

REPORT OF BURIAL

25 July 1944

TM 10-630 AND AR 30-1815

Date

REBURIAL

Lucas
Last Name: Lucas First: Willard Initial: J. Rank: CPL ~~Unknown~~ Serial No.: 33232088 495

Unit: 507 PARA INF REGT Organization: 82nd A/B Div

Place of Death: France Date of Death: Unknown 11 June 44 Cause of Death: KIA

Time and Date of Burial: 24 July 1944 Name of Cemetery: Blosville Name or Coordinates of Location: France

Grave Number: 127 Row Number: 7 Plot Number: T 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?

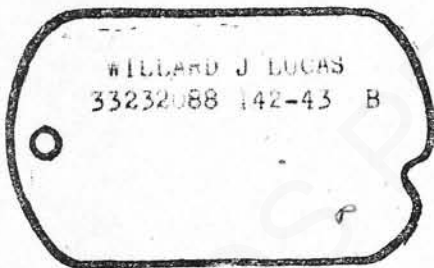
To determine Right or Left use Deceased's Right and Left.

Who is buried on: Packham, Leo P. 20915451 Unknown Unknown 128
Deceased's Right: Name Serial No. Rank Organization Grave No.

Callahan, Roy H. 37065428 Unknown 101st A/B Div 126
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 Unknown Name

Address

Religion Unknown

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

Parachute medal

REBURIAL

Previously buried in isolated grave located at 422-752

Signature of Officer or other person reporting burial

F. A. GREENLICH
Capt., *F. A. Greenlich*

Verified by G.R.S. Officer

Duct #51

*File 45
5-10-45
dEB*

77-127

33932086

Serial No. ~~33932086~~ Name Lucas, Willard J.

Grade Unknown Rank

Organization 89nd

Address

Nearest Relative unknown

Address

Killed in Action yes Died of Disease

Date July 29 1944 Hospital

Battle Area Information

Place of Burial Bloomsbury Cemetery of ranch

Point of Coordination 267-434

Description of Body

Members Missing

Signed C. Charles H. Hanson

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 3508 02937	DATE 15 11 47 DAY MONTH YEAR	
NAME LUCAS WILLARD J		SERIAL NUMBER 33232088	RANK CPL	ARM 1
CEMETERY BLOSVILLE - CARENTAN		DATE OF DEATH 1 3200 03 DAY MONTH YEAR		DISPOSITION OF REMAINS CODE DIST. PT.
LOT T	ROW 7	GRAVE 127	COUNTRY FRANCE	
		CAUSE OF DEATH 1		

SECTION B - CONSIGNEE AND NEXT OF KIN	
NAME AND ADDRESS OF CONSIGNEE CARRIE M. LUCAS WILLARD B. OTTO FUNERAL DIRECTOR 200 CENTER STREET GORDON, PENNSYLVANIA ASHLAND, PA.	NAME AND ADDRESS OF NEXT OF KIN CARRIE M. LUCAS (MOTHER) PLANE STREET GORDON, PENNSYLVANIA

SECTION C - DISINTERMENT AND IDENTIFICATION				
NAME Lucas, Willard J	SERIAL NUMBER 33232088	RANK Cpl	DATE OF DEATH Utd	DATE DISINTERRED 9 Dec, 1947
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION USAGF	RELIGION Protestant	IDENTIFICATION VERIFIED BY JOHN H. CLARK 2nd Lieut QMC NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT	
NATURE OF BURIAL Uniform	CONDITION OF REMAINS Advanced Decomposition
OTHER MEANS OF IDENTIFICATION None	
NOTICE OF DISCREPANCIES None	

REMAINS PREPARED AND PLACED IN CASKET	
DATE 15 January, 1948	BY Henry F. Pergande
CASKET SEALED BY Henry F. Pergande	EMBALMER (Signature) <i>Henry F. Pergande</i>
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY JOHN PALYOK, 1st Lieut, FA

