMAINS

26/28/48

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

DATE:

Pvt John F. Delaney, 36 313 484 (A)(1)
 Plot A, Row 1, Grave 10;
 United States Military Cemetery
 Villeneuve-sur-Auvers, France

26 May 1948

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

PART I

I, Harriet Delaney Wilderspin
(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. St. James, France
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.)

CORRECT

8781 AON 8 1

T.D. Price 8 NOV 1948

*Checked
21 Oct 48
H. Fields*

DDMG FORM 14 NOV 1946 345 MILITARY

16-00411-1

PAGE 1

8 - SEP 1948

Mail #1

M Adams

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			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
EXPRESS OFFICE (Nearest railroad passenger station)	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.

Harriet Delaney Wilderspin
 (SIGNATURE OF NEXT OF KIN)

804 Indiana Avenue

(STREET AND NUMBER)

Mrs. Glenn Wilderspin

(NAME PRINTED OR TYPED)

St. Charles, Illinois

(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 17 day of June

1948, at city (or town) of Geneva, county of Kane, and State (or Territory or

District) of Illinois

Stannie Olson
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Notary Public
 (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.

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

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

_____	_____
<small>(SIGNATURE)</small>	<small>(DATE)</small>
_____	_____
<small>(NAME PRINTED OR TYPED)</small>	<small>(STREET AND NUMBER)</small>
_____	_____
<small>(NAME PRINTED OR TYPED)</small>	<small>(CITY AND STATE)</small>

342 Third St.
Newburgh, N.Y.

Dear Sir:

If it is at all possible would you be able to forward to me the home address of the following soldier who was killed in action in Europe. I do not have his serial number. I shall give you what information I have:

Name - P.F.C. John Delaney - ^{middle initial possible is} (J)

Home - State of Illinois - some town near Chicago or Peoria. ^{name of town starts with the letter}

He was in the "4th Armored Division"

Btry B, 140 Armored Field Artillery Bn.

Killed in action at Melun, France.

2 or 3 days before the French took Paris.

Weight around 200 to 220

Height 5'7" to five foot 10"

Dark hair.

Complexion fair.

Age 26 to 30.

Was at Camp Polk, La. Fort Benning, Ga.

Camp Copcomb, Calif; P.O.E. Camp

Shanks, N.Y.

Also if his body has been returned from overseas.

Thanking you, I remain

Formerly P.O.W. of BTRY B.

100 FERN - 70

Edward F. McDaniel G. 32213195

CORRESPONDENCE ACTION SHEET

NAME OF DECEDENT (Last, First, Middle)

GRADE

SERIAL NUMBER

PREVIOUS BURIAL LOCATION (Cemetery and Country) <i>Delaney, John F.</i>	PLOT <i>Plot</i>	ROW <i>36-313-484</i>	GRAVE
PRESENT BURIAL LOCATION (Cemetery and Country) <i>Villeneuve Sur Aviers Fr</i>	PLOT <i>A</i>	ROW <i>1</i>	GRAVE <i>10</i>
ADDRESSEE MR. MISS MRS. <i>Edward F. Mc Donnell</i>	ADDRESS (Street, City, State) <i>342 Third St Newburgh, N.Y.</i>		
RELATIONSHIP			

PARAGRAPHS (Sequence) <i>165A</i>	ADDITIONAL DATA — MODIFICATIONS
<p>I am gratified to inform you that the remains of Private Delaney will rest overseas in the permanent AMC St. James, France, at the instructions of his sister, Mrs. Harriet D. Wilderspin, his next of kin.</p> <p>184 A AGO address of nok cc: AGO</p> <p>If you feel that we can assist you further, do not hesitate to communicate with us at your convenience.</p>	

ANALYST INITIALS AND DATE <i>RB 8/17</i>	TYPIST INITIALS	REVIEWER INITIALS AND DATE
---	-----------------	----------------------------

20 April 1949

ATA
MZ
Pvt John F. Delaney, ASN 36 313 484
Plot B, Row 9, Grave 9
Headstone: Cross
St. James (France) U. S. Military Cemetery

Mrs. Harriet D. Wilderspin
804 Indiana Avenue
St. Charles, Illinois

Dear Mrs. Wilderspin:

This is to inform you that the remains of your loved one have been permanently interred, as recorded above, side by side with comrades who also gave their lives for their country. Customary military funeral services were conducted over the grave at the time of burial.

