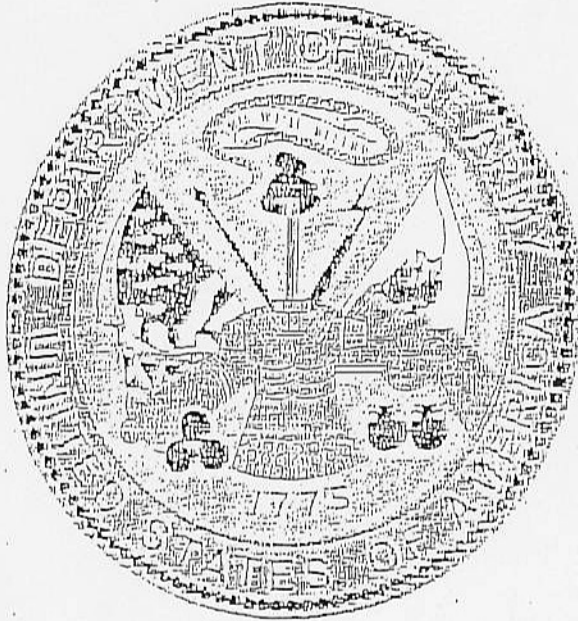


CLYDE PARKS
A/87



INDIVIDUAL DECEASED
PERSONAL FILE

WESTERN
UNION
DISTRIBUTION CENTER

RECEIPT OF REMAINS

DELIVER AND REPORT
ANY CHARGES

AGE DIV., CHICAGO ON DEPOT
1819 N. PERSHING RD., CHICAGO 9 ILL. ROUTINE

DAY LETTER

REMAINS CONSIGNED TO:

FREDERICK PORT, FUNERAL DIRECTOR
302 EAST CONANT STREET
PORTAGE, WISCONSIN

REMAINS OF THE LATE PVT. GLYDE F. PARKS, SN. 36234564

BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT. ON TRAIN NUMBER 5

CMSTP&P RR

DUE TO ARRIVE PORTAGE, WIS. 1:30 PM (ST) MONDAY 8 AUGUST 1949

REQUEST THAT YOU IMMEDIATELY INFORM THE NEXT OF KIN AND MAKE ARRANGEMENTS

TO ACCEPT REMAINS AT STATION UPON ARRIVAL. REFER TO CONTROL NUMBER 26192

THOS. O. CALL
MAJOR QMC

RECORDS ANNOTATED
DATE 14 Sept 49
NAME Bill
R & R BR.

I, the undersigned, do hereby acknowledge receipt of the remains of the above-named deceased
this 8 day of August, 1949

Cpl Ralph M. Denmark
(Witness (Escort))

[Signature]
(Consignor)

1

DISINTERMENT DIRECTIVE

31-57

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 1240 11704

DATE 29 03 49

NAME PARKS CLYDE F

SERIAL NUMBER 36234564

GRADE PVT ARM 1 RACE 1 REGION 1

CEMETERY HENRI-CHAPELLE BELGIUM

PLOT Q ROW 10 GRAVE 194

DISPOSITION OF REMAINS 6900 CODE DIST. CIE 08

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE FREDERICK PORT, FUNERAL DIRECTOR 302 EAST CONANT STREET PORTAGE, WISCONSIN

NAME AND ADDRESS OF NEXT OF KIN MRS. ANNIE PARKS (MOTHER) 402 WASHINGTON STREET PORTAGE, WISCONSIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISINTERMENT

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

SEE ATTACHED SHEET CHANGE

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC 1194 for minor discrepancies)

REMAINS PREPARED AND PLACED IN CASKET

DATE BY CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED DATE BY

SHIPPING ADDRESS 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.

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

(A) X-V

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

DISINTERMENT DIRECTIVE

1

SECTION A — NAME AND BURIAL LOCATION OF DECEASED			DIRECTIVE NUMBER 1240 11704		DATE 15 11 47 DAY MONTH YEAR		
NAME PARKS CLYDE F			SERIAL NUMBER 36234564	RANK PVT	ARM 1	DATE OF DEATH DAY MONTH YEAR	
CEMETERY HENRI CHAPELLE - EUPEN						DISPOSITION OF REMAINS 1 120 80 CODE DIST. PT.	
PLOT 0	ROW 10	GRAVE 194	COUNTRY BELGIUM			CAUSE OF DEATH 1	