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

John Palyok
JOHN PALYOK, 1st Lieut, FA
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM US MC Blosville	TO Casketing Point "A"-Cherbourg		
IND OF CONVEYANCE Truck	NAME OF CONVOYER T/4 Bennie P. Kovalski		
SIGNATURE OF SHIPPER <i>Everett N. Ciampo</i> R. W. GANSEL, 1st Lieut, FA	DATE 10 Jan 48	SIGNATURE OF RECEIVER <i>Everett N. Ciampo</i> JOHN PALYOK, 1st Lieut, FA	DATE 10 Jan 48
2. SHIPPED			
FROM Casketing Point "A"-Cherbourg	TO Port Unit - Cherbourg		
IND OF CONVEYANCE Truck	NAME OF CONVOYER <i>John E. Hendry Jr.</i>		
SIGNATURE OF SHIPPER <i>Everett N. Ciampo</i> JOHN PALYOK, 1st Lieut, FA	DATE	SIGNATURE OF RECEIVER <i>John E. Hendry Jr.</i> JOHN E. HENDRY JR, Major, CAC	DATE
3. SHIPPED			
FROM PORT UNIT CHERBOURG	TO NYPOE		
IND OF CONVEYANCE USAT MC CARLEY	NAME OF CONVOYER ROBERT V. SCHNEIDER 1st Lt. TC.		
SIGNATURE OF SHIPPER <i>John E. Hendry Jr.</i> JOHN E. HENDRY JR, MAJOR CAC	DATE 10 March 1948	SIGNATURE OF RECEIVER <i>Robert V. Schneider</i>	DATE 10 March 1948
4. SHIPPED			
FROM	TO <i>NYPOE</i>		
IND OF CONVEYANCE	NAME OF CONVOYER <i>James L. McKinnon</i>		
SIGNATURE OF SHIPPER <i>James L. McKinnon</i> JAMES L. MCKINNON COLONEL, T. C. PORT TRANSPORTATION OFFICER	DATE APR 3 1948	SIGNATURE OF RECEIVER <i>James L. McKinnon</i>	DATE APR 3 1948
5. SHIPPED			
FROM	TO <i>AC 3</i>		
IND OF CONVEYANCE <i>Train</i>	NAME OF CONVOYER <i>Sgt. James V. Manglass</i>		
SIGNATURE OF SHIPPER <i>James L. McKinnon</i> JAMES L. MCKINNON COLONEL, T. C. PORT TRANSPORTATION OFFICER	DATE APR 9 - 1948	SIGNATURE OF RECEIVER <i>James V. Manglass</i> SGT. JAMES V. MANGLOSS PORT TRANSPORTATION OFFICER	DATE APR 10 1948
6. SHIPPED			
FROM	TO		
IND OF CONVEYANCE	NAME OF CONVOYER		
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
7. SHIPPED			
FROM	TO		
IND OF CONVEYANCE	NAME OF CONVOYER		
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

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

REPORT OF DEATH

DATE 11 November 1944
qlg/4632

FULL NAME <u>Lucas Willard J.</u>		ARMY SERIAL NUMBER <u>33 232 088</u>		GRADE <u>CPL</u>									
HOME ADDRESS <u>Gordon, Penna.</u>		ARM OR SERVICE <u>Infantry</u>		DATE OF BIRTH <u>21 Nov 21</u>									
PLACE OF DEATH <u>European Area</u>		CAUSE OF DEATH <u>Killed in action</u>		DATE OF DEATH <u>11 Jun 44</u>									
STATION OF DECEASED <u>European Area</u>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <u>27 May 42</u>		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS									
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <u>Mrs. Carrie M. Lucas, mother, Plain St., Gordon, Penna.</u>													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <u>Carrie M. Lucas, mother, Same as above</u> <u>Ruth L. Hubler, sister, Same as above</u>													
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
											X	X	

ADDITIONAL DATA AND/OR STATEMENT

ON PARACHUTE PAY

The individual named in this report of death is held by the War Department to have been in a missing in action status from 11 Jun 1944 until such absence was terminated on 7 Nov 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 18 1944
2410

COPIES FURNISHED:

S. G. O.	F. B. I.	F. O., U. S. A.
E. O. G. M. G.	O. F. D.	ARMY EFFECTS BUREAU
P. A. O.	VKT. ADMIN.	CASUALTY BRANCH FILE
		A. G. 201 FILE

BATTLE
 NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

[Signature]
 ADJUTANT GENERAL

158550
m L

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 11 November 1944
qlg/4632

FULL NAME <u>Lucas Willard J.</u>		ARMY SERIAL NUMBER <u>33 232 088</u>	GRADE <u>CPL</u>
HOME ADDRESS <u>Gordon, Penna.</u>		ARM OR SERVICE <u>Infantry</u>	DATE OF BIRTH <u>21 Nov 21</u>
PLACE OF DEATH <u>European Area</u>	CAUSE OF DEATH <u>Killed in action</u>		DATE OF DEATH <u>11 Jun 44</u>
STATION OF DECEASED <u>European Area</u>	DATE OF ENTRY ON CURRENT ACTIVE SERVICE <u>27 May 42</u>		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)
Mrs. Carrie M. Lucas, mother, Plain St., Gordon, Penna.

