

OFFICE OF THE QUARTERMASTER GENERAL

293 JONES, Orvil H.

Washington 25, D. C.

November 26, 1948

With reference to the attached application submitted for a Government
HEADSTONE OR MARKER

Indication as to the type headstone or marker desired was not checked on the attached application. Please check the type of stone you desire by marking (S) in the appropriate box below AFTER YOU ARE SURE IT WILL BE PERMITTED BY THE CEMETERY AUTHORITIES.

If the reverse side of the application indicated for the Superintendent, Caretaker or Sexton has not been certified please complete before returning to this office.

NO FURTHER ACTION CAN BE TAKEN UNTIL THE INFORMATION REQUESTED HAS BEEN FURNISHED THIS OFFICE.

Please check only ONE type stone.

UPRIGHT MARBLE HEADSTONE

FLAT GRANITE MARKER

FLAT MARBLE MARKER

BRONZE MARKER (~~furnished only where other types of stones are not permitted~~)

FILE 19 JAN 1949

Am Swann
Cm Br
not

DEPARTMENT OF THE ARMY

OFFICE OF THE QUARTERMASTER GENERAL

IN REPLY REFER TO QMGM 298

Jones, Orvil H.
SN 38 513 145

WASHINGTON 25, D. C.

IMPORTANT

Address reply and envelope to:
THE QUARTERMASTER GENERAL
Do NOT include the name of the
official who signed the communica-
tion.

10 January 1949

Mrs. Josie B. Jones

Crowell, Texas

Dear Mrs. Jones:

The records of this office show an application for a
Government headstone submitted by you for the unmarked grave
of the late Orvil H. Jones,
was returned to you on 26 November 1948, for type of stone
desired for the grave of the decedent.

Since no further action can be taken on this case
until the return of the application with the information
requested, it is suggested that your reply be expedited.

Sincerely yours,

H. F. GAGNE
Lt Col, QMC
Memorial Division

JAN 10 4 50 PM '49
QMGM M&R BR

1 Incl
env

mvh

WMS

30132

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

DATE

WW II 13 November 1948

(Read Explanation on Reverse Side before completing form)

NAME OF DECEDENT (Last, First, Middle Initial)
JONES, ORVEL E.

RANK OR GRADE
S SGT

SERIAL NO.
305115

BRANCH OF SERVICE
US ARMY

TO BE FILLED IN BY CLAIMANT

A. INTERMENT EXPENSES
 (Civilian or Private Cemetery)

B. TRANSPORTATION EXPENSES
 (National or Post Cemetery)

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 some other place prior to burial in a national or post cemetery.

NOV 17 1948

J. W. FAULSTICH
 Col., F. D.
 F. O., U. S. A.
 Fort Worth, Texas
 Station No. 27
 Symbol No. 210-500

CLAIM VALID REIMBURSEMENT

WMS

FILL IN THIS STATEMENT IF BOX "A" IS CHECKED

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

NAME: Crowell Cemetery

CITY OR COUNTY: Ft Worth

STATE: Texas

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)

~~VOID~~

RETURN FOUR COPIES TO

Fort Worth Quartermaster Depot
 Fort Worth 1, Texas

Attention: ACR Division

SIGNATURE OF CLAIMANT
Miss Josie B Jones

ADDRESS (Street, number or RFD, City and State)
Mother A St. Crowell, Tex.

RELATIONSHIP TO DECEDENT

REMARKS

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.

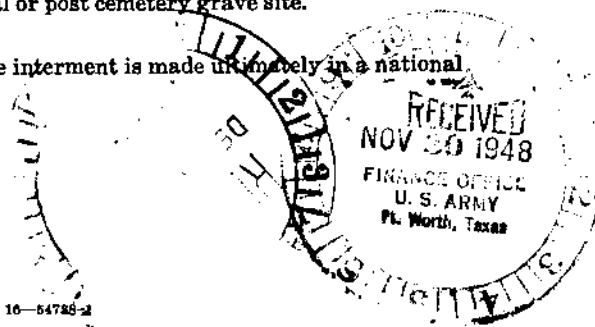
PART B

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

FORT WORTH QUARTERMASTERS DEPOT FORT WORTH TEXAS

ROUTINE

REMAINS CONSIGNED TO: **WOMACK FUNERAL HOME**

CROWELL TEXAS

DAY LETTER

**DLR AND REPORT
ANY CHARGES**

293

REMAINS OF LATE **S SGT ORVIL H. JONES** *W* BEING SHIPPED TO YOU ACCOMPANIED
BY MILITARY ESCORT ON TRAIN NUMBER **FORTY SIX SANTA FE**
RAILROAD DUE TO ARRIVE **CROWELL** STATION **ELEVEN ZERO EIGHT AM**
RAILROAD TIME **13 NOVEMBER** . REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS
AT STATION UPON ARRIVAL AND THAT YOU IMMEDIATELY PASS THIS INFORMATION ON TO
NEXT OF KIN. .

S. H. Partridge

S. H. PARTRIDGE
LT. COLONEL, QMC
C. I. B., AGR DIVISION

NOV 9 - 1948

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

THIS 13 DAY OF Nov. 1948

Ernest E. Kauge Lt. Col.
WITNESS (Escort)

W. R. Womack

CONSIGNEE
M.
F.L.

REC. *7-Dec-48*
DATE *7-Dec-48*
NAME *W. R. Womack*
R & R BR.

1

E RNY 017 R

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 4650 08299

DATE 15 04 48 DAY MONTH YEAR

NAME JONES ORVIL H

SERIAL NUMBER 38513145

RANK S SG 1

DATE OF DEATH DAY MONTH YEAR

CEMETERY MARGRATEN - AACHEN

DISPOSITION OF REMAINS 1 8500 10 CODE DIST. PT.