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE HENRI - CHAPELLE, BELGIUM (BY ADMINISTRATIVE ORDER)	NAME AND ADDRESS OF NEXT OF KIN MRS. ANNA PARKS (MOTHER) 402 WASHINGTON STREET PORTAGE, WISCONSIN
---	---

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME PARKS CLYDE F	SERIAL NUMBER 36234564	RANK PVT	DATE OF DEATH EST 3 NOV 1944	DATE DISTINTERRED 17 OCT 1947
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION USAGF	RELIGION P	IDENTIFICATION VERIFIED BY ROBERT C MALLORY, 1ST LT 537 QMSV CO. NAME AND TITLE INF.	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL MATTRESS COVER AND UNIFORM	CONDITION OF REMAINS DISARTICULATED BUT COMPLETE
OTHER MEANS OF IDENTIFICATION GROUND FORCE UNIFORM.	

MINOR DISCREPANCIES *1*
NONE

REMAINS PREPARED AND PLACED IN CASKET DATE 4 NOV 1947	BY ALBERT T HALL, EMB. SUPV.
CASKET SEALED BY ALBERT T HALL, EMB. SUPV.	EMBALMER (Signature) ALBERT T HALL, EMB. SUPV. FOS. PROVISIONAL.
CASKET BOXED AND MARKED DATE 4 NOV 47 SAM ALBARELLI BY CLERK RECORDER	SHIPPING ADDRESS VERIFIED BY ALBERT T HALL, EMB. SUPV.

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

RAYMOND G JOHNSON, 1ST LT INF.

SIGNATURE OF GRS INSPECTOR

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

I certify that the entries on this form are true copies of the entries on Copy Number 4 of this Disinterment Directive which contains the signatures of the persons whose names are typed hereon.

Raymond G. Johnson 1st Lt. Inf.

INSPECTION CHECKLIST

NAME PARKS, CLYDE F.	RANK PVT.	SERIAL NO. 36234564	ARM OR SERVICE ARMY	DIRECTIVE DATE
	RACE WHITE	RELIGION PROT.	SEX MALE	DIRECTIVE NO. 1240 11704

CONSIGNEE AND ADDRESS FREDERICK PORT, FUNERAL DIRECTOR 302 EAST CONANT STREET PORTAGE, WISCONSIN	NEXT-OF-KIN ADDRESS MRS. ANNIE PARKS, (MOTHER) 402 WASHINGTON STREET PORTAGE, WISCONSIN
--	---

SHIPPING CASE - General Appearance (Check ONLY Discrepancies)	CONDITION OF SHIPPING CASE (Check One) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY
FINISH (Exterior)	REMARKS:
FINISH (Interior)	
HANDLES	
HANDLE BOLTS	
STENCILING - NAMEPLATE	
	INSPECTED BY:

CASKET - General Appearance (Check ONLY Discrepancies)	CONDITION OF CASKET (Check One) <input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> UNSATISFACTORY
FINISH (Exterior)	REMARKS: <i>Dental Bone</i> <i>No Lashes</i> <i>Signature of J. D. Hill</i>
HANDLES AND FASTENINGS	
STENCILING - NAMEPLATE	
CAM LOCKS (Sealing)	
ODOR OR MOISTURE	
	INSPECTED BY:

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 REPAIR <input checked="" type="checkbox"/> <i>Repaired/Star</i>
NECESSARY DISINFECTION (Explain)	CASKET EXCHANGED <input type="checkbox"/>
	SHIPPING CASE REPAIRED <input type="checkbox"/>
	SHIPPING CASE EXCHANGED <input type="checkbox"/>
	REMARKS:

TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTING OFFICER
------	------	------------------------	------	------	---------------------------------

STORAGE LOCATION				PASS. LIST NO.	CONTROL NUMBER
DOOR	SECTION	BAY	STORAGE NUMBER	NY 031R	26192
			460		
INCOMING OR OUTGOING					

WU A535 20 COLLECT 3 EXTRA

G PORTAGE WIS JUN 26 1949 300P

CHGO QM DEPOT

AGRD

SHIP REMAINS OF PVT CLYDE F PARKS CONTROL NUMBER 26192
TO PORTS FUNERAL HOME PORTAGE WIS

MRS ANNIE PARKS 402 WASHINGTON ST

612P

FILE

26192 402..

JUN 27 8 29 AM '49

FD 3

ARMY
AGR DIV., CHICAGO QUARTERMASTER DEPOT
1819 W. PERSHING RD., CHICAGO 9, ILL.