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)
Carrie M. Lucas, mother, Same as above
Ruth L. Hubler, sister, Same as above

INVESTIGATION MADE		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
												X	X

ADDITIONAL DATA AND/OR STATEMENT

ON PARACHUTE PAY

The individual named in this report of death is held by the War Department to have been in a missing in action status from 11 Jun 1944 until such absence was terminated on 7 Nov 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. O.	<input type="checkbox"/> F. B. I.	<input type="checkbox"/> F. O., U. S. A.
<input type="checkbox"/> O. O. M. G.	<input type="checkbox"/> O. F. D.	<input type="checkbox"/> ARMY EFFECTS BUREAU
<input type="checkbox"/> A. O.	<input type="checkbox"/> VET. ADMIN.	<input type="checkbox"/> CASUALTY BRANCH FILE
		<input type="checkbox"/> A. G. ROI FILE

BATTLE
 NON-BATTLE

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

158550

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

-BATTLE CASUALTY REPORT

NAME				SERIAL NUMBER				GRADE		ARM OR SERVICE		REPORTING THEATRE	
LUCAS WILLARD J				33232088				CPL		INF		ETO	
PLACE OF CASUALTY				DATE OF CASUALTY			FLYING OR JUMPING STAT		TYPE OF CASUALTY		SHIPMENT NUMBER		
FRANCE				DAY	MONTH	YEAR	J		MIA		141		
				11	JUN	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 CARRIE M LUCAS				MOTHER				1 AUGUST 44 11a			
NO. AND NAME OF STREET—CITY—STATE											
PLAIN STREET GORDON PENNSYLVANIA											

REMARKS:

CORRECTED COPY



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

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 Madison 1AUG44 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	CREW 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.

O.I. 3275		INSPECTION CHECKLIST (For Use at Distribution Point)					
Name LUCAS, WILLARD J. ✓		Rank CPL ✓		Serial Number 33232088 ✓			
Source Carrie M. Lucas (Mother) Plane Street, Gordon, Tenn.		Consignee WILLARD B. OPIE Same as N.C.K. 200 CENTER ST. ASHLAND, PA. ✓					
SHIPPING CASE - General Appearance (Check ONLY Discrepancies)		Condition of Shipping Case (Check One) <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Unsatisfactory					
<input checked="" type="checkbox"/> FINISH (Exterior) <input type="checkbox"/> FINISH (Interior) <input type="checkbox"/> HANDLES <input type="checkbox"/> HANDLE BOLTS <input checked="" type="checkbox"/> STENCILING - NAMEPLATE <input type="checkbox"/> HEALTH PERMIT MARKER <input type="checkbox"/> HEALTH PERMIT NUMBER		Remarks Rept Pete					
GASKET - General Appearance (Check ONLY Discrepancies)		Condition of Gasket (Check One) <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Unsatisfactory					
<input checked="" type="checkbox"/> FINISH (Exterior) <input type="checkbox"/> HANDLES AND FASTENINGS <input type="checkbox"/> STENCILING - NAMEPLATE <input type="checkbox"/> CAM LOCKS (Sealing) <input type="checkbox"/> ODOR OR MOISTURE		Remarks Rept Pete					
ROUTED THROUGH							
<input type="checkbox"/> MORTUARY OPERATING ROOM		<input type="checkbox"/> 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 or Mortician		Time	Date	Signature of Inspector	
					4/20/48	J.K. Ramsey	
Remarks Sat for sleep Wednesday							

RECEIPT OF REMAINS

DISTRIBUTION CENTER

AGR DISTRIBUTION CENTER, PHILADELPHIA QM DEPOT

WILLARD B. OTTO, FUNERAL DIRECTOR
200 CENTER STREET
ASHLAND, PENNA.

~~XXXXXXXXXX~~
DAY LETTER O.I. 3275

REMAINS CONSIGNED TO:

293

REMAINS OF THE LATE CPL WILLARD J LUCAS 33232088 BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT ON TRAIN NUMBER NINETY ONE READING RAILROAD LEAVING PHILADELPHIA SEVEN AM TWENTY ONE APRIL AND DUE TO ARRIVE GORDON PENNA RAILROAD TIME ELEVEN THREE AM TWENTY ONE APRIL. REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT STATION UPON ARRIVAL. REQUEST YOU NOTIFY NEXT OF KIN.