After the Department of the Army has completed all final interments, the cemetery will be transferred, as authorized by the Congress, to the care and supervision of the American Battle Monuments Commission. The Commission also will have the responsibility for permanent construction and beautification of the cemetery, including erection of the permanent headstones. The headstones will be inscribed with the name exactly as recorded above, the rank or rating where appropriate, organization, State, and date of death. Any inquiries relative to the type of headstone or the spelling of the name to be inscribed thereon, should be addressed to the American Battle Monuments Commission, Washington 25, D. C. Your letter should include the full name, rank, serial number, grave location, and name of the cemetery.

While interments are in progress, the cemetery will not be open to visitors. You may rest assured that this final interment was conducted with fitting dignity and solemnity and that the grave-site will be carefully and conscientiously maintained in perpetuity by the United States Government.

Sincerely yours,

H. FELDMAN
Major General
The Quartermaster General

73

APR 21 1 28 PM '49
U.S. ARMY
HEADSTONE SECTION

MEMF 293
Delaney, John F.
SN 36 313 484

21 March 1949

Mr. Edward F. McDonald, Jr.
342 Third Street
Newburgh, New York

Dear Mr. McDonald:

Your letter pertaining to the remains of the late Private John F. Delaney, has come to my attention.

I am gratified to inform you that the remains of Private Delaney will rest overseas in the permanent American Military Cemetery St. James, France, in accordance with the instructions of his sister, Mrs. Harriet D. Wilderspin, his next of kin.

A copy of your letter is being forwarded to The Adjutant General, Washington 25, D. C., for direct reply relative to the home address of the late Private Delaney, as that office has knowledge of and jurisdiction over matters of this nature.

If you feel that we can assist you further do not hesitate to communicate with us at your convenience.

Sincerely yours,

JAMES F. SMITH
Major, OMC
Memorial Division



OCMHF 293
DeLaney John F.
SN 36 313 484

REQUEST FOR ADDITIONAL INFORMATION

TAG

Personnel Action Branch
Casualty Section
Family Relations Unit
Room 1A686A
Pentagon Building

Family Correspondence Branch 21 March 1949
Memorial Division
OCMG

JENKINS
Ext 4428

1. Forwarded for reply to so much thereof as pertains to your office.
2. Correspondent has been informed of this reference.

FOR THE QUARTERMASTER GENERAL:

clp
[Signature]
2 Incls.
Cy ltr (undated)
Cy OCMH reply dtd 21 March 1949

JAMES F. SMITH
Major, OMC
Memorial Division

JFS
[Signature]

MAR 21 2 01 PM '49

M.M. JEW

1

Interred 12 March 1949
B-9-9 St. James
H.F. Hill, Capt. QMC
Cem. Supt.

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

3594 00065

DATE

15 10 48
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
DELANEY JOHN F	36313484	PVT	1	1	2

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
VILLENEUVE FRANCE	301A	10	10	3504 80 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
ST. JAMES, FRANCE	Placed 18 March 1948 HARRIET D. WILDERSPIN (SISTER) 804 INDIANA AVENUE ST. CHARLES, ILLINOIS

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
Delaney, John F.	36313484	UTD		24 June 1948

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
<input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	USAGF	Cath.	George Avakian Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OD uniform.	Advanced decomposition. Fractures: Right radius and ulna.

OTHER MEANS OF IDENTIFICATION
None.

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)
None.

REMAINS PREPARED AND PLACED IN CASKET / Transfer case.

DATE 25 June 1948 BY George Avakian

CASKET SEALED BY B. J. Watson EMBALMER (Signature)

CASKET BOXED AND MARKED
DATE 20 Sep 48 BY B. J. Watson

Shipping address verified by: All tags, markings and plates verified by:
J. J. ANDREWS, 1st Lt, Inf.

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

I certify that the entries on this form are true. RASSELL T. RUIZ, 1st Lt, FA

REMARKS AND SPECIAL INSTRUCTIONS
Disinterment Directive which contains the signatures of the persons whose names are typed hereon.

Signature: *R. J. Watson*

Signature of Person in Charge: *R. J. Andrews*

DEPATRIATION BRANCH MEM. DIV.

FILE

RECORD OF CUSTODIAL TRANSFER

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC Villeneuve	TO USMC St. James		
KIND OF CONVEYANCE Truck	NAME OF CONVOYER Pfc J. Dalaney		
SIGNATURE OF SHIPPER R. B. McDANIEL, Capt, FA	DATE 17 Jul 48	SIGNATURE OF RECEIVER H. F. HILL, Capt, OMC	DATE 17 Jul 48

RECEIVED
BY
LEAVELSON

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