



INDIVIDUAL DECEASED PERSONNEL FILE

BEST COPY POSSIBLE
POOR QUALITY ORIGINAL

Noel, Roy G.

pgs.52

21 JUN 1949

WORLD WAR II

DUPLICATE
BRONZE MARKER

CHECK TYPE REQUIRED (See Instructions attached)		APPLICATION FOR HEAD ONE OR MARKER (Please make out and return in duplicate)		
<input type="checkbox"/> UPRIGHT MARBLE HEADSTONE	ENLISTMENT DATE	SERIAL No.	EMBLEM (Check)	
<input type="checkbox"/> FLAT MARBLE MARKER	JUNE 8 1942	36504844	<input checked="" type="checkbox"/> CHRISTIAN	BRONZE MARKER
<input type="checkbox"/> FLAT GRANITE MARKER	DISCHARGE DATE	PENSION No.	<input type="checkbox"/> HEBREW	
<input checked="" type="checkbox"/> BRONZE MARKER (NOTE RESTRICTIONS)		XC-3 726 143	<input type="checkbox"/> NONE	
NAME (Last, First, Middle Initial)		STATE	RANK	COMPANY
Noel, Roy G.		Mich	Pvt.	824th T. D. Co
U. S. REGIMENT, STATE ORGANIZATION, AND DIVISION				
DATE OF BIRTH (Month, Day, Year)	DATE OF DEATH (Month, Day, Year)	USAGF		
March 12 1913	Sept. 14, 1944	LOCATION (City and State)		
NAME OF CEMETERY		Birmingham, Michigan		
White Chapel Memorial		NEAREST FREIGHT STATION (City and State)		
SHIP TO (I CERTIFY THE APPLICANT FOR THIS STONE HAS MADE ARRANGEMENTS WITH ME TO TRANSPORT THE STONE FROM THE FREIGHT STATION TO THE CEMETERY)		Birmingham, Michigan		
J. Howard Wendolph		POST OFFICE ADDRESS OF CONSIGNEE		
(SIGNATURE OF CONSIGNEE)		Birmingham, Michigan		
DO NOT WRITE HERE		I certify this application is submitted for a stone for the unmarked grave of a veteran.		
FOR VERIFICATION		I hereby agree to assume all responsibility for the removal of the stone promptly upon arrival at destination, and properly place it at the decedent's grave at my expense.		
ORDERED	FILE E. J. [unclear]	APPLICANT'S SIGNATURE		DATE OF APPLICATION
B/L		Dorothy Noel		Jan. 7, 1949
SHIPPED		ADDRESS (Street, City, State)		
		645 Jewell - Ferndale - 22, Mich.		

OQMG FORM 623
REV 15 APR 47

IMPORTANT - Complete Reverse Side

16-11453-6 GPO

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



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

J. Harold ...
Vice President

Date Jan. 21, 1949

16-11453-4

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

ORIGINAL ORDER

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

FLAT BRONZE MARKER

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

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

INSCRIPTION: LATIN CROSS

ROY G NOEL / MICHIGAN / PVT 814 TANK DESTROYER BN / WORLD WAR II /
MARCH 12 1920 SEPT 14 1944

MAIL TO: J HOWARD WENDORPH, SUPT
WHITE CHAPEL MEM CEMETERY
BIRMINGHAM
MICHIGAN

FOR:

FILE # MARK Do not remove
SMiller
APR 10 1949

APPLICANT: DOROTHY NOEL
645 JEWELL
FERNDALE 20
~~CALIFORNIA~~ MICHIGAN

CEMETERY: WHITE CHAPEL MEMORIAL
BIRMINGHAM
MICHIGAN

che
SMS

QOMG FORM 392
17 DEC. 47

APPROVAL AND ACCEPTANCE

Dorothy Noel
SIGNATURE

ORIGINAL ORDER

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

FLAT BRONZE MARKER

FEB 28 1949

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

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

INSCRIPTION: LATIN CROSS

293 ROY G NOEL / MICHIGAN / PVT 814 TANK DESTROYER BN / WORLD
WAR 11 / MARCH 12 1920 SEPT 14 1944

MAIL TO: J HOWARD WENDORPH SUPT
WHITE CHAPEL MEM CEM
BIRMINGHAM
MICHIGAN

FOR:

4629

FILE 8 JUL 1949

Handwritten signature

APPLICANT: DOROTHY ~~NEEK~~ NOEL
645 JEWELL
FERNDALE 20
MICHIGAN

CEMETERY: WHITE CHAPEL MEMORIAL
BIRMINGHAM
MICHIGAN

che
JMP

QOMG FORM 392
17 DEC. 47

APPROVAL AND ACCEPTANCE *ck*

SIGNATURE

W

ORIGINAL ORDER

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

FLAT BRONZE MARKER

Below you will find a copy of the inscription taken from the OFFICIAL RECORDS as it will appear on the flat bronze marker you ordered. CHECK IT CAREFULLY before the marker is manufactured. Check the INSCRIPTION, NAME AND LOCATION OF CEMETERY. Check with CEMETERY OFFICIALS and make sure a government flat bronze marker will be allowed at grave. Check NAME AND ADDRESS OF THE PERSON to whom marker is to be mailed. Sign and return promptly in the inclosed envelope which requires no postage.
UNTIL YOU RETURN THIS SLIP THE FLAT BRONZE MARKER CANNOT BE ORDERED. DO NOT DELAY - SIGN & RETURN TODAY

INSCRIPTION: LATIN CROSS

**ROY G NOEL / MICHIGAN / PVT 614 TANK DESTROYER BN / WORLD
WAR II / MARCH 12 1920 SEPT 14 1946**

MAIL TO:

**J HOWARD VENDORPH SUPT
WHITE CHAPEL MEM CEM
BIRMINGHAM
MICHIGAN**

FOR:

4629

FILE
6 JUL 1949
W. H. H. H. H.

APPLICANT:

**DOROTHY MEEK NOEL
645 JEWELL
FERNDALE 20
MICHIGAN**

CEMETERY:

**WHITE CHAPEL MEMORIAL
BIRMINGHAM
MICHIGAN**

JMP

OQMG FORM 392
17 DEC. 47

APPROVAL AND ACCEPTANCE

SIGNATURE

DEPARTMENT OF THE ARMY
OFFICE OF THE QUARTERMASTER CENTRAL
WASHINGTON 25, D. C.
OFFICIAL BUSINESS

UNITED STATES POSTAGE
PAID
A/C DEPARTMENT OF THE ARMY
CINCINNATI, OHIO

PARCEL POST

CONTENTS: BRONZE MARKER .