36234564

WESTERN UNION
DAY LETTER

DELIVER AND REPORT ANY CHARGES

MRS. ANNIE PARKS
402 WASHINGTON STREET
PORTAGE, WISCONSIN

RECEIVED
JUN 25 2 58 PM '49

WE HAVE BEEN ADVISED THAT REMAINS OF THE LATE

ARE ENROUTE TO THE UNITED STATES

PVT. CLYDE F. PARKS

OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED TO

FREDERICK PORT, FUNERAL DIRECTOR, 302 EAST CONANT STREET, PORTAGE, WIS.

PLEASE CONFIRM YOUR ORIGINAL INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS WITHIN 48 HOURS BY TELEGRAM COLLECT TO CHICAGO QUARTERMASTER DEPOT AGRD 1819 WEST PERSHING ROAD CHICAGO ILLINOIS, INCLUDING FULL NAME OF DECEASED AND YOUR CORRECT ADDRESS. YOUR REQUEST FOR CHANGE IN DELIVERY INSTRUCTIONS AFTER 48 HOURS HAVE ELAPSED CANNOT BE COMPLIED WITH AT GOVERNMENT EXPENSE. DELIVERY OF REMAINS WILL BE MADE AS SOON AS PRACTICABLE AFTER RECEIVED HOWEVER MANY FACTORS BEYOND OUR CONTROL MAY DELAY DELIVERY SEVERAL WEEKS. AT LEAST THREE DAYS PRIOR TO SHIPMENT OF REMAINS ACCOMPANIED BY MILITARY ESCORT YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF METHOD OF TRANSPORTATION AND TIME OF ARRIVAL AND REQUESTED TO NOTIFY YOU. IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK LOCAL VETERANS ORGANIZATIONS TO MAKE ARRANGEMENTS. IN REPLY REFER TO CONTROL NO. 26192

FILE

THOS. O. CALL
MAJOR QMC

C. M. ODENWALDER
CAPT., QMC

JUN 25 1949

NY 031 R

4A-1 and 4E-1
Combined and Revised

WA II

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

1. DATE

8 AUG 1949

(Read Explanation on Reverse Side before completing form)

2. NAME OF DECEDENT (Last, First, Middle Initial) PARKS, OLYDE P.		3. BRANCH OF SERVICE US ARMY	6. <input checked="" type="checkbox"/> INTERMENT EXPENSES (Civilian or Private Cemetery) <input type="checkbox"/> TRANSPORTATION EXPENSES (National or Post Cemetery)
4. RANK OR GRADE PVT.	5. SERIAL NO. 36234564	<input type="checkbox"/> WORLD WAR II DECEASED. CHECK BOX. IF CURRENT DECEASED, ENTER DATE OF DEATH.	

INSTRUCTIONS TO INITIATING INSTALLATION

Fill in items 1 through 7 and item 10.
 Cross out item 8 or item 9, whichever is not applicable.
 Stamp "Ribbon" copy "ORIGINAL."
 Stamp carbon copies "COPY."

FORWARD COPY
 QUARTERMASTER GENERAL TO OFFICE OF
 ATTN: DIVISION, A. G. R. S.

INSTRUCTIONS TO PERSONS SIGNING THIS FORM

This form is to be signed by the claimant and NOT by the funeral director.
 Complete the original and three copies.
 SIGN ORIGINAL ONLY. CLAIM VALID REPUTATION

AUG 22 1949

8. 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: **UNITED PRESBYTERIAN**

CITY OR COUNTY: **MARQUETTE CO**

STATE: **WIS.**

9. 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 _____ to _____.

10. RETURN THE ORIGINAL AND THREE COPIES TO:

COMMANDING OFFICER
 CHICAGO QUARTERMASTER DEPOT
 1819 WEST PERSHING ROAD
 CHICAGO 9, ILLINOIS
 ATTN: AGR DIVISION

11. SIGNATURE OF CLAIMANT

MRS. ANNIE PARKS

12. ADDRESS (Street number or RFD, City and State)

402 WASHINGTON ST., PORTAGE, WIS.

13. RELATIONSHIP TO DECEDENT

MOTHER

REMARKS:

PAID ON
 MONEY ACCOUNTS OF U. S. ARMY - CHICAGO, ILL.
 SEP 12 1949
 F. D. Symbol number 12
 (DO NOT WRITE)
COPY

27972

MESSAGEFORM

MESSAGE CENTER No.

TRANSMITTING MEANS

CRYPTOGRAPH OR CLEAR TEXT

CALLS

STA. SER. No.