FRANK M. GREEN, JR.
MAJOR, QMC

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

THIS 21 DAY OF April, 19 48
DAY MONTH

S/ Sgt Marshall Kramer
WITNESS (Escort)

Willard B. Otto
CONSIGNEE

ehe

File
Not
Records annotated
21 May 48
m. Park
J.R. Marshall

WESTERN
UNION

WU Y147 41/40 COLLECT

ASHLAND PENN MAR 30 330P

D G POLLARD LT COL QMC QUARTERMASTER DEPOT

ATTN AGR DIV PHILA

A.C.P. DIVISION
PHILA MAR 30 1948

1948 MAR 31 AM 8:39

WESTERN
UNION

DEAR SIR IN REPLY IN REGARDS TO REMAINS OF CPL WILLIARD

LUCAS 33232000 MRS GARRIE M LUCAS PLAIN ST GORDAN PA

REQUESTS THAT WILLIARD B OTTO FUNERAL DIRECTOR 200 CENTER

ST RECEIVE REMAINS AT GORDAN RAILROAD STATION GORDAN PA

MRS GARRIE M LUCAS

1025P

WESTERN
UNION

33232000 200



WESTERN
UNION

MESSAGEFORM

MESSAGE CENTER NO.

TRANSMITTING MEANS

CRYPTOGRAPH OR CLEAR TEXT

CALLS

STA. SER. No.

PRECEDENCE

TRANSMISSION INSTRUCTIONS

ORIGINATOR

DATE-TIME GROUP

V

NR

ACTION

INFORMATION

EXEMPT

OPERATING SIGNALS

GROUP COUNT

GR

SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM: (Originator) PHILADELPHIA QUARTERMASTER DEPOT
PHILADELPHIA, PENNA.

SECURITY CLASSIFICATION

ACTION TO:

- CARRIE M. LUCAS
- PLANE STREET
- GORDON, PENNA

GOV'T PAID

PRECEDENCE FOR INFORMATION

ACTION

DAY LETTER

O.I. 3275

 ORIGINAL MESSAGE

REFERS TO ANOTHER MESSAGE IDENTIFICATION CLASSIFICATION

INFORMATION TO:

DLR AND CHECK ANY CHGS

WAR DEPARTMENT WILL DELIVER REMAINS OF LATE

~~CPL WILLARD J. LUCAS~~ IN NEAR FUTURE. RECORDS OF THIS OFFICEINDICATE YOU WISH REMAINS DELIVERED TO YOU AT ABOVE ADDRESS. **CONSIGNEE SPECIFIED BY YOU.** PLEASE

MAKE ARRANGEMENTS WITH FUNERAL DIRECTOR OF YOUR CHOICE TO ACCEPT REMAINS

AT RAILROAD STATION UPON ARRIVAL. REQUEST YOU FURNISH IMMEDIATELY BY

TELEGRAM COLLECT TO PHILADELPHIA QUARTERMASTER DEPOT ATTENTION AMERICAN

GRAVES REGISTRATION DIVISION PHILADELPHIA PENNA CONFIRMATION OF ABOVE

SHIPPING INSTRUCTIONS AND NAME AND ADDRESS OF FUNERAL DIRECTOR SELECTED

TO ACCEPT REMAINS UPON ARRIVAL AT RAILROAD STATION. PRIOR TO SHIPMENT

FUNERAL DIRECTOR WILL BE NOTIFIED **72 HRS IN ADVANCE** OF RAIL ROUTING AND SCHEDULED TIME

REMAINS WILL ARRIVE AT RAILROAD STATION. IF YOU DESIRE MILITARY HONORS

AT FUNERAL YOU SHOULD ASK LOCAL PATRIOTIC OR VETERANS ORGANIZATION OF

YOUR CHOICE TO MAKE ARRANGEMENTS. ~~IT YOU ARE UNABLE TO MAKE SUCH~~~~ARRANGEMENTS, INCLUDE THIS INFORMATION IN YOUR REPLY TO ABOVE TELEGRAM.~~~~XXXXXXXXXX~~ NECESSARY YOU INCLUDE NAME OF DECEASED IN REPLY TELEGRAM.D. G. POLLARD
LT. COL., QMC

SECURITY CLASSIFICATION

SIGNATURE

AUTHORIZATION

ORIGINATING AGENCY

SYMBOL

DATE-TIME GROUP

OFFICIAL TITLE

PAGE 3 OF 1

CERTIFICATE

(AR 30-1830)

1. FILL IN EITHER PART A OR PART B; NOT BOTH.
2. USE PART A WHEN INTERMENT IS IN A CIVILIAN OR PRIVATE CEMETERY.
3. USE PART B WHEN REMAINS ARE DELIVERED TO HOME OR OTHER PLACE PRIOR TO BURIAL IN A NATIONAL OR POST CEMETERY.

