



***INDIVIDUAL DECEASED  
PERSONNEL FILE***

1 March 1949

Mrs. Emma D. Edwards  
Box 65  
Yates City, Illinois

Pfc. Samuel E. Slight, ASN 37 652 032  
Plot C, Row 6, Grave 23  
Headstone: Cross  
Margraten U. S. Military Cemetery

Dear Mrs. Edwards:

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

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

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

Sincerely yours,

THOMAS B. LARKIN  
Major General  
The Quartermaster General

csb

LH

1 ✓	USMC: MARGRATEN		LED ON:	
	PLOT: C ROW: 6 GRAVE: 23		RIGHT: HUBERT T. BAUMAN II	
DATE OF BURIAL: 4 JAN 49		DISINTERMENT DIRECTIVE		0-546834
VERIFIED BY GRS OFFICER:		<i>Major J. E. Sullivan</i>		LEFT: CARL L. HAUER 33778737
SECTION A— NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER	DATE	
		4650 14730	15 04 48 DAY MONTH YEAR	
NAME		SERIAL NUMBER	RANK	ARM
SLIGHT SAMUEL E		37652032	PFC	1
CEMETERY		DISPOSITION OF REMAINS		DATE OF DEATH
MARGRATEN - AACHEN		1 4601 80 CODE DIST. PT.		DAY MONTH YEAR
PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
B	10	236	HOLLAND	1
SECTION B — CONSIGNEE AND NEXT OF KIN				
NAME AND ADDRESS OF CONSIGNEE		NAME AND ADDRESS OF NEXT OF KIN		
MARGRATEN, HOLLAND		6 JAN 1949 MRS. EMMA D. EDWARDS (MOTHER) BOX 65 YATES CITY, ILLINOIS		
SECTION C — DISINTERMENT AND IDENTIFICATION				
NAME		SERIAL NUMBER	RANK	DATE OF DEATH
SAMUEL E SLIGHT		37652032	PFC	16 JULY 1948
IDENTIFICATION TAG ON		ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
<input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER		USAGF	P	CLYDE B SPINKS, CAPT FA NAME AND TITLE
SECTION D — PREPARATION OF REMAINS FOR SHIPMENT				
NATURE OF BURIAL		CONDITION OF REMAINS		
MATTRESS COVER		REMAINS COMPLETE.		
OTHER MEANS OF IDENTIFICATION				
NONE				
MINOR DISCREPANCIES /				
NONE				
REMAINS PREPARED AND PLACED IN CASKET				
DATE 16 JULY 1948		BY ROY T PATTERSON, EMBALMER		
CASKET SEALED BY		EMBALMER (Signature) <i>Roy T. Patterson</i> ROY T PATTERSON		
CASKET BOXED AND MARKED		TAGS, MARKINGS, PLATES		
DATE 16/7/48 BY ROBERT E KREPS CLERK RECORDER		VERIFIED BY: ROGER N LETOURNEAU, CAPT FA		
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.				
<i>R. Letourneau</i> ROGER N LETOURNEAU, CAPT FA SIGNATURE OF GRS INSPECTOR				
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.		FILE RECORDS ANNOTATED DATE NAME		

## 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 MAY 19 1964	
SIGNATURE OF SHIPPER MAY 19 1964	DATE	SIGNATURE OF RECEIVER MAY 19 1964	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

Pfc Samuel E. Blight, 37 652 032  
Plot B, Row 10, Grave 236,  
United States Military Cemetery  
Margraten, Holland

25 November 1947

Mrs. Emma D. Edwards

Stuart, Iowa

Dear Mrs. Edwards:

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,

Incls.

THOMAS B. LARKIN  
Major General  
The Quartermaster General

mbk

# REQUEST FOR DISPOSITION OF REMAINS

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

DATE: 3-8-48  
333-0  
Rgn

Pfc Samuel E. Slight, 37 652 032  
Plot B, Row 10, Grave 236,  
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

1. EMMA D. EDWARDS

(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

- WIDOW       WIDOWER       SON OVER 21 YEARS OLD       DAUGHTER OVER 21 YEARS OLD
- FATHER       MOTHER       BROTHER OVER 21 YEARS OLD       SISTER OVER 21 YEARS OLD
- RELATIONSHIP OTHER THAN ABOVE (Specify) \_\_\_\_\_

HAVING FAMILIARIZED MYSELF WITH THE OPTIONS WHICH HAVE BEEN MADE AVAILABLE TO ME WITH RESPECT TO THE FINAL RESTING PLACE OF THE DECEASED DESIGNATED ABOVE, NOW DO DECLARE THAT IT IS MY DESIRE THAT THE REMAINS: (Please place an "X" in the box opposite the option you have selected.)