W 49-056 QM 157

CONTRACT NO. 4629

ORDER NO. ROY G NOEL

NAME _____

8 JUL 47
121166

J Howard Wendorph, Supt
White Chapel Mem Cem
Birmingham
Michigan

QOMG FORM 386
22 JUL 47

GPO 16-52881-2

15937

RECEIPT OF REMAINS

DISTRIBUTION CENTER

COLUMBUS GENERAL DEPOT COLUMBUS 15 OHIO

ROUTINE 30 DECEMBER 1948

REMAINS CONSIGNED TO: SPAULDING & SON FUNERAL HOME
500 WEST NINE MILE ROAD
FERNDALE MICHIGAN

FROM QMDCG _____ BARDEN

REMAINS OF THE LATE PVT ROY G NOEL ASN 36504844 BEING SHIPPED TO YOU
ACCOMPANIED BY MILITARY ESCORT ON TRAIN NUMBER 1-314 NEW YORK CENTRAL RAILROAD
LEAVING COLUMBUS OHIO 9:50 PM THREE JANUARY AND DUE TO ARRIVE DETROIT MICHIGAN
5:10 AM RAILROAD TIME FOUR JANUARY. REQUEST YOU IMMEDIATELY PASS THIS
INFORMATION ON TO NEXT OF KIN. REQUEST FURTHER YOU MAKE ARRANGEMENTS TO ACCEPT
REMAINS AT RAILROAD STATION UPON ARRIVAL AND TRANSPORT REMAINS AND ESCORT TO MRS
DOROTHY NOEL AT FERNDALE MICHIGAN AND RETURN ESCORT TO RAILROAD STATION. YOU
SHOULD SUBMIT ITEMIZED STATEMENT IN QUADRUPLICATE PROPERLY CERTIFIED TO THIS
DEPOT FOR PAYMENT OF TRANSPORTATION CHARGES ONLY IF ANY FROM DETROIT MICHIGAN
STATION TO FERNDALE MICHIGAN

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

THIS 4 DAY OF Jan 19 49
DAY MONTH

Dwight G. [Signature]
WITNESS (Escort)

[Signature]
CONSIGNEE

MAT
FILE
RECORDS NOTATED
DATE FEB 15 1949
NAME [Signature]
R & R BR.

1

DISINTERMENT DIRECTIVE

11-72

SECTION A— NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER 3504 02248		DATE 15 05 48 DAY MONTH YEAR	
NAME NOEL ROY G			SERIAL NUMBER 36504844	RANK PVT	ARM 1	DATE OF DEATH DAY MONTH YEAR	
CEMETERY ANDILLY - LAY ST REMY						DISPOSITION OF REMAINS 1 62001 07 CODE DIST. PT.	
PLOT C	ROW 6	GRAVE 126	COUNTRY FRANCE			CAUSE OF DEATH 2	

SECTION B— CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE SPAULDING & SON FUNERAL HOME 500 WEST NINE MILE ROAD FERNDALE, MICHIGAN (F/B: BIRMINGHAM, MICHIGAN)		NAME AND ADDRESS OF NEXT OF KIN DOROTHY NOEL (WIFE) 645 JEWELL FERNDALE, MICHIGAN	
---	--	--	--

SECTION C— DISINTERMENT AND IDENTIFICATION

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

SECTION D— PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	
MINOR DISCREPANCIES /	
REMAINS PREPARED AND PLACED IN CASKET	
DATE CASKET SEALED BY JOHN A BRICKLEY (EMB SUPV)	BY EMBALMER (Signature) JOHN A BRICKLEY (EMB SUPV)
CASKET BOXED AND MARKED DATE 15/10/48 BY JOHN M DESSIMOZ CLERK RECORDER	SHIPPING ADDRESS VERIFIED BY E. J. ...

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

SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC, ANDILLY, FRANCE.		TO C.O., CASSELINE POINT ANTWERP, BELGIUM.	
KIND OF CONVEYANCE RAIL		NAME OF CONVOYER SIC [unclear]	
SIGNATURE OF SHIPPER <i>[Signature]</i> L. R. KING, I.A.T., INF.	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 5 OCT 1948

2. SHIPPED

FROM AGRC ANTWERP BELGIUM		TO U.S.A.T. Carroll Victory	
KIND OF CONVEYANCE V.L. 3		NAME OF CONVOYER Whoreats, Transport Cochr	
SIGNATURE OF SHIPPER L. E. Butler Lt Col, Inf	DATE 29 OCT 1948	SIGNATURE OF RECEIVER <i>[Signature]</i> Transport Cochr	DATE 29 OCT 1948

3. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER <i>[Signature]</i>	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i> PREISCH LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER	DATE NOV 10 1948

4. SHIPPED

FROM <i>[Signature]</i>		TO No. 107	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER A. W. PREISCH LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER	DATE NOV 18 1948	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE	SIGNATURE OF RECEIVER BOBOLIA MORT (1948)	DATE

6. SHIPPED

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

7. SHIPPED

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

1

DISINTERMENT DIRECTIVE

SECTION A—
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

NAME

NOEL ROY G

SERIAL NUMBER

36504844 PVT

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

CAUSE OF DEATH

C 5 126 ANDILLY FRANCE

SECTION B— CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

SECTION C— DISINTERMENT AND IDENTIFICATION

NAME

NOEL, Roy G

SERIAL NUMBER

36504844

RANK

PVT

DATE OF DEATH

DATE DISTINTERRED

9 July 1948

IDENTIFICATION TAG ON

REMAINS
 MARKER

ORGANIZATION

RELIGION

C

IDENTIFICATION VERIFIED BY

JOHN G WEST Embalmer
NAME AND TITLE

SECTION D— PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Military clothing

CONDITION OF REMAINS

Small amount of decomposed flesh.
Complete. Fractured left scapula.
Skeletal state.