PART A - CIVILIAN OR PRIVATE CEMETERY

A

REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT LUCAS, WILLARD J.	GRADE CPI	SERIAL NUMBER 33232088	COMPONENT AGP
--	---------------------	----------------------------------	-------------------------

I certify that the sum of \$ 125.00 was paid by me from personal funds in connection with the interment of the remains of the above named decedent in the below named cemetery.

INSERT NAME OF CEMETERY <i>Lovelle Pa Citizen</i>	CITY OR COUNTY <i>Seelye</i>	STATE <i>Pa</i>
--	---------------------------------	--------------------

INSTRUCTIONS TO PERSON SIGNING THIS FORM 1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. 2. Return four copies to: Commanding Officer Philadelphia Quartermaster Depot 2800 South 20th Street Philadelphia 45, Pa. ATTN: Officer in Charge AGR Division	SIGNATURE OF CLAIMANT <i>Carrie M Lucas</i>
	ADDRESS OF CLAIMANT (City, Street or RFD, and State) <i>Plain St Gordon Pa</i>
	RELATIONSHIP TO DECEDENT <i>mother</i>

DATE *April 30/1948*

PART B - NATIONAL OR POST CEMETERY

B

REQUEST FOR REIMBURSEMENT OF TRANSPORTATION EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT	GRADE	SERIAL NUMBER	COMPONENT
------------------	-------	---------------	-----------

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 and to the following places:

INSERT CITY OR TOWN (OR ADDRESS NOT IN A CITY OR TOWN) FROM WHICH REMAINS WERE SHIPPED	INSERT NAME AND LOCATION OF NATIONAL OR POST CEMETERY TO WHICH REMAINS WERE SHIPPED
--	---

INSTRUCTIONS TO PERSON SIGNING THIS FORM 1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. 2. Return four copies to: <div style="font-size: 2em; font-weight: bold; text-align: center;">PAID</div>	SIGNATURE OF CLAIMANT
	ADDRESS OF CLAIMANT (City, Street or RFD, and State)
	RELATIONSHIP TO DECEDENT

DATE

6

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
3508 02937

DATE
15 11 47
DAY MONTH YEAR

FDOW 2, United States, Elizaville, France

SERIAL NUMBER
33232988

RANK
CPL

ARM
1

DATE OF DEATH

DAY MONTH
DISP

B

D

DO NOT WRITE ABOVE THIS LINE

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

If you are the next of kin or authorized representative of next of kin and desire to direct the disposition of the remains, please fill in PART I of this form.

PART I

I, Mrs. Carrie Lucas

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

(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

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

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

Citizens Cemetery

havelle, Pa.

(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.)

*Coded
24 Oct 47
M Baker*

OCT 29

myri

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 <u>Lucas</u>	FIRST NAME <u>Carrie</u>	MIDDLE INITIAL <u>M.</u>
NUMBER AND STREET <u>Plane St.</u>	CITY OR TOWN <u>Gordon</u>	COUNTY OR PROVINCE <u>Schuylkill</u>
EXPRESS OFFICE (Nearest railroad passenger station) <u>Gordon, Pa.</u>	STATE OR TERRITORY OF U. S. A., OR COUNTRY <u>Penna.</u>	TELEPHONE No. <u>None</u>

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 <u>Hubler</u>	FIRST NAME <u>Ruth</u>	MIDDLE INITIAL <u>M.</u>	RELATIONSHIP TO DECEASED <u>Sister</u>
NUMBER AND STREET <u>Plane St.</u>	CITY OR TOWN <u>Gordon</u>	COUNTY OR PROVINCE <u>Schuylkill</u>	STATE OR TERRITORY OF U. S. A., OR COUNTRY <u>Penna.</u>

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.

Carrie M. Lucas (SIGNATURE OF NEXT OF KIN)
CARRIE M. LUCAS (NAME PRINTED OR TYPED)

Plane St. (STREET AND NUMBER)
GORDON, PA. (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 8th day of Oct, 1947, at city (or town) of Gordon, county of Schuylkill, and State (or Territory or District) of Pennsylvania

Robert E. Matz
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
NOTARY PUBLIC
MY COMMISSION EXPIRES (OFFICIAL TITLE), 1948

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

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Effects of: Cpl. Willard J. Lucas
Name
ASN 33232088
Case No. 158550 D
Wt.

Mrs. Carrie M. Lucas
Plain Street
Gordon, Pennsylvania

DATE 29 May 1945
GHG:JFH:vw

B. Carroll
FOR: Effects Quartermaster

REMARKS:

 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.