PRECEDENCE

TRANSMISSION INSTRUCTIONS

ORIGINATOR

DATE-TIME GROUP

NR

ACTION

INFORMATION

EXEMPT

OPERATING SIGNALS

GROUP COUNT

BR

SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM: (Originator)

QMGMF DEPT OF ARMY WASH D C SNOWDEN EXT 6535

SECURITY CLASSIFICATION

UNCLASSIFIED

ACTION TO:

-MRS ANNIE PARKS
402 WASHINGTON STREET
-PORTAGE WISCONSIN

PRECEDENCE FOR

ACTION

INFORMATION

PRIORITY

 ORIGINAL MESSAGEREFERS TO ANOTHER MESSAGE
IDENTIFICATION CLASSIFICATION

INFORMATION TO:

CHARGE GRAVES W/ II

FINAL INTERMENTS ARE NOW BEING MADE IN PERMANENT UNITED STATES
MILITARY CEMETERIES OVERSEAS. THE REMAINS OF YOUR LATE SON PRIVATE
GLYDE P. PARKS 36 234 564
ARE BEING HELD IN ABOVE GROUND STORAGE PENDING DISPOSITION INSTRUCTIONS
FROM YOU. IN ORDER TO COMPLY WITH YOUR WISHES COMMA IT IS URGENT
YOU ADVISE THIS OFFICE WITHIN FIFTEEN DAYS BY COLLECT TELEGRAM IF YOU
DESIRE PERMANENT OVERSEAS BURIAL OR RETURN OF REMAINS TO UNITED STATES
FOR BURIAL IN A NATIONAL OR PRIVATE CEMETERY. IF REMAINS ARE REQUESTED
FOR RETURN TO THIS COUNTRY INCLUDE NAME OF NATIONAL CEMETERY OR IF
REMAINS ARE RETURNED FOR BURIAL IN A PRIVATE CEMETERY NAME AND ADDRESS
OF FUNERAL DIRECTOR OR CONSIGNEE TO WHOM REMAINS ARE TO BE CONSIGNED

END SMITH

ckb

SMITH
Memorial Division
OQMG

FMS

SECURITY CLASSIFICATION

UNCLASSIFIED

SIGNATURE

AUTHORIZATION

ORIGINATING AGENCY

SYMBOL QMGMF 293

DATE-TIME GROUP

OFFICIAL TITLE

PARKS, GLYDE P., 36234 564

14 MAR '49

J F VOGL
Captain, QMG, Memorial Division

PAGE OF

WD AGO FORM 11-168
10 JUN 1945This form supersedes WD AGO Form 11-168, 23 Aug 44,
and WD AGO Form 801, 12 Mar 43, which are obsolete.

16-45801-1

U. S. GOVERNMENT PRINTING OFFICE

ANALYST ACTION REQUEST FORM

Name : PARKS, CLYDE F
Grade : PVT
Serial Number : 36234564

This case has been thoroughly analyzed and the following action is to be taken:

Miss Herndon

Form A - to mother

Mrs Annie Parks
402 Washington Street
Portage, Wisconsin

Henri Chapel Bel
Q-10-194

DATE : 11 Mar
SIGNATURE OF ANALYST : A. Carlton
DIVISION : mem : BRANCH : ftc : SECTION : 401

UNCLASSIFIED
DATE 05-14-2014 BY 60322 UCBAW/STP

INFORMATION HAS BEEN RECEIVED INDICATING YOUR NAME HAS
BEEN CHANGED FROM BANKS TO DEAN BY RE-MARRIAGE. PLEASE
ADVISE US BY CONTACTING THE BUREAU OFFICE

UNCLASSIFIED

FORM 293

DATE 05-14-2014 BY 60322 UCBAW/STP

ANALYST ACTION REQUEST FORM

Name : Clyde F. Parks : Grade : Pvt. : Serial Number : 36 234 564

This case has been thoroughly analyzed and the following action is to be taken:

Send telegram Form 12
to: Mrs. Helen A. Beahm (widow)
527 E. Cook Street
Portage, Wisconsin

Information has been received indicating
your name has been changed
from Parks to Beahm by remarriage.
Please confirm remarriage by
collect telegrams and Smith

DATE : 12 Mar 49 : SIGNATURE OF ANALYST : FMS
DIVISION : Mem : BRANCH : IC : SECTION : G.L.C.