OTHER MEANS OF IDENTIFICATION

None

MINOR DISCREPANCIES

None

REMAINS PREPARED AND PLACED IN CASKET transfer box

DATE 9 July 1948

BY JOHN G WEST Embalmer

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY all markings, tags & plates

DATE 10/1/48 BY

verified by

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

ELMER C NORUM 1st Lt Inf 527 QM SV CO.

SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

MESSAGEFORM		MESSAGE CENTER NO.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT	
CALLS V	STA. SER. No.	PRECEDENCE <i>OK</i>	TRANSMISSION INSTRUCTIONS	ORIGINATOR	DATE-TIME GROUP
ACTION		INFORMATION	EXEMPT	OPERATING SIGNALS	GROUP COUNT
WESTERN UNION					GR
FROM: (Originator)			SECURITY CLASSIFICATION		
ACTION TO: DOROTHY NOEL DLR AND REPORT ANY CHARGES 645 JEWELL FERRDALE MICHIGAN INFORMATION TO: FROM QMDCG <u>15073-R</u> BARDEN			GOVT PD		
			PRECEDENCE FOR		
			ACTION	INFORMATION	
			<input type="checkbox"/> DAY LETTER <input type="checkbox"/> ORIGINAL MESSAGE		
			REFERS TO ANOTHER MESSAGE IDENTIFICATION CLASSIFICATION		
<p>WE HAVE BEEN ADVISED REMAINS OF THE LATE <u>ROY G NOEL</u> <u>PRIVATE</u></p> <p>ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED TO <u>SPAULDING & SON FUNERAL HOME</u></p> <p><u>500 WEST NINE MILE ROAD, FERRDALE MICHIGAN</u></p> <p>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 COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS OHIO. 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 STATION. ALSO HE WILL BE REQUESTED TO FURNISH YOU THIS INFORMATION SO THAT YOU MAY COMPLETE FUNERAL ARRANGEMENTS. THIS TELEGRAM WILL BE SENT AT LEAST THREE 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 ARRANGEMENTS. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM. NOTIFY THIS OFFICE OF PATRIOTIC OR VETERANS ORGANIZATION SELECTED BY YOU TO FURNISH MILITARY HONORS.</p> <p style="text-align: center;">BOWMAN CO COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS OHIO</p>					
SECURITY CLASSIFICATION			AUTHORIZATION		
ORIGINATING AGENCY			SIGNATURE		
SYMBOL	DATE-TIME GROUP	OFFICIAL TITLE		PAGE	OF
		FRANCIS FAPPIANO			

WD AGO FORM 11-168
15 JUN 1945

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

CAPT, QMC, Asst AGR Div

16-45801-1

U. S. GOVERNMENT PRINTING OFFICE

CZA184 29 COLLECT 4 EXTRA DETROIT MICH NOV 12 850P

CO COLUMBUS GENL DIST DEPOT COLUMBUS OHIO

THE REMAINS OF THE LATE ROY G NOEL ARE TO BE DELIVERED TO
SPAULDING AND SON FUNERAL HOME 500 WEST NINE MILE FERNDALE
MICH

DOROTHY NOEL 645 JEWELL FERNDALE MICH.

500 645.

211P.

MESSAGEFORM		MESSAGE CENTER No.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT	
CALLS V	STA. SER. No. NR	PRECEDENCE	TRANSMISSION INSTRUCTIONS	ORIGINATOR	DATE-TIME GROUP
ACTION	INFORMATION		EXEMPT	OPERATING SIGNALS	GROUP COUNT SR
SPACE ABOVE FOR SIGNAL CENTER ONLY					
FROM: (Originator)			SECURITY CLASSIFICATION		
ACTION TO: • SPAULDING & SON FUNERAL HOME • 500 W. NINE MILE ROAD • FERNDALE, MICHIGAN INFORMATION TO: FROM QMDCG <u>20032</u> B <u>BARDEN</u> SHIPMENT OF REMAINS OF THE LATE PRIVATE ROY G NOEL HAS BEEN CANCELLED AS REQUESTED. DELIVERY WILL BE MADE ON 4 JANUARY. YOU WILL BE NOTIFIED AT LATER DATE EXACT TIME OF ARRIVAL			PRECEDENCE FOR		
			ACTION	INFORMATION	
			<input type="checkbox"/> ORIGINAL MESSAGE		
			IDENTIFICATION	REFERS TO ANOTHER MESSAGE CLASSIFICATION	
SECURITY CLASSIFICATION			AUTHORIZATION		
ORIGINATING AGENCY			SIGNATURE		
SYMBOL	DATE-TIME GROUP	OFFICIAL TITLE		PAGE	OF
		FRANCIS FAPPIANO CAPT QMC ABST AGR DIV			

WU008 PD TDEE FERDALE MICH DEC 16 619P

COLUMBUS GENL DIST DEPOT AMERICAN GRAVES

REGISTRATION DIV

REQUEST THAT THE REMAINS OF THE LATE PRIVATE ROY G NOEL

ASN36504844 BE HELD AT MYOUR DEPOT UNTIL JANUARY THREE

1949

SPAULDING AND SON FUNERAL HOME 500 WEST NINE MILE RD

FERDALE MICH

ASN36504844 1949 500

834A DEC 17..

INSPECTION CHECKLIST
(FOR USE AT DISTRIBUTION CENTER)

<i>M 1020K</i>			
NAME Noel, Roy G.		RANK Pvt.	SERIAL NUMBER 36504844
SOURCE		CONSIGNEE Spaulding & Son Funeral Home 50 West Nine Mile Rd., Ferndale Mich.	
SHIPPING CASE - GENERAL APPEARANCE (CHECK ONLY DISCREPANCIES)		CONDITION OF SHIPPING CASE (CHECK ONE) <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	
FINISH (EXTERIOR)	REMARKS <i>Painted</i>		
FINISH (INTERIOR)			
HANDLES			
HANDLE BOLTS			
STENCILING - NAMEPLATE			
HEALTH PERMIT MARKER			
HEALTH PERMIT NUMBER			
CASKET - GENERAL APPEARANCE (CHECK ONLY DISCREPANCIES)		CONDITION OF CASKET (CHECK ONE) <input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> UNSATISFACTORY	
FINISH (EXTERIOR)	REMARKS <i>Painted by [unclear]</i>		
HANDLES AND FASTENINGS			
STENCILING - NAMEPLATE			
CAM LOCKS (SEALING)			
ODOR OR MOISTURE			
Routed Through			
<input type="checkbox"/> MORTUARY OPERATING ROOM		<input type="checkbox"/> MORTUARY REPAIR SHOP	
CONDITION OF REMAINS <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY		CASKET REPAIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	
NECESSARY DISINFECTION (EXPLAIN)		CASKET EXCHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO	
		SHIPPING CASE REPAIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	
		SHIPPING CASE EXCHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO	
		REMARKS	
TIME	DATE	SIGNATURE OF MORTICIAN	SIGNATURE OF INSPECTOR
			<i>1345 [unclear]</i>
REMARKS <i>Casket [unclear] [unclear]</i>			