PLOT B ROW 12 GRAVE 288 COUNTRY HOLLAND

CAUSE OF DEATH 1

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE WOMACK FUNERAL HOME CROWELL, TEXAS

NAME AND ADDRESS OF NEXT OF KIN MRS. JOSIE B. JONES (MOTHER) CROWELL, TEXAS

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME ORVIL H. JONES

SERIAL NUMBER 38513145

RANK S/SGT

DATE OF DEATH

DATE DISTINTERRED 12 JULY 48

IDENTIFICATION TAG ON REMAINS EMB MARKER

ORGANIZATION USAGF

RELIGION P

IDENTIFICATION VERIFIED BY DAVID W. BROWN 1/LT. INF NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL UNIFORM

CONDITION OF REMAINS REMAINS COMPLETE

OTHER MEANS OF IDENTIFICATION J-13145 ON JACKET

MINOR DISCREPANCIES / NONE

REMAINS PREPARED AND PLACED IN CASKET ~~XXXX~~ TRANSFER BOX DATE 12 JULY 48 BY THOMAS A. CONLEY, EMBALMER

CASKET SEALED BY JOHN A. BRICKLEY, EMB. SUPV.

EMBALMER (Signature) JOHN A. BRICKLEY, EMB. SUPV.

CASKET BOXED AND MARKED ORVILLE W. BILLINGS CLERK RECORDER DATE 13/8/48

~~XXXXXXXXXXXXXXXXXXXX~~ ALL MARKINGS, PLATES & TAGS VERIFIED BY E. R. MAC DONALD, CAPT. QMC.

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

Don O. Tohill DON O. TOHILL, 1ST. LT. PA SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC MARGRATEN HOLLAND		TO ANTWERP PORT, PIER 140	
KIND OF CONVEYANCE RAIL		NAME OF CONVOYER M/SGT. ORMA C. PATTERSON, RA 6412170	
SIGNATURE OF SHIPPER <i>Lloyd L.H. Meyer</i> LLOYD. L.H. MEYER 1/LT. INF. 01327166	DATE 8/8/48	SIGNATURE OF RECEIVER <i>Orma C. Patterson</i>	DATE 11. AUG 1948

2. SHIPPED

FROM GOVERNMENT BELGIUM		TO ANTWERP PORT, PIER 140	
KIND OF CONVEYANCE RAIL		NAME OF CONVOYER K. W. WHEREOTT CAPT. T. C.	
SIGNATURE OF SHIPPER L. E. Butler Lt Col Inf	DATE 16 SEPT 1948	SIGNATURE OF RECEIVER <i>K. W. Whereott</i>	DATE 16 SEPT 1948

3. SHIPPED

FROM		TO NYPE	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>James L. McKinnon</i> JAMES L. MCKINNON T. C.	DATE 10/6/48

4. SHIPPED

FROM NYPE		TO DET #10	
KIND OF CONVEYANCE TRAIN		NAME OF CONVOYER 1/SGT. Russell R. Halbach	
SIGNATURE OF SHIPPER JAMES L. MCKINNON	DATE OCT 12 1948	SIGNATURE OF RECEIVER <i>Russell R. Halbach</i>	DATE OCT 1948

5. SHIPPED

FROM FORT TRANSPORTATION OFFICE		TO DET #10	
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

1948 L... 30 AM 8 587

D A Y L B D E Y F E W O R T H T E X A S

FORT WORTH QUARTERMASTER DEPOT, FORT WORTH, TEXAS

NY 017-R

MRS. JONIE B. JONES DLR & REPORT
 ANY CHARGES

CROWELL, TEXAS

WE HAVE BEEN ADVISED REMAINS OF THE LATE S SGT. ORVIL E. JONES
ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS
DELIVERED TO WOMACK FUNERAL HOME CROWELL, TEXAS

. WITHIN FORTY EIGHT HOURS AFTER RECEIPT
OF THIS MESSAGE PLEASE CONFIRM YOUR ORIGINAL INSTRUCTIONS OR SUBMIT NEW
DELIVERY INSTRUCTIONS AND FURNISH YOUR CORRECT MAILING ADDRESS BY TELEGRAM
COLLECT TO COMMANDING OFFICER, FORT WORTH QUARTERMASTER DEPOT, FORT WORTH
L TEXAS. 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. WHILE
DELIVERY OF THE REMAINS WILL BE MADE AS SOON AS PRACTICABLE AFTER RECEIPT
FACTORS BEYOND OUR CONTROL MAY DELAY DELIVERY OF REMAINS FOR SEVERAL WEEKS.
HOWEVER AS SOON AS REMAINS ARE RECEIVED HERE AND IT IS POSSIBLE TO SCHEDULE
THEM FOR DELIVERY YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF RAIL
ROUTING AND SCHEDULED TIME REMAINS WILL ARRIVE AT RAILROAD STATIONS. ALSO
HE WILL BE REQUESTED TO FURNISH YOU THIS INFORMATION SO THAT YOU MAY COMPLETE
FUNERAL ARRANGEMENTS. THIS TELEGRAM WILL BE SENT AT LEAST FOUR DAYS PRIOR TO
ACTUAL SHIPMENT FROM THIS DISTRIBUTION CENTER. PLEASE INSTRUCT FUNERAL
DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL. REMAINS WILL
BE ACCOMPANIED BY MILITARY ESCORT. IF YOU DESIRE MILITARY HONORS AT FUNERAL
YOU SHOULD ASK ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATIONS TO MAKE ARRANGE-
MENTS. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING
FINAL DELIVERY. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM.

C

SEP 30 1948

CLASS OF SERVICE

This is a full-rate Telegram or Cablegram unless its deferred character is indicated by a suitable symbol above or preceding the address.