EU 0110Z

EUA 053

RR UEPOG

UEP20FG GOVT COLLECT

Mar 15 11 51 AM '49

D.O.M.S.
EL. & CAB

PORTAGE VIS MAR 14 QORD RPNY

SMITH MEMORIAL DIVN OCMC

WASHDC

REFERENCE TELEGRAM 14TH CONFIRMING NAME CHANGE BY

REMARriage NOV 9 1946 TO MRS HELEN A BEAHM ROUTE ONE

PORTAGE VIS

MRS HELEN A BEAHM

619P

14 0 QORY.

Telegram rec'd 18 Mar 49
 Rec'd 22 Mar 49 - M-27 L
 Fred R. Post
 302 Convent St.
 Portage Wis (Conquest)
 3-28-49
 Snowden
 FC

6125
 36
 234 524
 203 Parker, Ulysses J

FILE

Name _____
 Action _____
 Date _____
 Acceptance _____
 Family Connection _____

NEW IOI

Rank Pvt. Name Clyde E. Parks

Cemetery Henri-Chapel, Del.

Plot D Row 10 Grave 194

Date 364901 1947

A. S. N. 36234564

IOI to be sent to:

Mr. Mrs. Miss

Name ANNIE PARKS

Street 402 Washington St.

City Portage

State Wisc.

Henry
47

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.

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

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

March 11, 1947.
(DATE)
 527 E. COOK ST.
(STREET AND NUMBER)

Helen Ann Beahm. Portage, Wisc.
(NAME PRINTED OR TYPED) (CITY AND STATE)

THE STATE OF TEXAS,
COUNTY OF [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible signature]

[illegible]

[illegible]

1954
JULY 21 1954

Dear Mr. [Name]
[Address]

I am writing to you regarding the [Subject]
[Detailed text, mostly illegible]

I am sure you will find this information [Subject]
[Detailed text, mostly illegible]

Very truly yours,
[Signature]

**FORM 214
Army Registration
(Regulation 63. 11a.)**

6 FEB 1947

SUBJECT: Social Records

**TO: Commanding Officer
American Overseas Registration Council
European Theater Area
APO 677, 2/4 Postmaster
New York, New York**

1. Request the social records and service numbers for the following individuals, members of the United States Military Community, European Theater Area, as changed to read as follows:

NAME	NAME	SERIAL NO.	BRANCH	POST	DOB	GRADE	DATE OF BIRTH
Page, Walter G.	7-4	35 935 042	Co. 3 85 Inf 1st Inf 1st Div	Inf	4	75	
Page, Alvin R.	1/10	01 155 415	100th Inf	Inf	2	75	25 Feb 45
Page, Clyde E.	7-4	35 234 564	Co. 1 87th Cav Regt 1st Div	C	25	156	
Page, David R.	7-4	11 038 177	Co. 1 85 Inf Regt 1st Inf Div	Inf	7	202	21 Jan 45

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

FOR THE QUARTERMASTER GENERAL:

**HARVEY C. HILLY
Major, GSC
Assistant**

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

9 December 1945

SUBJECT: Burial Records

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

1. Report the burial reports and grave markers for the following accidents be changed to read as underscored:

LOCATION: United States Military Cemetery Mared-Charpelle,
 Belgium.

<u>NAME</u>	<u>NAME</u>	<u>SERIAL NO.</u>	<u>PLAT</u>	<u>ROW</u>	<u>GRAVE</u>	<u>ORIENTATION</u>
<u>7/3 Parks, Clyde F.</u>	<u>III</u>	<u>34 234 564</u>	<u>Q</u>	<u>29</u>	<u>124</u>	<u>---</u>
<u>Reyer, Jacob E.</u>	<u>III</u>	<u>34 465 227</u>	<u>S</u>	<u>3</u>	<u>51</u>	<u>---</u>
<u>Todd, Donald G.</u>	<u>III</u>	<u>34 723 703</u>	<u>P</u>	<u>8</u>	<u>143</u>	<u>---</u>
<u>Young, Jay A.</u>	<u>III</u>	<u>33 922 309</u>	<u>P</u>	<u>4</u>	<u>72</u>	<u>---</u>

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

FOR THE QUARTERMASTER GENERAL:

100

MARTIN G. RIECK
 Major, GSC
 Assistant

VD

[Faint, illegible text, possibly bleed-through from the reverse side of the page]

[Faint, illegible text, possibly bleed-through from the reverse side of the page]