1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS. Margraten, Holland
2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY

(NAME AND LOCATION OF CEMETERY)

3. BE RETURNED TO \_\_\_\_\_ (FOREIGN COUNTRY), THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT \_\_\_\_\_ (LOCATION OF CEMETERY SELECTED)

4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT \_\_\_\_\_ (LOCATION OF NATIONAL CEMETERY SELECTED)

(Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)

YES       NO

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

NONE

*code 416148  
Hallahan*

DDMG FORM 14 NOV 1946 345 MILITARY

PAGE 1

MAR 16

**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			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	TELEPHONE NO.	

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

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

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

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

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

Emma D. Edwards (SIGNATURE OF NEXT OF KIN)      Box 65 (STREET AND NUMBER)  
EMMA D. EDWARDS (NAME PRINTED OR TYPED)      Yates City, Illinois (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 4<sup>th</sup> day of December, 1947, at city (or town) of Yates City, county of Knox, and State (or Territory or District) of Illinois.

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

Hazel F. Sargent  
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)  
Notary Public  
 (OFFICIAL TITLE)

**PART II — RELINQUISHMENT OF DISPOSITION AUTHORITY**

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

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

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

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

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

**PART III**

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

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

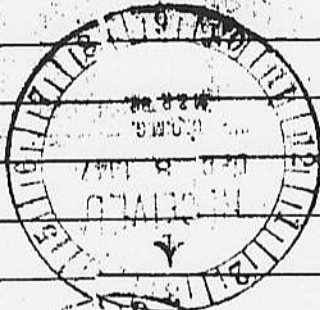
LAST NAME	FIRST NAME	MIDDLE INITIAL
RELATIONSHIP TO THE DECEASED		
NUMBER AND STREET	CITY OR TOWN	STATE OR COUNTRY

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



**ADDITIONAL-REMARKS AND INSTRUCTIONS**

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



11 October 1946

Mrs. Emma D. Edwards  
Stuart, Iowa

Dear Mrs. Edwards:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Private First Class Samuel E. Slight, A.S.N. 37 652 032.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Margraten, Holland, plot B, row 10, grave 236. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

This cemetery is located ten miles west of Aachen, Germany, and is under the constant care and supervision of United States military personnel.

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

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN  
Major General  
The Quartermaster General

ens

HEADQUARTERS, ARMY SERVICE FORCES

MEMO ROUTING SLIP

TO THE FOLLOWING IN ORDER INDICATED:

	NAME OR TITLE	ORGANIZATION	BUILDING AND ROOM	INITIALS
1	EFFECTS QUARTERMASTER	ARMY EFFECTS BUREAU		DATE
2	KANSAS CITY 1, MISSOURI			
3	<i>293 Slight, Samuel E.</i>			

*37,652,032*

For necessary action.

PIERCE

*Orig. fwd. to SAC by this office, RAN*

2 Incl.

let o/d

Oy let 23 Apr 45

NAME	ORGANIZATION	BUILDING AND ROOM	DATE
FROM:			<b>18 May 45</b>
MEMORIAL DIVISION, PLANNING & REGISTRATION BRANCH, TEMPO "C" WASHINGTON 25, D. C.			TELEPHONE

W. D., A. G. O. Form 0115  
1 October 1944

This Form supersedes W. D., A. G. O. Form 0115, 23 March 1944,  
which may be used until existing stocks are exhausted.

25-37607-6250



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

IN REPLY REFER TO SPQYG 293

Slight, Samuel E.  
ASN 37652032

18 May 1945

Mrs. Emma D. Edwards  
Yates City, Illinois  
Box 65

Dear Mrs. Edwards:

Reference is made to your inquiry regarding the personal effects of Pfo. Samuel E. Slight.