WESTERN UNION

JOSEPH L. EGAN
PRESIDENT

1907

SYMBOLS

DL - Day Letter
NL - Night Letter
LC - Deferred Cable
NLT - Cable Night Letter
Ship Radiogram

(22)

The filing time shown in the date line on telegrams and day letters is STANDARD TIME at point of origin. Time of receipt is STANDARD TIME at point of destination

FWB52DD134

D.SWA058 23 COLLECT=CROWELL TEX 30 1145A= 1948 SEP 30 PM 12 37
COMMANDING OFFICER=

FTWORTH QUARTERMASTER DEPOT FTW=

RETEL S/SGT ORVIL H JONES. NO CHANGE IN DELIVERY INSTRUCTIONS
WOMACK FUNERAL HOME CROWELL WILL ACCEPT REMAINS ON ARRIVAL
AT CROWELL TEXAS=

MRS JOSIE B JONES=



THE COMPANY WILL APPRECIATE SUGGESTIONS FROM ITS PATRONS CONCERNING ITS SERVICE

A-G 25

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

B-114

NAME JONES, ORVIL H.	GRADE S SGT	SERIAL NUMBER 38513145
SOURCE USMC MARGRATHEN - AACHEN, HOLLAND	CONSIGNEE WOMACK FUNERAL HOME CROWELL, TEXAS	
SHIPPING CASE - General Appearance (Check ONLY Discrepancies)	CONDITION OF SHIPPING CASE (Check one) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	
FINISH (Exterior)	REMARKS <i>minor Repair</i>	
HANDLES		
DRAW BOLTS		
STENCILING - NAMEPLATE		
HEALTH PERMIT MARKER		
HEALTH PERMIT NUMBER		
CASKET - General Appearance (Check ONLY Discrepancies)	CONDITION OF CASKET (Check one) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	
FINISH (Exterior)	REMARKS <i>Small scratches</i>	
HAND RAILS & FINALS		
NAMEPLATE		
CAM LOCKS (Sealing) AND GASKET		
ODOR OR MOISTURE		

ROUTED TO

MORTUARY SECTION	<input 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 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>Am 10/27/58 M Vaughan</i>
REMARKS					

To Capt Smedley
B-12-288
Margaret, Holland

NOV 19 1948

TO:
MEM. DIV., REPATRIATION & RECORDS BR.

ATTN: Chief
Disinterment & Locator Section
Room 2501 - B

PLEASE NOTE ON THE ATTACHED FORM OQMG
623, THE INFORMATION REQUESTED BELOW:

Has body been returned to U. S.

Has Final Interment been made
in private cemetery

Has Final Interment been made
in National Cemetery

YES

293 Grace, Council H

Stadman
Ext 72596
23 Nov 48

RETURN FORM TO HEADSTONE AND MARKER

SECTION CEMETERIAL BRANCH MEMORIAL

DIVISION ROOM 2214 - B

FILE 24 NOV 1948
Holt and Co
Sydney Long
Nat

REQUEST FOR DISPOSITION OF REMAINS

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

DATE: 3-8-48
333-P
Rje

S/Sgt Orvil H. Jones, 38 513 145
Plot B, Row 12, Grave 288,
United States Military Cemetery
Margraten, Holland

25 November 1947

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

PART I

I, Mrs. Josie B. Jones (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

Crowell Cemetery, Crowell, Texas

(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.)

None

MAY 3 1948

coded 4/15/48
Hallagher

[Handwritten signature]

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 Womack Funeral Home			
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.	

Crowell **Foard** **Texas**
Crowell Depot **21**

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

Jones **James** **M.** **Brother**
Crowell **Foard** **Texas**

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

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

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

Mrs Josie B. Jones
(SIGNATURE OF NEXT OF KIN)
Mrs. Josie B. Jones
(NAME PRINTED OR TYPED)

(STREET AND NUMBER)
Crowell, Texas
(CITY AND STATE)

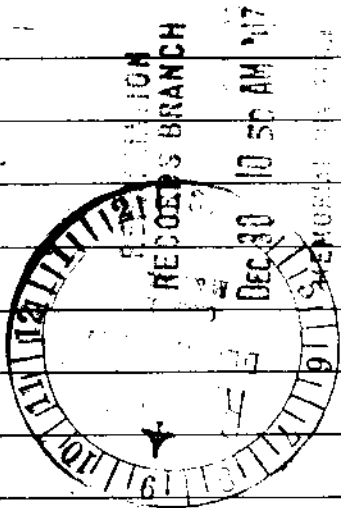
Subscribed and duly sworn to before me according to law by the above-named applicant this 23 day of December, 1947, at city (or town) of Crowell, county of Foard, and State (or Territory or District) of Texas

Nelson E. Oliphant
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Nelson E. Oliphant (Notary)
(OFFICIAL TITLE)

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

ADDITIONAL REMARKS AND INSTRUCTIONS

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



S/Sgt Orvil H. Jones, 38 513 145
Plot B, Row 12, Grave 288,
United States Military Cemetery
Margraten, Holland

25 November 1947

Mrs. Josie B. Jones
General Delivery
Crowell, Texas

Dear Mrs. Jones:

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.

gwi

RESTRICTED

REPORT OF BURIAL

TM 10-630 AND AR 30-1015

22 Nov. 1944

Jones Orvil H.

S/Sgt.

38513145

30

Last Name

First

Initial

Rank

Serial No.

7th Armored

48 Armored Inf. Bn

Organization

Meijel, Holland

29 15 Oct. 1944

KIA

Place of Death

Date of Death

Cause of Death

1000 22 Nov. 1944 - U. S. Mil. Cem. Margraten, Holland - VK 645482

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

288

12

B

Wooden Cross

Grave No.

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?

REBURIAL

What means of identification were buried with the body?

GRS embossed plate

Buried in isolated grave

Meijel, Holland

located at Grid Coord. E 710069

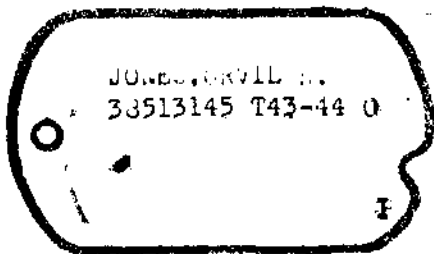
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right: Robert C. Ostdick 0-1015004 2nd Lt. 7th Armored 287

Deceased's Left: Carl F. Cooke 0-1012409 1st Lt. Unknown 289

Signature of 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 Unknown

Address

Religion

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

Signature of Officer or other person reporting burial

EDWIN J. DONOVAN
1st Lt. QMC, GRS Officer
611th QM Co. Reg. Co.