REPORT OF BURIAL

TM 10-430 AND AR 30-1815

52134
6 November 1944
Date

RESTRICTED

Parks, Clyde F. Put. 36234564
 To A 99 87 Cav Reg Sq M Unknown 7 Dec 99
 Unit 39 Oct Holland Est 3 November 1944 KIA, Shrapnel M/W
 Place of Death Holland Date of Death 29 Oct 1944 Cause of Death KIA, Shrapnel M/W
 Time and Date of Burial 194 10 Name of Cemetery Henri Chapelle # 1 Name or Coordinates of Location 705352
 Grave Number 194 Row Number 10 Plot Number Q Type of Marker Cross

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

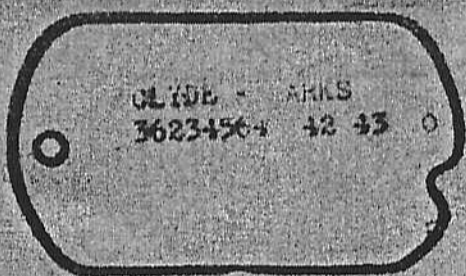
If No Identification Tags
How were remains identified?

What means of identification were buried with the body?

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

Who is buried on:
 Deceased's Right: Richards 12072095 Pfc. 7th Armd. 198
 Name Serial No. Rank Organization Grave No.
 Deceased's Left: Allen 31398492 Pvt. 552 FA 193
 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 _____ Name _____
 Address _____
 Religion Protestant

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

1 Wristwatch (Fwd to Effects Quartermaster)

HARRY DUBROV 1st Lt QMC
 Signature of Officer or other person reporting burial
 Verified by G.R.S. Officer 5-28-45

In #70

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

REPORT OF DEATH

DATE 25 November 1944
bsp 4632

FULL NAME Parks, Clyde F.		ARMY SERIAL NUMBER 36 234 564	GRADE Pvt.
HOME ADDRESS <i>ps</i> Portage, Wisconsin		ARM OR SERVICE Cavalry	DATE OF BIRTH 8 Sept 18
PLACE OF DEATH European Area	CAUSE OF DEATH Killed in action		DATE OF DEATH 29 Oct 44
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 10 Feb 42	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS
EMERGENCY ADDRESSES (NAME, RELATIONSHIP & ADDRESS) Mrs. Annie D. Parks, mother, 402 Washington Street, Portage, Wisconsin			
BENEFICIARIES (NAME, RELATIONSHIP & ADDRESS) Mrs. Helen A. Parks, 612 E. Conant St., Portage, Wisconsin, wife Harold D. Parks, child, same as above Annie D. Parks, mother, 402 Washington Street, Portage, Wisconsin *			
INVESTIGATION MADE		IN LINE OF DUTY	OWN MISCONDUCT
YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE	
YES	NO	YES	NO
IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO

ADDITIONAL DATA AND/OR STATEMENT

*Beneficiaries continued:
 Arthur Parks, brother, same as above

The individual named in this report of death is held by the War Department to have been in a missing in action status from 29 October 1944 until such absence was terminated on 16 November 1944, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a commander in the European Area.

FILE
 NOV 30 1944

COPIES FURNISHED:			<input checked="" type="checkbox"/> BATTLE
S. S. C.	P. R. I.	F. O. U. S. A.	<input type="checkbox"/> NON-BATTLE
L. C. R. C.	G. F. B.	ARMY EFFECTS BUREAU	
G. A. C.	VET. ADMIN.	CASUALTY BRANCH FILE	
		A. G. 201 FILE	

BY ORDER OF THE SECRETARY OF WAR
[Signature]
 ADJUTANT GENERAL

290974
ps

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

REPORT OF DEATH

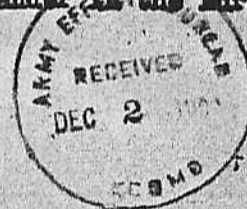
DATE 25 November 1944
bsp 4632

P.F.C. NAME Parks, Clyde F.		ARMY SERIAL NUMBER 36 234 564		GRADE Pvt.	
HOME ADDRESS Portage, Wisconsin		ARM OR SERVICE Cavalry		DATE OF BIRTH 3 Sept 18	
PLACE OF DEATH European Area		CAUSE OF DEATH Killed in action		DATE OF DEATH 29 Oct 44	
STATION OF DECEDENT European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 10 Feb 42		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS	
EMERGENCY ADDRESSES (NAME, RELATIONSHIP & ADDRESS)					
Mrs. Annie D. Parks, mother, 402 Washington Street, Portage, Wisconsin					
TEMPORARY (NAME, RELATIONSHIP & ADDRESS)					
Mrs. Helen A. Parks, 612 E. Conant St., Portage, Wisconsin, wife Harold D. Parks, child, same as above Annie D. Parks, mother, 402 Washington Street, Portage, Wisconsin *					
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT	
YES	NO	YES	NO	YES	NO
WAR DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS	
YES	NO	YES	NO	YES	NO
OTHER PAY STATUS (SPECIFY BELOW)		YES		NO	

ADDITIONAL DATA AND/OR STATEMENT

*Beneficiaries continued:
Arthur Parks, brother, same as above

The individual named in this report of death is held by the War Department to have been in a missing in action status from 29 October 1944 until such absence was terminated on 16 November 1944, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a commander in the European Area.