A copy of your letter has been forwarded to the Effects Quartermaster, Army Effects Bureau, Kansas City Quartermaster Depot, 601 Hardesty Avenue, Kansas City 1, Missouri, for reply to you. That office has jurisdiction over the disposal of the personal effects of our deceased military personnel outside the United States. However, considerable time is often necessary to process these personal belongings back to this country due to the lack of shipping space and the great amount of work involved.

I extend to you my sincere sympathy in your loss.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

C. C. PIERCE  
Captain, QMC  
Assistant

*[Handwritten signature and scribbles]*

SPQYG 293  
MAY 19 1945  
DIVISION

7-5-40

Yates City, Ill.

April 23, 1945

8

Dear Sir:

Will you please send me the address of where a Mother is to write to for the personal belongings of her son that was killed in Germany whose name was P.F.C. Samuel C. Slight 3765 2032 he was in 814<sup>th</sup> Tank Destroyer Battalion he died November 29, 1944 and I have never received any of his things yet

His Mother

Mrs. Emma D. Edwards  
 Yates City, Mo. Ill.  
 Box 65

APR 30 7 16 PM '45  
 MAIL DIVISION  
 REGISTRY SECTION

17 April  
RECEIVED  
INVEST & CONTROL  
SECTION

ST. JOHN'S COLLEGE  
ST. JOHN'S COLLEGE  
ST. JOHN'S COLLEGE

AG.O.  
27 APR 1945  
MAIL ROOM  
RECEIVED  
GENERAL INVESTIGATION  
SECTION

48 APR 1945  
GENERAL DIVISION

HEADQUARTERS AIR SERVICE FORCES  
MEMO ROUTING SLIP

To the following in order indicated:

	(Name or title)	(Organization)	(Building and room)	(Initials)	(Date)
1	Director	Memorial Division	Rm 1007 O. 2. 4. 4	Jgt	
*	Tempo. C.	Washington	25 D.C.		
*	For Necessary Action				
1 Incl. Ltr. dtd 23 Apr. 45					
From:	(Name)	(Organization)	(Building and room)	(Date)	(Telephone)
	Car. P. Composite		Lab. 5	26 Apr 45	
	Temp. P. Sub. sec.		Lab 3805		79241
	Memorial Div.				





# REPORT OF BURIAL

TM 10-630 AND AR 30-1815

56270  
~~29~~ 29 Nov. 1944  
Date

<u>Slight</u>	<u>Sergeant</u>	<u>E.</u>	<u>Pfc.</u>	<u>37652032</u>
Last Name		First Name	Initial	Serial No.
<u>53rd. Field Hosp.</u>	<u>814</u>	<u>29 November 1944</u>	<u>D.O.W.</u>	Organization
Unit		Date of Death	Cause of Death	
<u>1045</u>	<u>29 Nov. 1944</u>	<u>U.S. Mil. Cem., Margraten, Holland</u>	<u>VK 645482</u>	Name or Coordinates of Location
Time and Date of Burial		Name of Cemetery	Name or Coordinates of Location	
<u>296</u>	<u>10</u>	<u>B</u>	<u>Woods Cross</u>	Type of Marker
Grave Number	Row Number	Plot Number		

FEB 9 1945

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

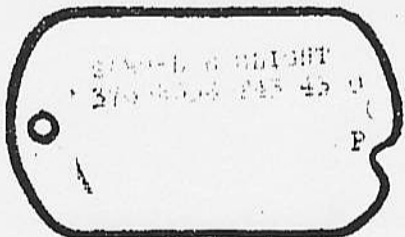
If No Identification Tags  
How were remains identified?

What means of identification were buried with the body?

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

Who is buried on:	<u>Ventura, Patsy</u>	<u>33679756</u>	<u>Pvt.</u>	<u>Co B 691st. FA</u>	<u>235</u>
Deceased's Right:	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	<u>Brown, William W.</u>	<u>35552192</u>	<u>Pfc.</u>	<u>84th. Div.</u>	<u>297</u>
	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 Dona Parker  
Name

Stuart, Iowa  
Address

Religion R

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

Edwin J. Donovan  
Signature of Officer or other person reporting burial  
**EDWIN J. DONOVAN**  
1st. Lt., GRC GRS Officer  
611 01 GR. REG. Used by G.R.S. Officer

✓  
file  
8-14-45  
D.M.