RESTRICTED

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

*Corrected report, original fwd.
 11 December 1944

REPORT OF DEATH

DATE 19 December 1944

FULL NAME Jones, Orvil H.		ARMY SERIAL NUMBER 38,513,145	GRADE S/Sgt	
HOME ADDRESS Foard City, Texas		ARM OR SERVICE Infantry	DATE OF BIRTH 6 Aug 18 4	
PLACE OF DEATH European Area		CAUSE OF DEATH Killed in action		DATE OF DEATH 29 Oct 1944
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 15 April 1943		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Josie B. Jones, mother, General Delivery, Crowell, Texas				
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Josie B. Jones, mother, same as above. Mr. James Jones, brother, General Delivery, Foard City, Texas				
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT
YES	NO	YES	NO	YES
				NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS
YES	NO	YES	NO	YES
				NO
				OTHER PAY STATUS (SPECIFY BELOW)
				YES
				NO
				X
				*X

ADDITIONAL DATA AND/OR STATEMENT

*Combat Infantryman. (Per General Orders #85, Hq. 7th Armored Div., dated 16 Nov 44)

The individual named in this report of death is held by the War Department to have been in a missing in action status from 29 Oct 44 until such absence was terminated on 6 December 1944, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a commander in the European Area.

COPIES FURNISHED:			<input checked="" type="checkbox"/> BATTLE	BY ORDER OF THE SECRETARY OF WAR <i>Chas. S. Fowler</i> DEC 29 1944 ADJUTANT GENERAL
S. G. O.	F. B. I.	F. O. U. S. A.	<input type="checkbox"/> NON-BATTLE	
S. G. O. M. G.	O. F. D.	ARMY EFFECTS BUREAU		
G. A. O.	VET. ADMIN.	CASUALTY BRANCH FILE		
		A. G. 501 FILE		

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

REPORT OF DEATH

DATE 11 December 1944

mab

FULL NAME Jones, Orvil H.				ARMY SERIAL NUMBER 38,513,145		GRADE S/Sgt							
HOME ADDRESS Foard City, Texas				ARM OR SERVICE Infantry		DATE OF BIRTH 6 Aug 1924							
PLACE OF DEATH European Area			CAUSE OF DEATH Killed in action.			DATE OF DEATH 29 Oct 1944							
STATION OF DECEASED European Area				DATE OF ENTRY ON CURRENT ACTIVE SERVICE 15 April 1943		LENGTH OF SERVICE FOR PAY PURPOSES							
						YEARS	MONTHS	DAYS					
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Josie B. Jones, mother, General Delivery, Crowell, Texas													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Josie B. Jones, mother, same as above. Mr. James Jones, YLM brother, General Delivery, Foard City, Texas													
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

The individual named in this report of death is held by the War Department to have been in a missing in action status from 29 October 1944 until such absence was terminated on 6 December 1944, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a commander in the European Area.



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

BATTLE
 NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

W. S. Fowler 7-11-44
 ADJUTANT GENERAL

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

*Corrected report, original fwd.
 11 December 1944

DATE 19 December 1944

REPORT OF DEATH

FULL NAME Jones, Orvil H.		ARMY SERIAL NUMBER 38,513,145		GRADE S/Sgt									
HOME ADDRESS Foard City, Texas		ARM OR SERVICE Infantry		DATE OF BIRTH 6 Aug 1924									
PLACE OF DEATH European Area		CAUSE OF DEATH Killed in action		DATE OF DEATH 29 Oct 1944									
STATION OF DECEDENT European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 15 April 1943		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS									
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Josie B. Jones, mother, General Delivery, Crowell, Texas													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Josie B. Jones, mother, same as above. Mr. James Jones, brother, General Delivery, Foard City, Texas													
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLIVING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
										<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	



ADDITIONAL DATA AND/OR STATEMENT

*Combat Infantryman. (Per General Orders #85, Hq. 7th Armored Div., dated 16 Nov 44)

The individual named in this report of death is held by the War Department to have been in a missing in action status from 29 Oct 44 until such absence was terminated on 6 December 1944, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a commander in the European Area.

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

BATTLE
 NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR

Chas. Fowler

ADJUTANT GENERAL

591 118

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

REPORT OF DEATH

DATE 11 December 1944
mab

FULL NAME Jones, Orvil H.		ARMY SERIAL NUMBER 38,513,145		GRADE S/Sgt									
HOME ADDRESS Foard City, Texas		ARM OR SERVICE Infantry		DATE OF BIRTH 6 Aug 1924									
PLACE OF DEATH European Area		CAUSE OF DEATH Killed in action.		DATE OF DEATH 29 Oct 1944									
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 15 April 1943		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS									
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Josie B. Jones, mother, General Delivery, Crowell, Texas													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Josie B. Jones, mother, same as above. Mr. James Jones, XXXX brother, General Delivery, Foard City, Texas													
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

The individual named in this report of death is held by the War Department to have been in a missing in action status from 29 October 1944 until such absence was terminated on 6 December 1944, when evidence considered sufficient to establish the fact of death was received by the Secretary of War From a commander in the European Area.

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

BATTLE
 NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR

W. S. Fowler

ADJUTANT GENERAL

291614

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

REPORT OF DEATH

DATE 11 Dec 1944

FLY

FULL NAME Jones, Orvil H.		ARMY SERIAL NUMBER 38 513 145		GRADE S/Sgt	
HOME ADDRESS Foard City, Texas		ARM OR SERVICE Infantry		DATE OF BIRTH 6 Aug 1924	
PLACE OF DEATH European Area		CAUSE OF DEATH Killed in action		DATE OF DEATH 29 Oct 1944	
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 15 Apr 1943		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS	
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Josie B. Jones (Mother) General Delivery Crowell, Texas					
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Josie B. Jones (Mother) XXXX Address same as above. Mr. James Jones (Brother) Gen. Del. Foard City, Texas					
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT	
YES	NO	YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS	
YES	NO	YES	NO	YES	NO
				OTHER PAY STATUS (SPECIFY BELOW)	
				YES NO	

ADDITIONAL DATA AND/OR STATEMENT

The individual named in this report of death is held by the War Department to have been in a missing in action status from 29 October 1944 until such absence was terminated on 6 December 1944, when evidence is considered sufficient to establish the fact of death was received by the Secretary of War from a commander in the European Area.