REMARKS:

1 pkg
Fracked FRANKED
Est. Exp. Chgs.
Est. Frt. Chgs.
No. of packages

MAY 31 1945

MK
Shipping Clerk

PACKAGE DESCRIPTION #1 pkg.	ARMY EFFECTS BUREAU INVENTORY		DECEASED	
			MISSING	<input checked="" type="checkbox"/>
			P.O.W.	
			ABANDONED	
			TALLY NO.	7609
			INV. DATE	8/10/44
			ORIG. NO. OF PKGS.	1
			BOX NO.	4
			SHEET OF SHEETS	
			ORGANIZATION	Hq. Co. 507 Pch. 3rd Bn 1st Inf.
NAME <u>Willard J. Lucas</u>				
A.S.N. <u>33232088</u> RANK <u>CPT.</u>				

<input type="checkbox"/>	Belt	<input type="checkbox"/>	<u>TOWELS & WASHCLOTHES</u>	<input type="checkbox"/>	<u>WINGS</u>
<input type="checkbox"/>	<u>BELT, MONEY (NO MONEY)</u>	<input type="checkbox"/>	<u>CLOTHING</u>	<input type="checkbox"/>	<u>BAGS, CLOTH OR TRAVEL</u>
<input type="checkbox"/>	Cloth, Wash	<input type="checkbox"/>	<u>BRACELET IDENT.</u>	<input type="checkbox"/>	<u>BILLFOLD, (NO MONEY)</u>
<input type="checkbox"/>	Coats	<input type="checkbox"/>	Brushes	<input type="checkbox"/>	Case
<input type="checkbox"/>	Footwear, Pr.	<input type="checkbox"/>	<u>CAMERAS</u>	<input type="checkbox"/>	Footlocker
<input type="checkbox"/>	Gloves, Pr.	<input type="checkbox"/>	Glasses	<input checked="" type="checkbox"/>	<u>KIT, SEW, TLT, OR WRITING</u>
<input type="checkbox"/>	Handkerchiefs	<input type="checkbox"/>	Knives	<input type="checkbox"/>	<u>BOOKS</u>
<input type="checkbox"/>	Headwear	<input type="checkbox"/>	Lighters	<input type="checkbox"/>	Books, Address
<input type="checkbox"/>	Jackets	<input checked="" type="checkbox"/>	<u>MISS. INSIGNIA</u>	<input type="checkbox"/>	Books, Pilot Log
<input type="checkbox"/>	Overcoats	<input type="checkbox"/>	Pen, Fountain	<input type="checkbox"/>	<u>DIARY (REMOVED FOR DOR)</u>
<input type="checkbox"/>	Scarfs	<input type="checkbox"/>	Pencil, Mechanical	<input type="checkbox"/>	<u>FILMS</u>
<input type="checkbox"/>	Shirts	<input type="checkbox"/>	Pipes	<input type="checkbox"/>	Letters
<input type="checkbox"/>	Socks, Pr.	<input type="checkbox"/>	<u>RELIGIOUS ARTICLES</u>	<input type="checkbox"/>	Papers, Personal
<input type="checkbox"/>	Ties	<input type="checkbox"/>	<u>RIBBONS, DECORATION</u>	<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"/>	<u>SHORT SHORTER</u>
<input type="checkbox"/>	Trunks, Pr.	<input type="checkbox"/>	Toilet articles	<input checked="" type="checkbox"/>	<u>SOUVENIRS</u>
<input type="checkbox"/>	Underwear	<input type="checkbox"/>	<u>WATCH</u>	<input checked="" type="checkbox"/>	<u>SOUVENIR MONEY</u>
				<input type="checkbox"/>	Stationery
				<input type="checkbox"/>	<u>TESTAMENTS</u>
				<input type="checkbox"/>	<u>U.S. MONEY (AMOUNT)</u>

REMARKS	Mother Mrs Carrie Lucas Plain St. Gordon, Penna	ATTACHMENTS	FORM #54	FORM #100
			1-Transmittal w/ Inventory	
C.A.T.	None		WEIGHT	G.I. REMOVED
WAREHOUSE SPACE	1207	STORED BY		<input checked="" type="checkbox"/> SHORTAGE ON REVERSE
INVENTORIED BY	B. E. ...			IDENT. TAGS REMOVED
PACKED BY	E. ...	CHECKED BY	DATE SHIPPED	DIARY REMOVED
			MAY 31 1945	LOCKED STORAGE
			#43 OR ADDITIONAL	LAUNDRY REMOVED
				FILM REMOVED