Inc #88

RESTRICTED

# 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.

X

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

Left Hand			Right Hand
4			4
3			3
2			2
1			1
Thumb			Thumb

## TOOTH CHART

	Deceased's Right								Deceased's Left																							
Upper	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
Lower	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

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.

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

REPORT OF DEATH

DATE 26 Dec 1944

MLB/jca/4626

<b>FULL NAME</b> Slight, Samuel E.		<b>ARMY SERIAL NUMBER</b> 37 652 032		<b>GRADE</b> Pfc	
<b>HOME ADDRESS</b> Stuart, Iowa		<b>ARM OR SERVICE</b> FA		<b>DATE OF BIRTH</b> 16 Mar 1922	
<b>PLACE OF DEATH</b> European Area		<b>CAUSE OF DEATH</b> Wounds rec'd in action		<b>DATE OF DEATH</b> 29 Nov 1944	
<b>STATION OF DECEASED</b> European Area		<b>DATE OF ENTRY ON CURRENT ACTIVE SERVICE</b> 23 Dec 1942		<b>LENGTH OF SERVICE FOR PAY PURPOSES</b>	
				<b>YEARS</b>	<b>MONTHS</b>
					<b>DAYS</b>
<b>EMERGENCY ADDRESSEE (NAME, RELATIONSHIP &amp; ADDRESS)</b> Mrs. Emma D. Edwards, mother, Stuart, Iowa					
<b>BENEFICIARY (NAME, RELATIONSHIP &amp; ADDRESS)</b> Mrs. Emma D. Edwards, mother, same as above. Mr. Wallace Slight, brother, same as above,					
<b>INVESTIGATION MADE?</b>		<b>IN LINE OF DUTY</b>		<b>OWN MISCONDUCT</b>	
YES	NO	YES	NO	YES	NO
		<b>WAR DECREASED ON DUTY STATUS</b>		<b>AUTHORIZED ABSENCE</b>	
		YES	NO	YES	NO
				<b>IN FLYING PAY STATUS</b>	
				YES	NO
					X
				<b>OTHER PAY STATUS (SPECIFY BELOW)</b>	
				YES	NO

ADDITIONAL DATA AND/OR STATEMENT

EVIDENCE OF DEATH REC'D IN WD 13 DEC 1944

COPIES FURNISHED:		
S. G. O.	F. B. L.	F. O., U. S. A.
E. O. G. M. G.	G. P. 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:

*[Signature]*  
JAN 8 - 1945  
ADJUTANT GENERAL

Yates City, Illinois  
April 23, 1945

Dear Sir:

Will you please send me the address of where a Mother is to write to for the personal belongings of her Son that was killed in Germany whose name was Pfc. Samuel E. Slight 37652032 he was in 814th Tank Destroyer Battalion he died November 29, 1944 and I have never received any of his things yet.

His Mother

Mrs. Emma D. Edwards  
Yates City, Knox Co, Ill.  
Box 65

COPY

#2



3331566 in



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

IN REPLY REFER TO SPQYG 293

Slight, Samuel E.  
ASN 37652032

18 May 1948

Mrs. Anna D. Edwards  
Yates City, Illinois  
Box 65

Dear Mrs. Edwards:

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I extend to you my sincere sympathy in your loss.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

C. C. PIERCE  
Captain, QMC  
Assistant

Incl #1

5-18-48

HEADQUARTERS, ARMY SERVICE FORCES

MEMO ROUTING SLIP

TO THE FOLLOWING IN ORDER INDICATED:

	NAME OR TITLE	ORGANIZATION	BUILDING AND ROOM	INITIALS
				DATE
1	EFFECTS QUARTERMASTER ARMY EFFECTS BUREAU			
2	KANSAS CITY 1, MISSOURI			
3				

For necessary action.

PIERCE

2 Incl.

let e/d

Cy let 23 Apr 45

FROM:	NAME	ORGANIZATION	BUILDING AND ROOM	DATE
hd				18 May 45
MEMORIAL DIVISION, PLANNING & REGISTRATION BRANCH, TEMPO "C" WASHINGTON 25, D. C.				TELEPHONE

W. D., A. G. O. Form 0115  
1 October 1944

This Form supersedes W. D., A. G. O. Form 0115, 23 March 1944,  
which may be used until existing stocks are exhausted.