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

BATTLE
 NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

W. S. Fowler

ADJUTANT GENERAL

291614

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

--BATTLE CASUALTY REPORT

NAME			SERIAL NUMBER			GRADE		ARM OR SERVICE		REPORTING THEATRE	
JONES ORVIL H			38513145			S SG		INF		ETO	
PLACE OF CASUALTY			DATE OF CASUALTY			FLYING OR JUMPING STAT		TYPE OF CASUALTY		SHIPMENT NUMBER	
HOLLAND9			29 OCT 44					MIA		241	

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

THE INDIVIDUAL NAMED ABOVE DESIGNATED THE FOLLOWING PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON. THE RELATIONSHIP, IF ANY, IS SHOWN BELOW. IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT-OF-KIN OR RELATIVE DESIGNATED TO BE PAID SIX MONTHS' PAY GRATUITY IN CASE OF DEATH.

MR.-MRS.-MISS--FIRST NAME--MIDDLE INITIAL--LAST NAME				RELATIONSHIP		DATE NOTIFIED	
MRS JOSIE B JONES				MOTHER		12 NOV 44 3PM	
NO. AND NAME OF STREET--CITY--STATE							
GENERAL DELIVERY CROWELL TEXAS							

REMARKS:

 CORRECTED COPY

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED _____ FORM 43 _____ AG 201 REQ _____							
CASUALTY BRANCH FILE ATTACHED _____ OR CHARGED TO _____ DATE _____							
PREVIOUSLY REPORTED NO _____ YES _____ (AS INDICATED BELOW):							
FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED			
FORWARDED TO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SPEC. IDEN.	TELEGRAM	WOUNDED	LETTER	CORRES	S. R. & D.	CERTIF. M. & M. NON-DEL.
REPORT NOT VERIFIED _____ NO FORM 43 _____ NO CAS. BR. FILE _____ CHECKED BY _____ REVIEWED BY <i>W. J. [Signature]</i>							

THIS SPACE FOR USE OF MACHINE RECORDS BRANCH, A.G.O.

ACCT AREA	CASUALTY STATUS	ORIGINAL CAS. DATE			MESSAGE NO.	LATEST CAS. DATE			REFERENCE AREA	CREW POS.	RESIDENCE		COMP.	NAEL.											
		DAY	MO.	YR.		DAY	MO.	YR.			STATE	COUNTY													
34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59

DISTRIBUTION "A" COPIES

(ALL TYPES OF CASUALTIES PERTAINING TO MILITARY PERSONNEL, EXCEPT WOUNDED.)
COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

DISTRIBUTION "B" COPIES

(ALL WOUNDED MILITARY PERSONNEL AND ALL TYPES OF CASUALTIES PERTAINING TO CIVILIANS WHO ARE W. D. EMPLOYEES, EMPLOYEES OF W. D. CONTRACTORS AND OTHERS SUBJECT TO MILITARY LAW.)
COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

291614

RTB:VK:vr
July 28, 1945

Mrs. Josie E. Jones
General Delivery
Crowell, Texas

Dear Mrs. Jones:

The Army Effects Bureau has received from overseas some more property of your son, Staff Sergeant Orvil H. Jones.

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

Yours truly,

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

ARMY SERVICE FORCES
ARMED SERVICES BUREAU

ORDER FOR SHIPMENT

SHIP TO: Mrs. Josie B. Jones
General Delivery
Crowell, Texas

S/Sgt. Cyril H. Jones

Name
Effects of: 28513148

ASH 291614 D

Case No.

St.

DATE RTB:VK:vr July 28, 1945

FCM: Effects Quartermaster

REMARKS:

Include Bureau check
Acct. No. _____
Amount _____
 Include "Valuable" item
 Ship "Valuable" item(s)

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

COPIES:

Accounting Branch
 Warehouse Division
 Files Branch, Com. Div.

10/10

FRAYNE

REMARKS

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

71K

Shipping Clerk

PACKAGE DESCRIPTION

ARMY EFFECTS BUREAU INVENTORY

DECEASED

MISSING

P.O.W.

ABANDONED

TALLY NO. 97812

INV. DATE 18 July 45

OP. IG. NO. 1

OF PGS. 1

BOX NO. 23

SHEET 1

OF 1 SHEETS

ORGANIZATION
A.B.
48th Aird.
Inf. Bn.