COPIES FURNISHED:		
<input type="checkbox"/> G. C. C.	<input type="checkbox"/> F. B. I.	<input type="checkbox"/> P. O. U. S. A.
<input type="checkbox"/> S. C. G. N. C.	<input type="checkbox"/> O. P. S.	<input type="checkbox"/> ARMY EFFECTS BUREAU
<input type="checkbox"/> C. A. C.	<input type="checkbox"/> VET. ADMIN.	<input type="checkbox"/> CASUALTY BRANCH FILE
		<input type="checkbox"/> A. G. S. 301 FILE

BATTLE
 NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR

[Signature]

ADJUTANT GENERAL

290974

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

-BATTLE CASUALTY REPORT

NAME			SERIAL NUMBER			GRADE	ARM OR SERVICE	REPORTING THEATRE	
PARKS CLYDE F			36234564			PVT	CAV	ETO	
PLACE OF CASUALTY		DATE OF CASUALTY		FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER			
HOLLAND9		DAY	MONTH	YEAR		MIA	238		
		29	OCT	44					

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

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

MR.-MRS.-MISS—FIRST NAME—MIDDLE INITIAL—LAST NAME		RELATIONSHIP	DATE NOTIFIED
MRS ANNIE D PARKS		MOTHER	11 NOV 44
NO. AND NAME OF STREET—CITY—STATE			
402 WASHINGTON STREET		PORTAGE WISCONSIN	MEC

REMARKS:

 CORRECTED COPY


ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED _____ FORM 43 _____ AG 201 REQ _____

CASUALTY BRANCH FILE ATTACHED _____ OR CHARGED TO _____ DATE _____

PREVIOUSLY REPORTED NO _____ YES _____ (AS INDICATED BELOW):

FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED

FORWARDED TO SPEC. IDEN. TELEGRAM WOUNDED LETTER CORRES. S. R. & D. CERTIF. M. & M. NON-DEL.

REPORT NOT VERIFIED NO FORM 43 NO CAS. BR. FILE CHECKED BY _____ REVIEWED BY _____

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

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

DISTRIBUTION "A" _____ COPIES

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

DISTRIBUTION "B" _____ COPIES

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

250974

RECEIVED
August 21, 1947

Mrs. Helen E. Parks
512 East Walnut Street
Berkeley, Wisconsin

Dear Mrs. Parks:

The Army Effects Bureau has received some military property of your husband, Private Clyde E. Parks.

These effects are being forwarded to you in one envelope.

If for some reason, the property has not reached you at the expiration of thirty days from this date, please notify us so an tracer can be instituted.

Yours very truly,

P. L. YOUNG
1st Lt., USA
Officer-in-Charge
S. Branch

290,974

ATTACHMENTS		STATUS	
<input checked="" type="checkbox"/> INBOUND INVENTORY		DECEASED	
<input checked="" type="checkbox"/> G. R. OR SUB OR LABEL		MISSING	<input checked="" type="checkbox"/>
<input type="checkbox"/> WILL OR POWER OF ATTY.		P. O. W.	
<input checked="" type="checkbox"/> TALLY IN FORM 43		ABANDONED	
		UNKNOWN	

EFFECTS INVENTORY

ARMY EFFECTS BUREAU

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

<p style="text-align: center;">CONTAINERS ADDRESSED TO</p> <p style="font-size: 2em; text-align: center;"><i>none</i></p>	<p style="text-align: center;">INFORMATION</p> <p style="font-size: 2em; text-align: center;"><i>no info</i></p> <p style="font-size: 2em; text-align: center;"><i>Rechecked</i></p>
<p style="text-align: center;">NAME AND STATUS VARIATIONS</p>	<p style="text-align: center;">CROSS REFERENCE</p>