25-37607-6250

5 DEC 1944  
(Date)

SUBJECT: Inventory of Personal Effects Of:

SLIGHT      SAMUEL      E      Pfc  
(last Name)      (First name)      (MI)      (Rank)      (ASN)

TO: Effects Quartermaster, Communication Zone, APO 339 U.S. Army.

The above named individual of Co A  
(Unit)

814TH TDBN was reported DOW  
(Organization)      (Status KIA, MIA, etc.)

about 3 DEC 1944.  
(Date)

Designated beneficiary if information readily accessible \_\_\_\_\_

INVENTORY OF EFFECTS

1 - EA BIBLE ✓

Money in the amount of \_\_\_\_\_ has been turned into \_\_\_\_\_

\_\_\_\_\_. Form FD FD 38 enclosed.  
(Name of Finance Officer & Symbol number)

\_\_\_\_\_  
(Name 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 \_\_\_\_\_  
(Rail, Truck: Etc)

Name \_\_\_\_\_

Rank & ASN \_\_\_\_\_

Organization \_\_\_\_\_

Any additional Pertinent information.

Note: Inventory of Effects to be prepared in quadruplicate:  
One copy to: Personnel Officer to be placed with Service Record.  
One copy to: Effects Quartermaster, Communications Zone.  
One Copy : With the effects.  
One copy : Retained  
(Additional copies will NOT be made and an inventory will NOT BE  
forwarded to relatives or friends).  
(All copies of Inventory will be signed)..



333566

GHG:ICW:bw  
June 22, 1945

Mrs. Emma D. Edwards  
Box #65  
Yates City, Illinois

Dear Mrs. Edwards:

The Army Effects Bureau has received from overseas some property of your son, Private First Class Sempel E. Slight.

This property, consisting of a bible, is being sent you. Regrettably, the metal cover was damaged, 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,

F. L. KOOP  
1st Lt. Q.M.C.  
Officer-in-Charge  
SJ Unit



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

IN REPLY REFER TO 333566

GHG:VC:ja  
May 24, 1945

Mrs. Emma D. Edwards  
Box #65  
Yates City, Illinois

Dear Mrs. Edwards:

Your inquiry directed to Washington, D. C., has been referred to the Army Effects Bureau for reply in connection with the personal effects of your son, Private First Class Samuel E. Slight.

I am sorry to report that the Army Effects Bureau has not yet received any of his property. It is reasonable to assume, however, that his belongings ultimately will reach here, as all War Department agencies have instructions to forward the personal effects of military personnel to this Bureau for disposition. Transportation delays generally are encountered in delivery of effects, and considerable time should be allowed for the return of property from overseas.

Promptly upon receipt here of any of your son's belongings, disposal action will be taken.

Yours very truly,

HARRY NIEMIEC  
2nd Lt. Q.M.C.  
Chief, Correspondence Branch

NAME SLIGHT, SAMUEL E PFC. 2032

BAY	PALLET	BOX	TALLY
	10	54	8375
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
PKG.			

BR. GM Form 48



ADDITIONAL REMARKS

SHORTAGES

U.S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

INVENTORY CLERK

SUPERVISOR

G.I. REMOVED

ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIP

Mrs. Emma D. Edwards  
Box 435  
Yates City, Illinois

SHIP TO:  
Pfc. Samuel E. Slight

Effects of:  
Name 57652032

ASN 333566 D

Case No.

Wt.

*File  
W/O*

DATE 22 June 1945

*Spirakis*  
Effects Quartermaster

GHG:RW:bw

REMARKS:

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

     Remove G.I.  
     No discrepancy in           
     Films removed  
     Salary removed  
     Laundry removed

ROUTING:

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

*File  
9-4*

*1 pkg*

FRANKED

REMARKS:

*Ship damaged property*

Franked  
Est. Exp. Chgs.           
Est. Frt. Chgs.           
No. of packages   7   JUN 29 1945

*AD*

Shipping Clerk

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

JRM:RW:bw  
Case No. 53356  
Date 22 June 1945

SUBJECT: Report of transaction in disposing of the effects of

Samuel E. Slight 57452032 late a  
(Name of decedent) (Army Serial Number)

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

on the 29 day of November, 1944, at European Area

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

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

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

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

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

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

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 18 June 1945, pursuant to Special Orders 228, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Emma D. Edwards 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. Emma D. Edwards of Box #65 Yates City State of Illinois is the Mother of the above-named decedent and appears to be entitled to receive his or her effects.