291614

NAME Orville H. Jones

A.S.N. 38513145 S/Sgt

Belt	<input type="checkbox"/>	TOILET & HABCLOTHES	<input type="checkbox"/>	KNIVES	<input checked="" type="checkbox"/>
BEAT MONEY (NO MONEY)	<input type="checkbox"/>	COMBS	<input type="checkbox"/>	BASE CLOTHES	<input checked="" type="checkbox"/>
Cloth, wash	<input type="checkbox"/>	BRUSHES	<input type="checkbox"/>	ALL FOLD & UNFOLD	<input type="checkbox"/>
Coats	<input type="checkbox"/>	CAMERAS	<input type="checkbox"/>	Case	<input type="checkbox"/>
Footwear, Pr.	<input type="checkbox"/>	Glasses	<input type="checkbox"/>	Footlocked	<input type="checkbox"/>
Gloves, Pr.	<input type="checkbox"/>	Knives	<input type="checkbox"/>	KIT, SH. P.C. WRITING	<input type="checkbox"/>
Handkerchiefs	<input type="checkbox"/>	Lighters	<input type="checkbox"/>	BOOKS	<input type="checkbox"/>
Headwear	<input type="checkbox"/>	W.C.	<input type="checkbox"/>	Books, address	<input type="checkbox"/>
Jackets	<input checked="" type="checkbox"/>	Pen, Fountain	<input type="checkbox"/>	Books, Pilot Log	<input type="checkbox"/>
Overcoats	<input type="checkbox"/>	Pencil, Mechanical	<input type="checkbox"/>	DIARY (EXPOSED FOR DUB)	<input type="checkbox"/>
Scarfs	<input type="checkbox"/>	Pipes	<input type="checkbox"/>	FILES	<input type="checkbox"/>
Shirts	<input type="checkbox"/>	RELIGIOUS ARTICLES	<input type="checkbox"/>	Letters	<input type="checkbox"/>
Socks, Pr.	<input type="checkbox"/>	RIBBONS, DECORATION	<input checked="" type="checkbox"/>	Papers, Personal	<input type="checkbox"/>
Ties	<input checked="" type="checkbox"/>	Rings	<input type="checkbox"/>	Photos	<input type="checkbox"/>
Towels	<input type="checkbox"/>	Tobacco	<input type="checkbox"/>	Shoe shine articles	<input type="checkbox"/>
Trousers, Pr.	<input type="checkbox"/>	Toilet articles	<input checked="" type="checkbox"/>	SHORT SHORTER	<input type="checkbox"/>
Trunks, Pr.	<input type="checkbox"/>	NAUT	<input type="checkbox"/>	SOUVENIRS	<input checked="" type="checkbox"/>
Underwear	<input type="checkbox"/>		<input type="checkbox"/>	SOUVENIR MONEY	<input checked="" type="checkbox"/>
				Stationery	<input type="checkbox"/>
				POSTAL NOTES	<input type="checkbox"/>
				U.S. MONEY (AMOUNT)	<input type="checkbox"/>

Handwritten mark

REMARKS Home Add.
Rt. 1. Ford City, Texas.

ATTACHMENTS

FORM #54

FORM #100

Form 26

C.A.T. None

WAREHOUSE SPACE 1830

INVENTORIED BY McConnell

PACKED BY [Signature]

STORED BY [Signature]

CHECKED BY [Signature]

WEIGHT	NO. 1. REMOVED
	SHORTAGE ON REVERSE
	IDENT. TAGS REMOVED
	DIARY REMOVED
	LOCKED STORAGE
DATE SHIPPED	LAUNCHY REMOVED
NO. 2. REMOVED	FILM REMOVED
NO. 3. REMOVED	
NO. 4. REMOVED	
NO. 5. REMOVED	
NO. 6. REMOVED	
NO. 7. REMOVED	
NO. 8. REMOVED	
NO. 9. REMOVED	
NO. 10. REMOVED	
NO. 11. REMOVED	
NO. 12. REMOVED	
NO. 13. REMOVED	
NO. 14. REMOVED	
NO. 15. REMOVED	
NO. 16. REMOVED	
NO. 17. REMOVED	
NO. 18. REMOVED	
NO. 19. REMOVED	
NO. 20. REMOVED	
NO. 21. REMOVED	
NO. 22. REMOVED	
NO. 23. REMOVED	
NO. 24. REMOVED	
NO. 25. REMOVED	
NO. 26. REMOVED	
NO. 27. REMOVED	
NO. 28. REMOVED	
NO. 29. REMOVED	
NO. 30. REMOVED	

NAME JONES, ORVIL H. S/SGT. 3145

RAY	PALLET	BOX	TALLY
66	25	23	9781
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
PKG.			

EE. QM Form 48

RESTRICTED
INVENTORY FORM

1 Nov 1944
Date

SUBJECT: Inventory of Personal Effects of:

Jones ORUIH H S/SGT. 38513145
(Last Name) (First Name) (MI) (Rank) (ASN)

TO: Effects Quartermaster, Communication Zone, APO _____ US Army

The above named individual of Co B 48th ARMD. INF. Bn.
(Unit) (Organization)
was reported M.I.A. about OCT 28 1944
Status (KIA, MIA, Hosp. etc.) (Date)

Designated Beneficiary if information readily accessible _____

INVENTORY OF EFFECTS

Leather Billfold Containing The Following:

- SNAPSHOTS ✓
- Certificate of Title of Motor Vehicle ✓
- 2 Ribbons (US) ✓
- 2 Fountain Pens ✓
- 1 Razor STK. ✓
- 1 Mech. Pencil ✓
- 1 Pr. eye glasses with case ✓
- 1 Platter Silver (Souvenir) ✓

Money in the amount of None has been turned into _____
(Name of Finance Office)
Form WDEF 38 enclosed.
and symbol number)

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 Edward P. Borosano
Rank & ASN Capt-01301718
Organization Co B-48th AIB.

Any additional pertinent information:-



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

IN REPLY REFER TO 291614

RTB:RW:amt
July 21, 1945

Mrs. Josie B. Jones
General Delivery
Crowell, Texas

Dear Mrs. Jones:

The Army Effects Bureau has received from overseas some personal effects of your son, Staff Sergeant Ortil H. Jones.

These effects are being forwarded to you in one package and one carton.

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,

P. L. KOOB
1st Lt., QMC
Officer-in-Charge
SJ Unit

pl

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Josie B. Jones

SHIP TO:

General Delivery

Effects of: S/Sgt. Orvil E. Jones

Drowell, Texas

Name

38513145

ASN

Case No.

291614D

WT.

DATE 23 July 1945

Handwritten signature

POB: Effects Quartermaster

REMARKS: RTB:R:me

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

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

ROUTING:

Accounting Branch
 Warehouse Division
 Files Branch, Adm. Div.

Handwritten notes:
1 (the) [unclear]
1/2 [unclear]
[unclear] 6-45

REMARKS:

Franked **FRANKED** Jul 27 1945
Est. Exp. Chgs. _____
Est. Frt. Chgs. _____
No. of packages _____

Shipping Clerk

JUL 9 1945

ARMY EFFECTS BUREAU
DRY CLEANING LIST

ARMY EFFECTS BUREAU
LAUNDRY LIST

TALLY NO.

003 008 ✓

291614

TALLY NO.