Col. Barden
 Capt. Fappiano
 B. Hughes
 M. Isham

DATE

HOURS

213

Interviewing Returning Escorts

<p>1. Name of Escort Boyer, Dwight O., Sgt. USA.</p>	<p>2. Remains Escorted Goel, Roy G., Pvt., 36 504844</p>
<p>3. Funeral Director Spaulding + Son Funeral Home</p>	<p>Destination Farmdale, Michigan</p>
<p>4. Items returned</p> <p> <input checked="" type="checkbox"/> Receipt of Remains <input type="checkbox"/> Certificate of Interment <input type="checkbox"/> Rail-head Expenses </p>	<p> <input checked="" type="checkbox"/> Return of Ammunition 40 rounds ¹⁸⁹⁶ 1909 <input type="checkbox"/> Receipt for Ammunition <input checked="" type="checkbox"/> Arm Band <input type="checkbox"/> Web Straps <input checked="" type="checkbox"/> Flag </p>
<p>5. Where did Escort meet family? Family Home Funeral Director? Funeral Home</p>	<p>6. Was the family pleased with Casket? Yes Funeral Director Yes</p>
<p>7. Was shipping case used as a vault? Yes</p>	<p>8. Condition of Flag on shipping case? Good</p>
<p>9. Did Escort present flag? ^{yes at home} <input type="checkbox"/> Military Funeral <input checked="" type="checkbox"/> Private Funeral 9a. Did you stay for funeral? no left Depot 0725 - 31 Dec 48 arr. Dest. 0500 - 4 Jan 49 left Dest. 1310 - 4 Jan 49 arr. Station, 900 - 4 Jan 49</p>	<p>10. Did Baggage-handlers or Passenger Agents handle the casket reverently? Yes If not state station.</p>
<p>11. Was expenses covered by per-diem? If not explain in detail. Yes - Did Escort stay at Hotel, Private Home or Boarding House? ^{Returned} on next train</p>	<p>12. Was identification questioned? No - wife well satisfied</p>

13. Remarks Wife was well satisfied. Funeral services are being planned for Saturday morning with burial in the War II memorial plot at White Chapel cemetery. Colors presented to wife in her home by escort. Did not desire escort to remain. Funeral director kind, helpful and efficient.
 Detroit, Mich.

Dwight O. Boyer, M.D.
 Escorts signature

REPAIRATION
RECORDS BRANCH

JAN 24 4 27 PM '99

REPAIRATION

AMERICAN GRAVES REGISTRATION DIVISION
COLUMBUS GENERAL DISTRIBUTION DEPOT
COLUMBUS 15, OHIO

SUMMARY SHEET OF CLAIM OR POTENTIAL CLAIM BY FUNERAL DIRECTORS

In accordance with letter Office of the Quartermaster General dated 25 August 1948, file QMGMO, Subject: Discrepancies in Permanent 293 Files, the following information is furnished.

To be filled in if claim has been received

1. Name and serial number of deceased: Pvt. Roy G. Noel, 36504844
2. Name of claimant: Spaulding & Son Funeral Home, Ferndale 20, Michigan
3. Amount claimed: \$14.00
4. Amount allowed (if any): \$14.00
5. Purchase order number (if any): SP 5196

To be filled in if a potential claim exists

1. Name of potential claimant: _____
2. For transportation of remains of _____
Serial _____ from _____
to _____ and return escort to railhead
if necessary.

10 Feb. 1949
Date

Francis Pappalardo
FRANCIS PAPPALARDO
Capt, QMG
OIC, Administrative Branch

FILL

**REQUEST FOR REIMBURSEMENT OF INTERMENT
OR TRANSPORTATION EXPENSES**

(Read Explanation on Reverse Side before completing form)

DATE

Jan. 4, 1949

NAME OF DECEDENT (Last, First, Middle Initial)

Noel, Roy G.

BRANCH OF SERVICE

Army

TO BE FILLED IN BY CLAIMANT

A. INTERMENT EXPENSES
(Civilian or Private Cemetery)

B. TRANSPORTATION EXPENSES
(National or Post Cemetery)

RANK OR GRADE

Pvt.

SERIAL NO.

36504844

INSTRUCTIONS TO PERSONS SIGNING THIS FORM

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

FILL IN THIS STATEMENT IF BOX "A" IS CHECKED

I certify that the sum of \$ *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:

of cemetery: White Chapel Memorial

CITY OR COUNTY:

Oakland

STATE:

Michigan

RETURN FOUR COPIES TO

AMERICAN GENERAL LOCATION DIVISION
COLUMBUS GENERAL DEPOT
COLUMBUS 13, OHIO

FILL IN THIS STATEMENT IF BOX "B" IS CHECKED

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

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

SIGNATURE OF CLAIMANT

(sign original copy only)

ADDRESS (Street number or RFD, City and State)

RELATIONSHIP TO DECEDENT

REMARKS

81820

FEB 1949

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.

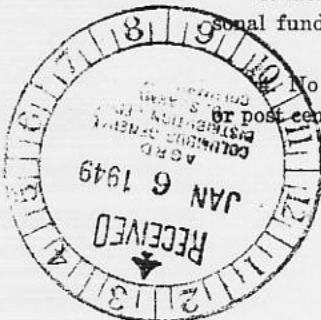
PART B

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.