(Signature of Summary Court Officer)

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

(Name, Rank, Organization)

SUMMARY COURT MARTIAL



ARMY SERVICE FORCES  
KANSAS CITY QUARTERMASTER DEPOT

901 HARDESTY AVENUE  
KANSAS CITY 1, MISSOURI

~~NO REPLY~~ REFER TO \_\_\_\_\_

GHB:VJ:oms  
July 3, 1945

Dear Mrs. Edwards:

The Army Effects Bureau has received some additional property of your son, Private First Class Samuel E. Slight.

This property, contained in one package, is being sent you for distribution. If, for some reason, it has not been received within the next thirty days, this Bureau should be informed so that tracer may 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 decedent's legal residence.

Extending every sympathy, I am

Sincerely yours,

HARRY NIEMIEC  
2d Lt. Q.M.C.  
Chief, Correspondence Branch

9

65

60

24



RESTRICTED

INVENTORY FORM

29 November 1944

Date

SUBJECT: Inventory of Personal Effects of:

Slight, Samuel E. Pfc. 37652032  
(Last Name) (First Name) (MI) (Rank) (ASN)

TO: Effects Quartermaster, Communications Zone, APO 887 US Army

The above named individual of Co. A. 814th T.D.  
(Unit) (Organization)

was reported DOW about 29 November 1944.  
Status (KIA, MIA, Hosp. et c.) (Date)

Designated Beneficiary if information readily accessible Emma Porter

Stuart, Kawa

INVENTORY OF EFFECTS

- |                                |                                     |
|--------------------------------|-------------------------------------|
| 6 Souvenir Bank Notes ✓        | 1 Registration Certificate ✓        |
| 1 Billfold ✓                   | 1 Religious Emblem ✓                |
| 21 Souvenir Coins ✓            | 1 Ring, Finger (Algiers Souvenir) ✓ |
| 1 Driver's License, Civilian ✓ | 1 Social Security Card ✓            |
| 1 Finger Nail Clipper ✓        | 1 Fishin and Hunting License ✓      |
| 1 Key ✓                        |                                     |
| 2 Knives ✓                     |                                     |
| 1 Lighter ✓                    |                                     |
| 1 Money Order Receipt ✓        |                                     |
| 1 Pencil ✓                     |                                     |
| 8 Photographs ✓                |                                     |
| 1 Photograph Holder ✓          |                                     |

Money in the amount of None has been turned into \_\_\_\_\_  
(Name of finance office and

\_\_\_\_\_ Form WDFD 38 enclosed.  
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 Truck on \_\_\_\_\_ 194\_\_\_\_.  
(Rail, Truck, etc.)

Name Edwin J. Donovan  
EDWIN J. DONOVAN  
Rank & ASN 1st Lt., MC 0-1595473  
611th CM Gr. Reg. Co.  
Organization \_\_\_\_\_

Any additional pertinent information:

NAME SLIGHT, SAMUEL E 2032

BAY	PALLET	BOX	TALLY
	15	85	8375
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
GRB			

Serial No. 3765203 Name Samuel E. Slight

Grade \_\_\_\_\_ Rank \_\_\_\_\_

Organization Co. H. 81st A.D.

Address \_\_\_\_\_

Nearest Relative \_\_\_\_\_

Address \_\_\_\_\_

Killed in Action \_\_\_\_\_ Died of Disease \_\_\_\_\_

Date Nov 29 - 44 Hospital D. O. W.