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

JRM:VB:rsj
Case No. 158 550
Date 15 March 1945

SUBJECT: Report of transactions in disposing of the effects of

Willard J. Lucas, 33232088 late a
(Name of deceased) (Army Serial Number)
Corporal, Infantry who died
(Grade) (Organization, Army or Service)
on the 11 day of June, 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 20 February 1945, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Carrie M. Lucas 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. Carrie M. Lucas of Plain Street, Gordon State of Pennsylvania, 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 R. MURPHY, Colonel, Q.M.C.
(Name, Rank, Organization)
SUMMARY COURT MARTIAL

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO: Mrs. Carrie M. Lucas
Plain Street
Gordon, Pennsylvania

Effects of: **Cpl. Willard J. Lucas**
Name **33232088**
ASN **158,550-D**
Case No.
Wt.

DATE February 21, 1945

Campbell:dmb

K. M. Wall
FOR: Effects Quartermaster

REMARKS:

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

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

ROUTING:

Accounting Branch
 Warehouse Division
 Files Branch, Adm. Div.

*file
3-10*

REMARKS:

1 ypkg

Franked **FEB 23 1945**
Est. Exp. Chgs. _____
Est. Frt. Chgs. _____
No. of packages 1

FEB 28 1945

Ad
Shipping Clerk

SHEET <u>1</u> OF <u>1</u> SHEETS	ARMY EFFECTS BUREAU INVENTORY		DECEASED	<input checked="" type="checkbox"/>
BOX NUMBER <u>19</u>	ORIGINAL NUMBER OF PACKAGES		MISSING	
TALLY NUMBER <u>5811</u>	INVENTORY DATE <u>9 Feb 1945</u>	CASE NUMBER <u>158550</u>	P O W	
EFFECTS OF <u>WILLARD - J - LUCAS</u>	RANK		ABANDONED	
A.S.N. <u>33232088</u>	ORGANIZATION <u>82nd A/B Div.</u>			
PACKAGE DESCRIPTION <u># 1</u>				

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

REMARKS: No information checked

ATTACHMENTS: FORM #54 FORM #100
Inventory
1 OR label

file on 2-20

C.A.T. None *AD*

WAREHOUSE SPACE <u>414</u>	STORED BY <u>[Signature]</u>	WEIGHT	GI REMOVED
INVENTORIED BY <u>Nolan</u>	DATE SHIPPED <u>23 1945</u>		SHORTAGE ON REVERSE
PACKED BY <u>[Signature]</u>	CHECKED BY <u>E</u>		IDENT. TAGS REMOVED
			DIARY REMOVED
			LOCKED STORAGE
			LAUNDRY REMOVED
			FILM REMOVED

mb

507TH PARACHUTE INFANTRY
APO 230, U.S. ARMY

28 July 1944
Date

SUBJECT: Transmittal of Inventory of Personal Effects.

TO : Effect Quartermaster, APOUSA, Depot G-14, APO 507,
U.S. Army.

Transmitted herewith in accordance with the Cir. # 20, dated 25 Oct. 1943, Hq. SOS. APOUSA, is inventory of Effects concerning subject named below.

Lucas	Willard	J.	Cpl.	33232088	
(Last Name)	(First Name)	(I.I.)	(Rank)	(I.S.N.)	(Control No.) (For use of Effects Cl. EICUSA)

Organization Hq Co. 3rd Bn. 507th Precht Inf.
(UNIT - - - - - Branch of Service)

*Status. (~~XXXXXXXX~~ Missing in Action, ~~XXXXXXXXXXXXXX~~) on the 11TH
day of June 19 44.

Designated Beneficiary (With Address) **M rs. Carrie Lucas (Mother)**
Plain St.,
Gordon, Penna.

Cl. II Assets: Cash found in effects, less cost of money order inclosed here-with.

U.S.I.C. # None Amt \$ _____ U.S.I.C. # _____ Amt \$ _____

U.S.I.C. # _____ Amt \$ _____ U.S.I.C. # _____ Amt \$ _____

U.S. Official Check # None Amt. _____ Bank _____
(Name and Branch)

#Bank Accounts None

#Debtors None

#Creditors None

#Inclosed is No Inclosures
(Will, Power of Attorney, War bonds, Travelers Checks, Describe Fully)

REMARKS (if any)

*Strike out words not applicable.
#Negative report where applicable.

INVENTORY OF EFFECTS
(Attach extra sheets if necessary)

2 photos 8
1 Church 1/2
1 emblem 1/2
1 booklet 1/2
1 book 1/2

I certify that the foregoing inventory comprises all of the subject's effects and that effects were shipped to Effects QM. ETCUSA, A.F.O. 507, G-14, U.S. Army by delivering to QM., 82nd Div. A/B APO 469

on 28 July 1944.