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



243 Noel, Roy G (3650484)

QMGMF 293 Noel,
Roy G., 36 504 8th

Details of Death

TAG
Personnel Actions Branch
Casualty Section
Family Relations Unit
Room 1A, 686A
Pentagon Building

Family Correspondence Branch
Memorial Division
OQMG

12 January 1949 Twitchell
5072

1. Forwarded for reply as a matter pertaining to your office.
2. Writer has not been advised of this reference.

FOR THE QUARTERMASTER GENERAL:

JFS

JAMES F. SMITH
Major, QMG
Memorial Division

1 Incl.
Ltr dtd 4 Jan 1949

JAN 12 3 00 PM '49
MAIL & RECORDS BRANCH

JAN 12 1949
FAMILY CORRESPONDENCE
MAIL LETTERS SECT.
MEM. DIV.

CORRESPONDENCE ACTION SHEET

NAME OF DECEDENT (Last, First, Middle)

Paul Ray [unclear]

GRADE

Box

SERIAL NUMBER

36 504 8444

PREVIOUS BURIAL LOCATION (Cemetery and Country)

PLOT

ROW

GRAVE

PRESENT BURIAL LOCATION (Cemetery and Country)

PLOT

ROW

GRAVE

U.S.M.C., Amstilly, France

C

6

136

ADDRESSEE

ADDRESS (Street, City, State)

The Adjutant General

Washington, D.C.

RELATIONSHIP

PARAGRAPHS (Sequence)

ADDITIONAL DATA — MODIFICATIONS

Forward by transmittal sheet to A.S.O.

- 1. Forwarded for necessary action.*
- 2. Writer has not been advised of this reference.*

ANALYST INITIALS AND DATE

1-11-49 [initials]

TYPIST INITIALS

REVIEWER INITIALS AND DATE

645 . ell Avenue
Frendole 20, Michigan
January 4, 1949

Dear Sir:

My husband, Pvt. Roy G. Noel, 36504844, Co B, 814th
Tank Destroyer Bttn was killed at Arry, France in September
14, 1944. I understand that relatives of deceased service-
men receive a booklet containing the facts regarding the
death of the serviceman. I would like to obtain one as I
have very few facts concerning his death.

Could you please tell me how to obtain one?

Yours truly,

Dorothy Noel

C O P Y

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Pvt. Roy G. Noel, 36 504 844
 Plot C, Row 6, Grave 126,
 United States Military Cemetery
 Amilly, France

28 July 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, DOROTHY NOEL

(Please indicate relationship to the deceased by placing an "X" in the proper box.)

(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

- | | | | |
|---|----------------------------------|--|---|
| <input checked="" type="checkbox"/> WIDOW | <input type="checkbox"/> WIDOWER | <input type="checkbox"/> SON OVER 21 YEARS OLD | <input type="checkbox"/> DAUGHTER OVER 21 YEARS OLD |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> MOTHER | <input type="checkbox"/> BROTHER OVER 21 YEARS OLD | <input type="checkbox"/> SISTER OVER 21 YEARS OLD |
| <input type="checkbox"/> RELATIONSHIP OTHER THAN ABOVE <i>(Specify)</i> _____ | | | |

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
WHITE CHAPEL MEMORIAL CEMETERY - BIRMINGHAM
(NAME AND LOCATION OF CEMETERY) MICH.
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 BIRMINGHAM, MICH.
(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

Coded 6-17-48
B. Miller

OCT 9

250

PART I (Continued)

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

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

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

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			
SPAULDING AND SON FUNERAL HOME			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
500 W. NINE MILE Rd.	FERNDALE		MICH.
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	TELEPHONE No.	
ROYAL OAK, MICH.		P.O. 3036	

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
NOEL JOESPH	JOESPH	E	FATHER
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
19734 ANDOVER	DETROIT		

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.

Dorothy Noel (SIGNATURE OF NEXT OF KIN) 645 Jewell (STREET AND NUMBER)
DOROTHY NOEL (NAME PRINTED OR TYPED) Ferndale, Michigan (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 28th day of August, 1947, at city (or town) of Ferndale, county of Oakland, and State (or Territory or District) of Michigan

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

Russell E. Harwood (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Notary Public Oakland (OFFICIAL TITLE)

PAGE 2 my commission expires Dec 6, 1947

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

ADDITIONAL REMARKS AND INSTRUCTIONS

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

Pvt. Roy G. Noel, 36 504 844
Plot C, Row 6, Grave 126,
United States Military Cemetery
Andilly, France

28 July 1947

Mrs. Dorothy Noel
645 Jewell Street
Ferndale, Michigan

Dear Mrs. Noel:

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.

OK

elg

RECEIVED
JUL 29 11 23 AM '47

SP4YG 293 Noel, Roy G. S.N. 36 504 844 Pvt.

1st Ind.

ASF, OQMG, Washington, D. C.

9 February 1946

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

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

FOR THE QUARTERMASTER GENERAL:

1 Incl
oy ltr e/d

JAMES L. PRENN
Major, QMC
Assistant

JRB
WER
DSL
JLP

afg
11 FEB 11 1946
0 20 00

GRAVES REPORT
FEB 11 3 20 AM '46
MEMORANDUM

45 Well Avenue
Hendeville, 20 Michigan
January 25, 1946

Dear Sir:

273 My husband, Capt.
Roy E. Hoel, was
killed in action on
September 14, 1944 in
Lorraine. He was with
Co. B, 5th Tn I L. Br.
APO #03, New York.

Can you tell me
where he is buried
and any facts concerning
his death?

Yours truly,
Corothy Hoel



GRAVES REGISTRATION SECTION

JAN 31 4 03 PM '46

MEMORIAL DIVISION

RESTRICTION

REPORT OF BURIAL

TM 10-630 AND AR 30-1615

969

19 Sept. 1944

Date

Noel

Roy

Pvt.

36504844

Last Name

First

Initial

Rank

Serial No.

Unk

Unit

Organization

Metz, France

App. 13 Sept. 1944

KIA

Place of Death

Date of Death

Cause of Death

18 Sept. 1944

1100 U.S. Mil. Cem. NO.1

Andilly, France

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

126

6

0

CROSS

Grave Number

Row Number

Plot Number

Type of Marker

Disposition of Identification Tags: Buried Body Yes No Attached to Marker Yes No

If No Identification Tags

How were remains identified?

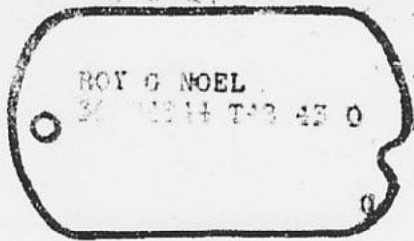
What means of identification were buried with the body?