Battle Area 53rd Field Hosp. 1st Cav. Information \_\_\_\_\_

Place of Burial U.S. Mil. Cem. Margraten

Point of Coordination \_\_\_\_\_

Description of Body \_\_\_\_\_

Members Missing \_\_\_\_\_

320

Signed \_\_\_\_\_



JUN 27 1945 JUN 27 1945

PACKAGE DESCRIPTION

ARMY EFFECTS BUREAU INVENTORY

DECEASING	<input checked="" type="checkbox"/>
MISSIN.	<input type="checkbox"/>
ABANDONED	<input type="checkbox"/>
TALLY NO.	8375
INV. DATE	15 June 45
ORIG. NO. OF PKGS.	1
BOX NO.	85
SHEET OF SHEETS	1
ORGANIZATION	814.T.D Co. "A"

333,566

NAME SAMUEL E. SLIGHT  
A.S.N. 37652035 P.F.C.

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

German Marks Removed  
M.J.

REMARKS Emma Porter  
Stuart Lower

ATTACHMENTS FORM #44 FORM #100  
Inventory  
1 grave label

C.A.T. None

WAREHOUSE SPACE 1402

INVENTORIED BY Davidson

PACKED BY Jackson

CHECKED BY E

WEIGHT	G.I. REMOVED
	SHORTAGE ON PEVERSE
	IDENT. TAGS REMOVED
	DIARY REMOVED
DATE SHIPPED	LOCKED STORAGE
JUL 7 1945	LAUNDRY REMOVED
	FILM REMOVED

K.H.

ARMY SERVICES FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO: Mrs. Emma D. Edwards  
Box 65  
Yates City, Illinois

Effects of: Samuel E. Slight  
Name

775 37658022

Case No. 333568 - D

Wt.

DATE: June 30, 1945

GHG:VC:mrd

*W. M. C.*  
FOR: Effects Quartermaster

REMARKS:

\_\_\_\_ Inclose Bureau Check  
\_\_\_\_ Acct. No. \_\_\_\_\_  
\_\_\_\_ Amount \_\_\_\_\_  
\_\_\_\_ Inclose "valuables" item  
\_\_\_\_ Ship "valuables" item(s)

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

ROUTING:

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

REMARKS:

*1 phg*  
\_\_\_\_ Franked **FRANKED**  
\_\_\_\_ Est. Exp. Chgs. \_\_\_\_\_  
\_\_\_\_ Est. Frt. Chgs. \_\_\_\_\_  
\_\_\_\_ No. of packages 1 JUL 7 1945

*N.K.*  
\_\_\_\_ Shipping Clerk

SLIGHT, SAMUEL E

37652032 - P. H. C.

3 33,566

German Marks.

file  
103

55 NG

333566

JRM:BF:gs  
November 8, 1945

Mrs. Emma D. Edwards  
Box # 65  
Yates City, Illinois

Dear Mrs. Edwards:

Samuel E. Sligh.

son, Private First Class

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

333586

REPORT OF DEATH

DATE 26 Dec 1944  
MLB/jca/4626

FULL NAME <b>Slight, Samuel E.</b>		ARMY SERIAL NUMBER <b>37 652 032</b>	GRADE <b>Pfc</b>										
HOME ADDRESS <b>Stuart, Iowa</b>		ARM OR SERVICE <b>FA</b>	DATE OF BIRTH <b>16 Mar 1922</b>										
PLACE OF DEATH <b>European Area</b>	CAUSE OF DEATH <b>Wounds rec'd in action</b>		DATE OF DEATH <b>29 Nov 1944</b>										
STATION OF DECEASED <b>European Area</b>	DATE OF ENTRY ON CURRENT ACTIVE SERVICE <b>23 Dec 1942</b>	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS											
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <b>Mrs. Emma D. Edwards, mother, Stuart, Iowa</b>													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <b>Mrs. Emma D. Edwards, mother, same as above. Mr. Wallace Slight, brother, same as above,</b>													
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

EVIDENCE OF DEATH REC'D IN WD 13 DEC 1944

*[Signature]*

COPIES FURNISHED:			<input checked="" type="checkbox"/> BATTLE	BY ORDER OF THE SECRETARY OF WAR:  <i>[Signature]</i> ADJUTANT GENERAL
S. G. O.	F. B. I.	F. O., U. S. A.	<input type="checkbox"/> NON-BATTLE	
S. O. C. M. G.	C. P. D.	ARMY EFFECTS BUREAU		
G. A. O.	VET. ADMIN.	CASUALTY BRANCH FILE		
		A. G. 201 FILE		