ORVIL JONES ✓
38513145 ✓

J-3145E

J-3145E

DRY CLEANING

do not use

LAUNDRY

do not use

SHIRTS, WOOL

TROUSERS, WOOL

COAT, SERVICE, WOOL

JACKET, FIELD

OVERCOAT, LONG

OVERCOAT, SHORT, WOOL

CAP. GARRISON, WOOL

CAP. GARRISON, W/LEATHER COTTON

CAP. SERVICE, WOOL

CAP. SERVICE, W/LEATHER COTTON

TIES, WOOL

GLOVES, LEATHER OR WOOL

SCARFS

SWEATERS

TRUNKS, SWIM

SHIRTS, DRESS, COTTON

HANDKERCHIEFS ✓ 108 ✓

TROUSERS, COTTON

TIE, COTTON

UNDERSHIRTS, COTTON

DRAWERS, COTTON

SWEATSHIRTS, COTTON OR WOOL

DRAWERS, WOOL

SOCKS, COTTON, PR.

SOCKS, WOOL, PR.

PAJAMA TOPS

PAJAMA BOTTOMS

FATIGUES, J. PC, COTTON

FATIGUES, TOPS, COTTON

FATIGUES, TROUSERS, COTTON

CAP. FATIGUE, COTTON

BELT, COTTON

TOWEL

1 CLOTH. WASH ✓ 102 ✓

CAP. GARRISON, "NO LEATHER", COTTON

CAP. SERVICE "NO LEATHER", COTTON

GLOVES, COTTON

LEGGINGS

SUPPORTERS, ATHLETIC

SCARFS

1 TRUNKS, GYM

1 BAGS, BARRAGE ✓ 103 ✓

13

WAREHOUSE SPACE

128

STORE BY

JCM

INVENTORIED BY

L. Kuck

PACKED BY

Stiller

CHECKED BY

Stiller

WEIGHT

DATE SHIPPED

JUL 27 1945

210

1943

1943

Handwritten signature or scribble, possibly reading "The" or "The" written vertically.

PACKAGE DESCRIPTION

ARMY EFFECTS BUREAU INVENTORY

RECEIVED
 MISSING
 P.O.W.
 ABANDONED
 TALLY NO. 8375
 INV. DATE 6 June 45
 OPTG. No. OF PKGS. X
 BOX NO. 36
 SHEET 1 OF 1 SHEETS
 ORGANIZATION 48 Army of Sub Bn 7th Armd Div

NAME Orvil H. Jones
 A.S.N. 3851 3145 RANK S/SGT

Belt		<u>TOWELS & WASHCLOTHS</u>		<u>WINGS</u>
<u>REF. MONEY (NO MONEY)</u>	X	<u>CLOTHING</u>		<u>BAGS, CLOTH OR TRAVEL</u>
Cloth, Wash		<u>BRACELET IDENT.</u>		<u>BILLFOLD, (NO MONEY)</u>
Coats		Brushes		Case
Footwear, Pr.		<u>CAMERAS</u>		Footlocker
Gloves, Pr.		Glasses		<u>KIT, SEW. KIT, OR WRITING</u>
Handkerchiefs		Knives	X	<u>BOOKS</u>
Headwear		Lighters		Books, Address
Jackets		<u>MISC.</u>		Books, Pilot Log
Overcoats		Pen, Fountain		<u>DIARY (REMOVED FOR DER)</u>
Scarfs		Pencil, Mechanical		<u>FLIMS</u>
Shirts		Pipes		Letters
Socks, Pr.		<u>RELIGIOUS ARTICLES</u>		Papers, Personal
Ties		<u>RIBBONS, DECORATION</u>		Photos
Towels		Rings		Shoe Shine Articles
Trousers, Pr.		Tobacco		<u>SHORT SHORTS</u>
Trunks, Pr.		Toilet Articles		<u>SOUVENIRS</u>
Underwear		<u>WAGE</u>		<u>SOUVENIR MONEY</u>
				Stationery
				<u>TESTAMENTS</u>
				<u>U. S. MONEY (AMOUNT)</u>

LAUNDRY MC

REMARKS indicated ATTACHMENTS FORM #54 FORM #100

No information Form 26
 by R Label

C.A.T. None	WEIGHT	G.I. REMOVED
WAREHOUSE SPACE 2638	STORED BY [Signature]	SHORTAGE ON REVERSE
INVENTORIED BY Crockett	DATE SHIPPED JUL 27 1945	IDENT. TAGS REMOVED
PACKED BY [Signature]	CHECKED BY [Signature]	DIARY REMOVED
	X #49 OR ADDITIONAL	LOCKED STORAGE
		LAUNDRY REMOVED
		FILM REMOVED

[Handwritten initials]

Serial No. 38513145 Name Orvil H. James
Grade S/Sgt. Rank S/Sgt.
Organization _____
Address _____
Nearest Relative _____
Address _____
Killed in Action KIA Died of Disease _____
Date 29 Oct. 1944 Hospital _____
Battle Area _____ Information _____
Place of Burial _____
Point of Coordination _____
Description of Body _____
Members Missing _____

Signed Sam B. Pyles
Capt. G.M.C.

NAME JONES, ORVIL H. S.SGT 3145

BAY	PALLET	BOX	TALLY
	8	36	8375
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
GRB			

ED. QM Form 48

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

8 JAN 45

Date

SUBJECT: Inventory of Personal Effects of:

JONES

ORVIL

H

S/SGT 38513145

(Last Name)

(First Name)

(MI)

(Rank)

(ASN)

TO: Effects Quartermaster, Communication Zone, APO _____ US Army

The above named individual of 48TH ARMED INF BN 7TH ARMORED DIVISION
(Unit) (Organization)

was reported KIA about 29 OCTOBER 1944
Status (KIA, MIA, Hosp. etc.) (Date)

Designated Beneficiary if information readily accessible NOT KNOWN

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

- 1 JEWISH HOLY SCRIPTURE**
- 1 MISSAL**
- 2 PRAYERBOOKS**
- 1 TOILET ARTICLE BAG**
- 3 HANDKERCHIEFS**
- 1 PAIR SOCKS**
- 1 TOWEL**
- 1 RUBBER STAMP WITH PAD**
- SOUVENIR POST CARDS**
- 1 RAZOR CASE**

Money in the amount of NONE has been turned into _____
(Name of Finance Office)

_____ Form WDFD 38 enclosed.
and symbol number)

NOT KNOWN

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

I certify that the above items constitute all of the effects, secured by me, of
the above named individual and that they were forwarded to the Effects Depot
by TRUCK on 8 JAN 1945.