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

Who is buried on: No grave, beginning of row.

Deceased's Right:	Name	Serial No.	Rank	Organization	Grave No.
	Edward A. Holland	11068022			127
Deceased's Left:	Name	Serial No.	Rank	Organization	Grave No.

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



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

Emergency Addressee Mrs. Dorothy Noel
Name

645 Jewel, Ferndale, Mich.
Address

Religion Catholic

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

W.C. Nugent
 Signature of Officer or other person reporting burial
 WILLIAM C. NUGENT
 1st Lt. *W.C.*
 Verified by G.R.S. Officer

Dec
31/10/44
W.C.

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.:

4			
3			
2			
1			
Thumb			

Left Hand

			4
			3
			2
			1
			Thumb

Right Hand

TOOTH CHART

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

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

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.

AG P BR HQ SOS

122560

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

REPORT OF DEATH

DATE 12 October 1944
qLG/4632

FULL NAME <i>273</i> Noel Roy G.				ARMY SERIAL NUMBER 36504844				GRADE PVT									
HOME ADDRESS Ferndale, Michigan						ARM OR SERVICE Field Artillery				DATE OF BIRTH 12 Mar 20							
PLACE OF DEATH European Area						CAUSE OF DEATH Killed in action						DATE OF DEATH 14 Sept 44					
STATION OF DECEASED European Area						DATE OF ENTRY ON CURRENT ACTIVE SERVICE 9 Jun 42				LENGTH OF SERVICE FOR PAY PURPOSES							
						YEARS				MONTHS				DAYS			
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Dorothy Noel, Wife, 645 Jewell Street, Ferndale, Michigan																	
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Dorothy Noel, wife, Same as above Addie Noel, mother, 300 Spencer Street, Ferndale, Michigan Joseph Noel, father, Same as mother's																	
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

COPIES FURNISHED:		
E. G. O.	F. B. I.	F. O. U. S. A.
2. O. Q. M. G.	C. F. D.	ARMY EFFECTS BUREAU
G. A. O.	VET. ADMIN.	CASUALTY BRANCH FILE
		A. G. 301 FILE

BATTLE

NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

J. A. Marshall
 J. A. Marshall

ADJUTANT GENERAL

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

REPORT OF DEATH

DATE 12 October 1944
q1g/4632

FULL NAME Noel Roy G.				ARMY SERIAL NUMBER 36504844				GRADE PVT					
HOME ADDRESS Ferndale, Michigan				ARM OR SERVICE Field Artillery				DATE OF BIRTH 12 Mar 20					
PLACE OF DEATH European Area				CAUSE OF DEATH Killed in action				DATE OF DEATH 14 Sept 44					
STATION OF DECEASED European Area				DATE OF ENTRY ON CURRENT ACTIVE SERVICE 9 Jun 42				LENGTH OF SERVICE FOR PAY PURPOSES					
								YEARS	MONTHS	DAYS			
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Dorothy Noel, Wife, 645 Jewell Street, Ferndale, Michigan													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Dorothy Noel, wife, Same as above Addie Noel, mother, 300 Spencer Street, Ferndale, Michigan Joseph Noel, father, Same as mother's													
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

COPIES FURNISHED:		
<input type="checkbox"/> S. G. C.	<input type="checkbox"/> F. B. I.	<input type="checkbox"/> F. O. U. S. A.
<input type="checkbox"/> 2. O. Q. M. G.	<input type="checkbox"/> C. F. D.	<input type="checkbox"/> ARMY EFFECTS BUREAU
<input type="checkbox"/> G. A. O.	<input type="checkbox"/> VET. ADMIN.	<input type="checkbox"/> CASUALTY BRANCH FILE
		<input type="checkbox"/> A. G. 201 FILE

BATTLE

NON-BATTLE

ORDER OF THE SECRETARY OF WAR

J.A. Marshall
J.A. Marshall

ADJUTANT GENERAL

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

REPORT OF DEATH

DATE 12 October 1944
q1g/4632

FULL NAME Noel Roy G.		ARMY SERIAL NUMBER 36504844	GRADE PVT	
HOME ADDRESS Ferndale, Michigan		ARM OR SERVICE Field Artillery	DATE OF BIRTH 12 Mar 20	
THEATRE OF DEATH European Area		CAUSE OF DEATH Killed in action		DATE OF DEATH 14 Sept 44
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 9 Jun 42	LENGTH OF SERVICE FOR PAY PURPOSES	
		YEARS	MONTHS	DAYS
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Dorothy Noel, Wife, 645 Jewell Street, Ferndale, Michigan				
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Dorothy Noel, wife, Same as above Addie Noel, mother, 300 Spencer Street, Ferndale, Michigan Joseph Noel, father, Same as mother's				
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT
YES	NO	YES	NO	YES
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS
YES	NO	YES	NO	YES
				NO
				X
OTHER PAY STATUS (SPECIFY BELOW) YES NO				

ADDITIONAL DATA AND/OR STATEMENT

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

BATTLE

NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

J. A. Marshall
J. A. Marshall

ADJUTANT GENERAL



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

JRM:MM:jm
May 9, 1945

IN REPLY REFER TO 260397

Mrs. Dorothy Noel
645 Jewell Street
Ferndale, Michigan

Dear Mrs. Noel:

The Army Effects Bureau has received some additional property of your husband, Private Roy G. Noel.

These effects, contained in one package, are being forwarded to you. If delivery is not made within thirty days from this date, please notify me so that tracer action may be instituted.

As previously indicated, personal property is transmitted by this Bureau for distribution according to the laws of the state of the soldier's legal residence.

Extending every sympathy, I am

Sincerely yours,

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

RL

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Dorothy Neel

645 Jewell Street

Ferndale, Michigan

SHIP TO:

Pvt. Roy G. Neel

Effects of:
Name

36504844

ASN

260,397 D

Case No.

Wt.