<input type="checkbox"/> CHECK	REC'D BY	NUMBER	<input type="checkbox"/> BUREAU CHECK
<input type="checkbox"/> MONEY ORDER		SYMBOL	<input type="checkbox"/> TRANSMIT ORIGINAL
<input type="checkbox"/> BOND		AMOUNT	<input type="checkbox"/> ORIG. REG. MAIL
<input type="checkbox"/> TRAV. CHECK		DATE	<input type="checkbox"/> TO G. A. O.
<input type="checkbox"/> FOREIGN CURRENCY		BANK OR PLACE OF ISSUE	<input type="checkbox"/> MUTILATED
<input type="checkbox"/> U. S. CURRENCY		PAYEE	<input type="checkbox"/> TO ISSUING AGENCY
		REMITTER OR DRAWER	<i>8/27/45</i>

TALLY NO. <i>387</i>	ORIG. NO. OF PKGS. <i>1</i>	EXAMINING DATE <i>23 Aug 45</i>	BOX NO. <i>64</i>	SHEET <i>1</i> OF <i>1</i> SHEETS	
NAME <i>CLYDE F. PARKS</i>			A. S. N. <i>30234564</i>		
ORGANIZATION <i>87th Cav. Recon. Sq. 7th Div.</i>			RANK <i>PUT</i> CASE NO.		
WAREHOUSE SPACE <i>S</i>		EXAMINED BY <i>[Signature]</i>	<input type="checkbox"/> DIARY REMOVED		
PACKAGE DESCRIPTION <i>[Blank]</i>		PACKED BY <i>[Signature]</i>	<input type="checkbox"/> PHOTO FILM REMOVED		
WEIGHT		INSPECTED BY <i>[Signature]</i>	<input type="checkbox"/> MOTION PICTURE FILM REMOVED		
		STORED BY <i>[Signature]</i>	SHIPPED		
			DATE <i>SEP 6 1945</i>	BY WHOM <i>[Signature]</i>	

Serial No. 36234564 Name PARKS, CLYDE F.
Grade _____ Rank PVT
Organization 878 CAV. REG. SQ. MFG.
Address _____
Nearest Relative _____
Address _____
Killed in Action _____ Died of Disease _____
Date 29 Oct 1944 Hospital _____
Battle Area _____ Information _____
MISSING IN ACTION
Place of Burial _____
Point of Coordination _____
Description of Body _____
Members Missing _____

259

Signed Walter A. Miller
1-11-0-101257
S-4

RESTRICTED

6 November 1944

Date

SUBJECT: Inventory of Personal Effects of:

Parks Glyde P. Pvt. 36 254 564
(Last Name) (First Name) (MI) (Rank) (ASN)

TD: Effects Quartermaster, Communication Zone, APO 571
US Army

The above named individual of 57th Cav. Recon. Sq. Mech., 7th Arm Div.
(Unit)

Troop "A" was reported Missing in Action
(Organization) (Status-Killed, MIA,

about 29 October 1944
(Date)
Hospitalized, etc.)

Designated Beneficiary if information readily accessible _____

INVENTORY OF EFFECTS

- 1 ea Ribbon, Good Conduct
- 1 ea Medal, Marksmen w/bar Machine gun
- 1 ea Medal, Sharpshooter w/bar Anti-tank

RESTRICTED

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

J.M.W:cl

Case No. 290874

Date 3 May 1945

SUBJECT: Report of transactions in disposing of the effects of

Clyde F. Parks late a
(Name of deceased) 5E234564 (Army Serial Number)

Private who died
(Grade) Cavalry (Organization, Army or Service)

on the 23 day of October 1944 at European area

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

1. Complying with A.W. 112, a Summary Court-Martial, convened at Kansas City, Mo. pursuant to S.O., 228 Hq., KCOM 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 5 May 1945, pursuant to Special Orders 228, Headquarters KCOM Depot, dated 25 September 1943, the application or affidavit of Mrs. Helen A. Parks 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. Helen A. Parks of
(Name of person found entitled)

812 East Conant Street Portage State of
(Number, Street or avenue) (City, Town or Village)

Wisconsin is the Wife 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

INVENTORY OF EFFECTS

The following listed effects
were found on Unknown
(Rank)

Parks, Clyde F 3623456
(Name) (ASN)

Unknown Est. 3 Nov. 1944
(Orgn) (Date Died)

Buried at
Henri Chapelle Cem. FI
and effects forwarded to
Effects OM.

1 Watch ✓

[Handwritten signature]

[Handwritten signature]
HARRY DUBROV, 1ST LT, QMC