(Rail, Truck, etc.)

Name Sam B. Plyler
Rank & ASN SAM B PLYLER
CAPT OIC O-1016266
Organization HEADQUARTERS 7th A.D.

Any additional pertinent information:

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

JRM:RW:sjw

Case No. 291614
Date 12 July 1945

SUBJECT: Report of transaction in disposing of the effects of

Orvil H. Jones 38513145 late
(Name of deceased) (Army Serial Number)
Staff Sergeant Infantry who died
(Grade) (Organization, Army or Service)
on the 29 day of October, 19 44 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., KCM 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 enclosed 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 5 July 1945, pursuant to Special Orders 228, Headquarters KCM Depot, dated 25 September 1943, the application or affidavit of _____

Mrs. Josie B. Jones 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. Josie B. Jones of _____
(Name of person found entitled)

General Delivery Crowell State of
(Number, Street or Avenue) (City, Town or Village)
Texas is the mother 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

291614

GHG:FW:rm
July 7, 1945

Mrs. Josie B. Jones
General Delivery
Crowell, Texas

Dear Mrs. Jones:

The Army Effects Bureau has received from overseas some property of your son, Staff Sergeant Orvil H. Jones.

This property, consisting of a few small items is being sent you. Regrettably, the knife was damaged by rust prior to receipt at this Bureau.

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
1st Lt., QMC
Officer-in-Charge
SJ Unit

1945
P.L.

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mr. Cyril H. Jones

SHIP TO:

General Delivery

Mr. Cyril H. Jones

Crowell, Texas

Effects of:
Name

301340

ASN

29102- D

Case No.

Wt.

DATE 7 July 1945

R. W. ...

FOR: Effects Quartermaster

REMARKS: GHG:RW:nm

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

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

NOTING:

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

JUL 12 1945

[Handwritten Signature]

REMARKS:

SHIP DAMAGED PROPERTY

Franked PAID
 Est. Exp. Chgs. _____
 Est. Frt. Chgs. _____
 No. of packages 1

A. K.
Shipping Clerk

JUN 30 1945

PACKAGE DESCRIPTION <i>H I Envelope</i>	ARMY EFFECTS BUREAU INVENTORY <i>291614</i>	DECEASED <input checked="" type="checkbox"/> MISSING <input type="checkbox"/> P.O.W. <input type="checkbox"/> ABANDONED <input type="checkbox"/> TALLY NO. <i>8375</i>
NAME <i>ORVILLE H. JONES</i>		INV. DATE <i>21 June 45</i>
A.S.N. <i>38513148</i> RANK <i>—</i>		ORIG. NO. OF PGS.
		BOX NO. <i>78</i>
		SHEET <i>1</i> OF <i>1</i> SHEETS
		ORGANIZATION <i>7th Div.</i>

Belt	<i>✓</i>	TOWELS & HANDCLOTHS	<i>✓</i>	KLEGS	<i>✓</i>
BLK. MONEY (NO MONEY)		CLOTHING		BAGS, CLOTH OR TRAVEL	
Cloth, wash		BRACELET IDENT.		BILLYOOL. (NO MONEY?)	
Coats		Brushes		CASE	
Footwear, Pr.		COMBS		Footlocker	
Gloves, Pr.		STITCHES		<i>✓</i> KIT, SEW, TIE, OR WRITING	
Handkerchiefs	<i>✓</i>	Knives	<i>✓</i>	BOOKS	
Headwear		Lighters		Books, Address	
Jackets		SEES		Books, Pilot Log	
Overcoats		Pen, Fountain		DIARY (REMOVED FOR DUR)	
Scarfs		Pencil, Mechanical		FILES	
Shirts		Pipes		Letters	
Socks, Pr.		RELIGIOUS ARTICLES		Papers, Personal	
Ties		EMBROID. DECORATION		Photos	
Towels		Films		Shoe Shine Articles	
Trousers, Pr.		Tobacco		SHORT SHORTS	
Trunks, Pr.		Toilet Articles		SOUVENIRS	
Underwear		WIPES		<i>✓</i> SOUVENIR MONEY	
				Stationery	
				TRUNKS	
				U.S. MONEY (AMOUNT)	

H.S. 48

DAMAGED

REMARKS <i>No information</i>	ATTACHMENTS <i>1</i>	FORM #54 <input checked="" type="checkbox"/>	FORM #100 <input checked="" type="checkbox"/>
<i>Rechecked</i>			<i>1 grave tag</i>

<i>rusty</i>	WEIGHT	C.I. REMOVED
C.A.T. <i>None</i>		SHORTAGE ON REVERSE
WAREHOUSE SPACE <i>S</i>	STORED BY <i>J.K.</i>	IDENT. TAGS REMOVED
INVENTORIED BY <i>D. Avidem</i>	DATE SHIPPED <i>JUL 12 1945</i>	DIARY REMOVED
PACKED BY <i>[Signature]</i>	CHECKED BY <i>[Signature]</i>	LOCKED STORAGE <i>✓</i>
		LAUNDRY REMOVED
		FILM REMOVED

NAME JONES, ORVIL H .45

BAY	PALLET	BOX	TALLY
	12	78	8375
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
GRB			

Eff. QM Form 43

Serial No. 38513145 Name Jones, Albert M.
Grade _____ Rank _____
Organization 72nd
Address _____
Nearest Relative _____
Address _____
Killed in Action Died of Disease _____
Date 15 Oct 1944 Hospital _____
Battle Area Meijel, H. Information R708
Place of Burial U.S. Mil. Cem. Macgregor
Point of Coordination _____
Description of Body _____
Remains Missing
Signed _____