DATE 8 May 1945

JRM:MH:dw

E. Burton

FOR: Effects Quartermaster

RE MARKS:

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

RE MARKS:

hpk

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

MAY 14 1945

AM

Shipping Clerk

PACKAGES DESCRIPTION	ARMY EFFECTS BUREAU INVE	DECEASED <input checked="" type="checkbox"/>
<i>T. Army</i>	260,397	MISSING <input type="checkbox"/>
		P.O.W. <input type="checkbox"/>
		ABANDONED <input type="checkbox"/>
		TALLY NO. 7224
		INV. DATE 23-April-45
		ORIG. NO. OF PKGS. 1
		BOX NO. 7
		SHEET 1
		OF 1 SHEETS
		ORGANIZATION Co B 814 Td Bn

NAME Roy G. NOEL
 A.S.N. 36504844 RANK PVT

BELT	TOWELS & WASHCLOTHS	WINGS
BELT, MONEY (NO MONEY)	CLOTHING	BAGS, CLOTH OR TRAVEL
CLOTH, WASH	BRACELET IDENT.	BILLFOLD, (NO MONEY)
COATS	BRUSHES	CASE
FOOTWEAR, PR.	CAMERAS	FOOTLOCKER
GLOVES, PR.	GLASSES	KIT, SEW, TLT, OR WRITING
HANDKERCHIEFS	KNIVES	BOOKS
HEADWEAR	LIGHTERS	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
TOWELS	RINGS	SHOE SHINE ARTICLES
TROUSERS, PR.	TOBACCO	SHORT SNORTER
TRUNKS, PR.	TOILET ARTICLES	SOUVENIRS
UNDERWEAR	WATCH	SOUVENIR MONEY
		STATIONERY
		TESTAMENTS
		U.S. MONEY (AMOUNT)

1/5
1/5

REMARKS *No information* ATTACHMENTS *Inventory*

C.A.T. <i>none</i>	WEIGHT	G.I. REMOVED
WAREHOUSE SPACE	STORED BY <i>HA</i>	SHORTAGE ON REVERSE
INVENTORIED BY <i>Fitzgerald</i>	DATE SHIPPED <i>MAY 14 1945</i>	IDENT. TAGS REMOVED
REMOVED BY <i>Widdoway</i>	CHECKED BY <i>L</i>	DIARY REMOVED
		LOCKED STORAGE
		LAUNDRY REMOVED
		FILM REMOVED

SHEET <u>1</u> OF <u>14</u> SHEETS	ARMY EFFECTS BUREAU INVENTORY		DECEASED <input checked="" type="checkbox"/>
BOX NUMBER <u>10</u>	ORIGINAL NUMBER OF <u>1</u> PAGES		MISSING <input type="checkbox"/>
TALLY NUMBER <u>6999</u>	INVENTORY DATE <u>31 Mar 1945</u>	CASE NUMBER <u>260,397</u>	P.O.W. <input type="checkbox"/>
EFFECTS OF <u>ROY G. NOEL</u>			ABANDONED <input type="checkbox"/>
A.S.N. <u>36504844</u>	ORGANIZATION <u>unk.</u>	RANK <u>PVT</u>	
PACKAGE DESCRIPTION <u>FI PKg.</u>			

CLOTHING	PERSONAL ITEMS	CONTAINERS
<input type="checkbox"/> BELT	<input type="checkbox"/> BRACELET, IDENTIFICATION	<input type="checkbox"/> BAGS, CLOTH
<input type="checkbox"/> BELT, MONEY (NO MONEY)	<input type="checkbox"/> BRUSHES	<input type="checkbox"/> BAGS, TRAVEL
<input type="checkbox"/> CLOTH, WASH	<input type="checkbox"/> CAMERAS	<input checked="" type="checkbox"/> BILLFOLD <u>(NO MONEY)</u>
<input type="checkbox"/> COATS	<input type="checkbox"/> GLASSES	<input type="checkbox"/> CASE,
<input type="checkbox"/> FOOTWEAR, PR.	<input type="checkbox"/> KNIVES	<input type="checkbox"/> FOOTLOCKER
<input type="checkbox"/> GLOVES, PR.	<input checked="" type="checkbox"/> LIGHTERS	<input type="checkbox"/> KIT, SEWING
<input type="checkbox"/> HANKERCHIEFS	<input type="checkbox"/> MISC. INSIGNIA	<input type="checkbox"/> KIT, TOILET
<input type="checkbox"/> HEADWEAR	<input type="checkbox"/> MISC. ITEMS	<input type="checkbox"/> KIT, WRITING
<input type="checkbox"/> JACKETS	<input type="checkbox"/> PEN, FOUNTAIN	<input type="checkbox"/> PAPERS AND MISC.
<input type="checkbox"/> OVERCOATS	<input type="checkbox"/> PENCIL, MECHANICAL	<input type="checkbox"/> BOOKS
<input type="checkbox"/> SCARFS	<input type="checkbox"/> PIPES	<input type="checkbox"/> BOOKS, ADDRESS
<input type="checkbox"/> SHIRTS	<input checked="" type="checkbox"/> RELIGIOUS ARTICLES	<input type="checkbox"/> BOOKS, NOTE
<input type="checkbox"/> SOCKS, PR.	<input checked="" type="checkbox"/> RIBBONS, DECORATION	<input type="checkbox"/> BOOKS, PILOT LOG
<input type="checkbox"/> TIES	<input checked="" type="checkbox"/> RINGS	<input type="checkbox"/> DIARY (REMOVED FOR DURATION)
<input type="checkbox"/> TOWELS	<input type="checkbox"/> TOBACCO	<input type="checkbox"/> FILMS
<input type="checkbox"/> UNDERSHIRT, PR.	<input type="checkbox"/> TOILET ARTICLES	<input type="checkbox"/> LETTERS
<input type="checkbox"/> TRUNKS, PR.	<input type="checkbox"/> WATCH	<input checked="" type="checkbox"/> PAPERS, PERSONAL
<input type="checkbox"/> UNDERWEAR	<input type="checkbox"/> WINGS	<input checked="" type="checkbox"/> PHOTOS
		<input type="checkbox"/> SHOE SHINE ARTICLES
		<input type="checkbox"/> SHIRT SHORTER
		<input checked="" type="checkbox"/> SOUVENIRS
		<input checked="" type="checkbox"/> SOUVENIR MONEY
		<input type="checkbox"/> STATIONERY
		<input type="checkbox"/> TESTAMENTS
		<input type="checkbox"/> U.S. MONEY (AMOUNT)