George J. Roper
Signature (In ink)

GEORGE J. ROPER
Capt. 507 Frcht. Inf.
Personnel Officer

(Block
letters)

Rank and organization

507TH PARACHUTE INFANTRY
APO 230, U.S. ARMY

28 July 1944
Date

SUBJECT: Transmittal of Inventory of Personal Effects.

TO : Ltrk. Quartermaster, ETOUSA, Depot C-1A, APO 507,
U.S. Army.

Transmitted herewith in accordance with Adm. Ord. # 30, dated 25 Oct.
1943, Hq. SCS, ETOUSA, is Inventory of Effects concerning subject named below.

LUCAS WILLARD J. C. pl. 33232088
(Last Name) (First Name) (II) (Rank) (A.S.P.) (Control No.)
(For use of
Effects Cl.
ETOUSA)

Organization Hq. Co., 3rd Bn., 507th Parcht Inf.
(Unit - - - - - Branch of Service)

*Status. (~~Deceased~~) Missing in Action, (~~Deceased~~) on the 11th
day of June 19 44.

Designated Beneficiary (with Address) Mrs. Carrie Lucas (Mother)
Plain St.
Gordon, Penna.

Cl. II Assets: Cash found in effects, less cost of money order inclosed here-
with.

U.S.I.O. # None Amt \$ _____ U.S.I.O. # _____ Amt \$ _____
U.S.I.O. # _____ Amt \$ _____ U.S.I.O. # _____ Amt \$ _____

U.S. Official Check # None Amt \$ _____ Bank _____
(Name and Branch)

#Bank Accounts None

#Debtors None

#Creditors None

#Inclosed is No Inclosures
(Will, Power of Attorney, War Bond, Travelers checks, Describe Fully)

REMARKS (if any)

*Strike out words not applicable.
#Negative report where applicable.

(OVER)

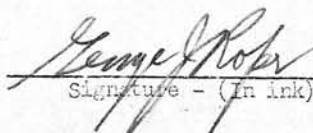
Serial #3

INVENTORY OF EFFECTS
(Attach extra sheets if necessary)

2 photos
1 church
1 emblem
1 booklet
1 book

I certify that the foregoing inventory comprises all of the subject's effects and that effects were shipped to Effects Co. ETC&S, A.I.O. 507, G-14, U.S. Army by delivering to QM., 82nd A/B Div. APO 489

on 28 July 1944.


Signature - (In ink)

GEORGE J. ROPER
Capt. 507 Prent. Inf.
Personnel Officer

Name and organization

(Block letters)

158550
mf

R E S T R I C T E D

ENL/wjm

201 - Lucas, Willard J. (Enl) 1st Ind.

HEADQUARTERS 82D AIRBORNE DIVISION, APO 469, U. S. Army, 5 August 1944.

TO: Effects Quartermaster, ETOUSA, APO 871, U. S. Army.

G. B. B.

G. B. B.

Feb 44

~~XXXX(s)X~~



R E S T R I C T E D

SAVE



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

JEM:VC:dmb
March 12, 1945

158,550
IN REPLY REFER TO

Mrs. Carrie M. Lucas
Plain Street
Gordon, Pennsylvania

Dear Mrs. Lucas:

The Army Effects Bureau has received from overseas some property of your son, Corporal Willard J. Lucas.

This property, consisting of a pair of wings, was forwarded to you on February 23.

If, for some reason, it has not reached you 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. A. ECKHAEDT
Captain, Q.M.C.
Assistant

SPQYG 293
Lucas, Willard J.

1 April 1946

Mrs. Carrie M. Lucas
Plain Street
Gordon, Pennsylvania

Dear Mrs. Lucas:

The War Department is most desirous that you be furnished the burial location of your son, the late Corporal Willard J. Lucas, A.S.N. 33 232 088.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery, Blosville, France, plot T, row 7, grave 127.

This cemetery is located twenty miles northwest of St. Lo, twenty-four miles southeast of Cherbourg and five miles north and slightly west of Carentan, all in France, and is under the constant care and supervision of the United States military personnel.

Please accept my sincere sympathy in the loss of your son.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

rrc

LMS

Cpl. Willard J. Lucas, 33 232 088
Plot T, Row 7, Grave 127,
United States Military Cemetery
Blosville, France

12 September 1947

Mrs. Carrie M. Lucas
Plain Street
Gordon, Pennsylvania

Dear Mrs. Lucas:

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.

SEP 17 1947

U.S.M.C.
WAR RECORDS DIVISION

gh