*2 see
Bm*

REMARKS: Rechecked
no information

ATTACHMENTS: FORM #38 FORM #100
Inventory
ISR table

C.A.T. <u>Barthelme Noel (wife)</u> <u>45 Jewel Freendale - Mica</u>		WEIGHT	GI REMOVED
WAREHOUSE SPACE <u>159</u>	STORED BY <u>JC</u>		<input checked="" type="checkbox"/> SHORTAGE ON REVERSE <input checked="" type="checkbox"/>
INVENTORIED BY <u>Bar</u>	DATE SHIPPED <u>APR 24 1945</u>		<input type="checkbox"/> IDENT. TAGS REMOVED
PACKED BY <u>Williams</u>	CHECKED BY <u>J</u>	<input checked="" type="checkbox"/> #3 OR ADDITIONAL	<input type="checkbox"/> DIARY REMOVED
			<input type="checkbox"/> LOCKED STORAGE
			<input type="checkbox"/> LAUNDRY REMOVED
			<input type="checkbox"/> FILM REMOVED

ADDITIONAL REMARKS

SHORT/GBS

1 Photo
710 France

U.S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

Louise Ban

INVENTORY CLERK

[Signature]

SUPERVISOR

G.I. REMOVE

SUBJECT: Report of transactions in disposing of the effects of

Roy G. Noel, 36504844 late a
(Name of deceased) (Army Serial Number)
Private, Field Artillery who died
(Grade) (Organization, Army or Service)
on the 14 day of September, 19 44, ~~at~~ in 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., 223, 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 decedents camp or quarters, effects of decedent were forwarded to this Summary Court-Martial.

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

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

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

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 7 April 1945, pursuant to Special Orders 223, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of _____

Mrs. Dorothy Noel 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. Dorothy Noel of _____
(Name of person found entitled)

645 Jewell Street, Ferndale State of _____
(Number, Street or Avenue) (City, Town or Village)
Michigan, is the widow 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

NAME NOEL, ROY G PVT 4844

BAY	PALLET	BOX	TALLY
		7	7327
TYPE OF PKG.		WHSE. SPACE	INVENTORIED
P.E.BAG			

Eff. QM Form 43

NAME

NOEL, ROY G PVT

BAY	PALLET	BOX	TALLY
		10	6999
TYPE OF PKG.		WHSE. SPACE	INVENTORIED
GRB GRB			

Eff. QM Form 43

Serial No. 36514 Name ROY G
 Grade PVT Rank _____
 Organization 100th
 Address _____
 Nearest Relative ROY G
 Address 100th
 Killed in Action YES Died of Disease _____
 Date _____ Hospital _____
 Battle Area _____ Information _____

Place of Burial _____
 Point of Coordination _____
 Description of Body _____

Members Missing 6999

Signed [Signature]

R E S T R I C T E D

Sept 18 44
Date

SUBJECT: Inventory of Personal Effects of:

Noe) Roy G Plt 36504844
(Last Name) (First Name) (MI) (Rank) (ASN)

TO: Effects Quartermaster, Communication Zone, APO H03
US Army

The above named individual of C. B.
(Unit)

814. TD. Bn was reported Killed
(Organization) (Status-Killed, MIA,

about Sept. 10 1944
Hospitalized, etc.) (Date)

Designated Beneficiary if information readily accessible _____

INVENTORY OF EFFECTS

Fountain Pen & Pencil ✓
Sewing Kit ✓
Toilet Articles ✓

file

R E S T R I C T E D

R E S T R I C T E D

Money in the amount of _____ has been turned into

MR. ORTIZ W.O. JR
(Name of finance officer and symbol number)

Form WDFD 38

enclosed.

Names and addresses of any Banks in which accounts may be

carried:

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

_____ 194_____.

Name W. O. Ortiz Jr
Rank & ASN 1st Lt (C-1371059)
Organization 814th J. D. Bu.

Any additional pertinent information:

R E S T R I C T E D



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

JRM:JM:ih
April 14, 1945

IN REPLY REFER TO 260397

Mrs. Dorothy Noel
645 Jewell Street
Ferndale, Michigan

Dear Mrs. Noel:

The Army Effects Bureau has received from overseas some personal effects of your husband, Private Roy G. Noel.

I am inclosing a check for \$14.32, representing funds which belonged to him. The remainder of the property is being forwarded to you in one 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 action 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 husband.

Yours very truly,

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

1 Incl--
Check

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mrs. Dorothy Noel
645 Jewell Street
Ferndale, Michigan

Effects of: Pvt. Roy G. Noel
Name 36504844
ASN 260,397 D
Case No.
Wt.

DATE 10 April 1945
JRM:MH:hw

Margaret Hill
FOR: Effects Quartermaster

REMARKS:

Inclose Bureau Check
Acct. No. 78560
Amount \$14.32
 Inclose "Valuables" item
 Ship "Valuables" item(s)

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

ROUTING:

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

63642 emh

78560

260397

April 20 45

Dorothy Noel

14.32

Fourteen and 32/100

1 pkg

REMARKS:

Preceded APR 24 1945
Est. Exp. Chgs. _____
Est. Frt. Chgs. _____
No. of packages _____

AD

ROY G NOEL
'36504344 T42 43 0

INVENTORY OF PERSONAL EFFECTS

US Mil. Cem. #1 Andilly, France
19 Sept. 1944 (Date)

SUBJECT: Inventory of Personal Effects of:

Noel Roy Tvt 36504344
(Last Name) (First Name) (MI) (Rank) (ASN)

TO: Effects Quartermaster, Communication Zone, APO
US Army

The above named individual of (Unit)

(Organization) was reported (Status-Killed, MIA,

Hospitalized, etc.) about 13 Sept. 1944.
(Date)

Designated Beneficiary if information readily accessible

INVENTORY OF EFFECTS

- Class 1
- 20 Photos
- Wallet
- 3 Postal MO rec. 388.00
- 1 Rel. ...
- 2 Souvenir Ger. notes
- Cig. lighter
- 6 Coins

Handwritten note: 4 ill some

Class 2
710 Francs
Money in the amount of above has been turned into (Name of)

1st. Col. 11th Finance Office . Form WDFD 38 enclosed.
finance officer 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 (Rail, Truck, etc.) on (Date) 1944.

Name: *W. J. ...*
Rank & ASN: 1st Lt.
Organization: 10

Any additional pertinent information: