

**RESTRICTED**  
**REPORT OF BURIAL**

TM 10-630 AND AR 30-1815

5446  
1 July 1944  
Date

<u>Luce</u>	<u>Orion</u>	<u>D.</u>	<u>Pvt</u>	<u>31218637</u>	<u>10/11/44</u>
<u>Unknown</u>	<u>357</u>	<u>Imp Reg</u>	<u>90th Div</u>	<u>574</u>	
<u>France</u>	<u>Unknown</u>	<u>13 Jun 44</u>	<u>KIA</u>		
<u>1 July 1944</u>	<u>Blosville</u>	<u>France</u>			
<u>79</u>	<u>4</u>	<u>E</u>	<u>Peg</u>		
Grave Number	Row Number	Plot Number	Type of Marker		

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

If No Identification Tags  
How were remains identified?

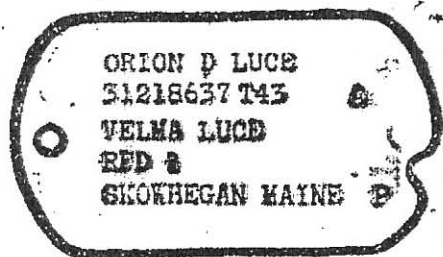
What means of identification were buried with the body?

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

Who is buried on:	<u>Young, Angus J.</u>	<u>32873111</u>	<u>Unknown</u>	<u>82nd A/B Div</u>	<u>80</u>
Deceased's Right:	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	<u>Stanko, Frank J.</u>	<u>36396654</u>	<u>Pvt</u>	<u>82nd A/B Div</u>	<u>78</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 Velma Luce Name

RFD # 1, Skowhegan, Maine. Address

Religion Protestant

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

- Pen, fountain
- Cigarette lighter
- Small cross
- Receipt
- Souvenir coins

CURRENCY: 6 shillings

Signature of Officer or other person reporting burial

Dale C. Sherwood  
DALE C. SHERWOOD Verified by G.R.S. Officer  
1st. Lt., QMC

File  
11-24-44  
M J B

# DISINTERMENT DIRECTIVE

1	SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER <b>3508 02941</b>	DATE <b>15 11 47</b> DAY MONTH YEAR	
	NAME <b>LUCE ORION D</b>		SERIAL NUMBER <b>31218637</b>	RANK <b>PVT</b>	ARM <b>1</b>
CEMETERY <b>BLOSVILLE - CARENTAN</b>				DISPOSITION OF REMAINS <b>1 1200 01</b> CODE DIST. PT.	
PLOT <b>E</b>	ROW <b>4</b>	GRAVE <b>79</b>	COUNTRY <b>FRANCE</b>		CAUSE OF DEATH <b>1</b>

### SECTION B — CONSIGNEE AND NEXT OF KIN

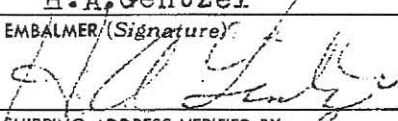
NAME AND ADDRESS OF CONSIGNEE <b>B. K. EDWARDS MAIN STREET MADISON, MAINE</b>	NAME AND ADDRESS OF NEXT OF KIN <b>FRANK O. LUCE (FATHER) RURAL FREE DELIVERY #1 SKOWHEGAN, MAINE</b>
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### SECTION C — DISINTERMENT AND IDENTIFICATION


NAME <b>LUCE Orion D</b>	SERIAL NUMBER <b>31218637</b>	RANK <b>Pvt</b>	DATE OF DEATH <b>Utd</b>	DATE DISTINTERRED <b>17 Dec 47</b>
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION <b>USAGF</b>	RELIGION <b>P</b>	IDENTIFICATION, VERIFIED BY <b>R.W. GANSEL, INALC QMC</b>	

### SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL <b>Uniform</b>	CONDITION OF REMAINS <b>Advanced decomposition</b>
OTHER MEANS OF IDENTIFICATION <b>None</b>	
MINOR DISCREPANCIES <b>None</b>	

REMAINS PREPARED AND PLACED IN CASKET	
DATE <b>20 Jan 48</b>	BY <b>H.A. Gentzel</b>
CASKET SEALED BY <b>H.A. Gentzel</b>	EMBALMER (Signature) 
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY <b>JOHN PALYOK JR, 1 Lt FA</b>

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 JR, 1 Lt FA**  
SIGNATURE OF GRS INSPECTOR

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

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>USMC Blossville</b>		TO <b>Casketing Point A - Cherbourg</b>	
KIND OF CONVEYANCE <b>Truck</b>		NAME OF CONVOYER <b>Pvt Fred R. Rosendahl</b>	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE
<b>HARRY E. ROSEN, 1 Lt QMC 19 Jan 48</b>		<b>E.N. CIAMPO, 1 Lt FA 19 Jan 48</b>	

## 2. SHIPPED

FROM <b>Casketing Point A - Cherbourg</b>		TO <b>Port Unit Cherbourg</b>	
KIND OF CONVEYANCE <b>Truck</b>		NAME OF CONVOYER <i>[Signature]</i>	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE
<b>E.N. CIAMPO, 1 Lt FA</b>		<b>JOHN E. HENDRY JR, Maj CAC</b>	

## 3. SHIPPED

FROM <b>PORT UNIT CHERBOURG</b>		TO <b>NYPOE</b>	
KIND OF CONVEYANCE <b>USAT MC CARLEY</b>		NAME OF CONVOYER <b>ROBERT V. SCHNEIDER 1st Lt. TC.</b>	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE <b>10 March 1948</b>	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE <b>10 March 1948</b>
<b>JOHN E. HENDRY JR, MAJOR, CAC.</b>			

## 4. SHIPPED

FROM		TO <b>NYPE</b>	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE
		<b>COLONEL, T. C. APR 5 1948</b>	
		<b>PORT TRANSPORTATION OFFICER</b>	

## 5. SHIPPED

FROM <b>NYPE</b>		TO <b>DC 1</b>	
KIND OF CONVEYANCE <b>INDIAN NYINE TRACTOR</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE <b>APR 5 1948</b>	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE <b>APR 5 1948</b>
<b>PORT TRANSPORTATION OFFICER</b>		<b>Lt. Col. QMC</b>	

## 6. SHIPPED

FROM		TO <b>Operations Officer DC# 1</b>	
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

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

REPORT OF DEATH

DATE 27 July 1944  
kd/crs 4632

293

FULL NAME <u>Luce Orion D.</u>		ARMY SERIAL NUMBER 31218 637		GRADE Pvt	
HOME ADDRESS Skowhegan, Maine		ARM OR SERVICE Infantry		DATE OF BIRTH 10 Jan 21	
PLACE OF DEATH France		CAUSE OF DEATH Killed in action		DATE OF DEATH 13 Jun 44	
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 29 Dec 42		LENGTH OF SERVICE FOR PAY PURPOSES	
				YEARS	MONTHS
				1	5
					15
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)  Velma Luce, mother, RFD #1, Skowhegan, Maine					
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)  Velma Luce, mother, RFD #1, Skowhegan, Maine Frank Luce, father, RFD #1, Skowhegan, Maine					
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT	
YES	NO	YES	NO	YES	NO
	X	X		X	
				WAS DECEASED ON DUTY STATUS	
				YES	NO
				X	
				AUTHORIZED ABSENCE	
				YES	NO
				IN FLYING PAY STATUS	
				YES	NO
					X
				OTHER PAY STATUS (SPECIFY BELOW)	
				YES	NO

ADDITIONAL DATE AND/OR STATEMENT

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

BATTLE  
 NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

*J. A. Marshall*  
J. A. Marshall

ADJUTANT GENERAL

7-8 AUG 1944 FILE  
*W.M.J.*

N.C.

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

**REPORT OF DEATH**

DATE 27 July 1944  
kd/trs 4632

FULL NAME <b>Luce Orion D.</b>		ARMY SERIAL NUMBER <b>31218 637</b>	GRADE <b>Pvt</b>							
HOME ADDRESS <b>Skowhegan, Maine</b>		ARM OR SERVICE <b>Infantry</b>	DATE OF BIRTH <b>10 Jan 21</b>							
PLACE OF DEATH <b>France</b>		CAUSE OF DEATH <b>Killed in action</b>		DATE OF DEATH <b>13 Jun 44</b>						
STATION OF DECEASED <b>European Area</b>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <b>29 Dec 42</b>		LENGTH OF SERVICE FOR PAY PURPOSES <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>YEARS</td> <td>MONTHS</td> <td>DAYS</td> </tr> <tr> <td></td> <td><b>5</b></td> <td><b>15</b></td> </tr> </table>	YEARS	MONTHS	DAYS		<b>5</b>	<b>15</b>
YEARS	MONTHS	DAYS								
	<b>5</b>	<b>15</b>								
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <b>Velma Luce, mother, RFD #1, Skowhegan, Maine</b>										
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <b>Velma Luce, mother, RFD #1, Skowhegan, Maine</b> <b>Frank Luce, father, RFD #1, Skowhegan, Maine</b>										
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT						
YES	NO	YES	NO	YES						
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS						
YES	NO	YES	NO	YES						
	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>						
OTHER PAY STATUS (SPECIFY BELOW)										
YES	NO	YES	NO							



ADDITIONAL DATE AND/OR STATEMENT

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

BATTLE  
 NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

*J. A. Marshall*  
**J. A. Marshall**

ADJUTANT GENERAL

# REQUEST FOR DISPOSITION OF REMAINS

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

Pvt. Orion D. Luce, 31 218 637  
Plot B, Row 4, Grave 79,  
United States Military Cemetery  
Blissville, France

12 September 1947

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

## PART I

I, FRANK O. LUCE  
(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.
- 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY  
FOREST HILL CEMETERY, MADISON, ME.  
(NAME AND LOCATION OF CEMETERY)
- 3. BE RETURNED TO \_\_\_\_\_ THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT \_\_\_\_\_  
(FOREIGN COUNTRY) (LOCATION OF CEMETERY SELECTED)
- 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT \_\_\_\_\_  
(LOCATION OF NATIONAL CEMETERY SELECTED)  
(Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)  
 YES  NO

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

None to be processed 24 Nov 47  
in Korea

Coded  
29 Oct 47  
M. [unclear]

OCT 21 1947

[Handwritten initials]



**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	TELEPHONE No.	TELEGRAPH ADDRESS
EXPRESS OFFICE (Nearest railroad passenger station)	TELEPHONE No.	TELEGRAPH ADDRESS

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 <i>B. K. Edwards</i>			
NUMBER AND STREET <i>Main Street</i>	CITY OR TOWN <i>Madison</i>	COUNTY OR PROVINCE <i>Somerset</i>	STATE OR TERRITORY OF U. S. A., OR COUNTRY <i>Maine</i>
EXPRESS OFFICE (Nearest railroad passenger station) <i>Waterville Maine</i>	TELEPHONE No. <i>Madison, Maine</i>	TELEPHONE No. <i>68-2</i>	TELEGRAPH ADDRESS

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 <i>LUCE</i>	FIRST NAME <i>VELMA</i>	MIDDLE INITIAL <i>P</i>	RELATIONSHIP TO DECEASED <i>Mother</i>
NUMBER AND STREET <i>RFD #1</i>	CITY OR TOWN <i>Shawhegan</i>	COUNTY OR PROVINCE <i>Somerset</i>	STATE OR TERRITORY OF U. S. A., OR COUNTRY <i>Me.</i>

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.

*FRANK O. LUCE* (SIGNATURE OF NEXT OF KIN)  
*Frank O. Luce* (NAME PRINTED OR TYPED)  
*Shawhegan RFD #1* (STREET AND NUMBER)  
*Me.* (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 9<sup>th</sup> day of October, 1947, at city (or town) of Madison, county of Somerset, and State (or Territory or District) of Maine.

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

*Robert P. Henderson*  
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)  
*Justice of the Peace*  
 (OFFICIAL TITLE)

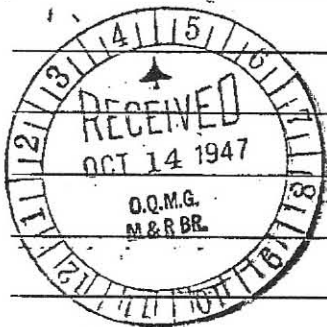
ADDITIONAL REMARKS AND INSTRUCTIONS

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

RECORDS BRANCH

OCT 13 6 24 PM '47

MEMORIAL DIVISION





# RECEIPT OF REMAINS

HEADQUARTERS  
NEW YORK PORT OF EMBARKATION  
DISTRIBUTION CENTER #1, AGRS

DISTRIBUTION CENTER

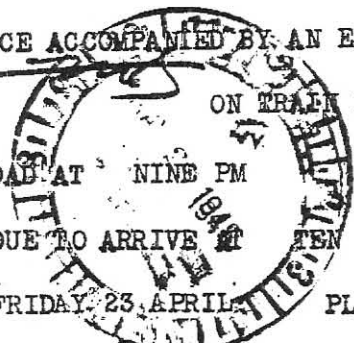
1st AVENUE & 58th STREET  
BROOKLYN, NEW YORK

ROUTINE

REMAINS CONSIGNED TO:

B. K. EDWARDS  
MAIN STREET  
MADISON, MAINE

REMAINS OF THE LATE PVT ORION D LUCE ACCOMPANIED BY AN ESCORT ARE  
SCHEDULED TO LEAVE NEW YORK ON TRAIN NUMBER 124  
NEW HAVEN RAILROAD AT NINE PM  
ON THURSDAY 22 APRIL AND DUE TO ARRIVE AT TEN TWO AM  
AT WATERVILLE ON FRIDAY 23 APRIL PLEASE  
ARRANGE TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL AND PLEASE  
NOTIFY THE NEXT OF KIN OF THE DATE AND TIME OF ARRIVAL.



~~COMMANDING OFFICER OF DISTRIBUTION CENTER NEW YORK PORT OF EMBARKATION~~

ESCORT: MANCINE, NICHOLAS, J, S SGT, G.H. BARE  
RA-20135395, DET #5, 1300 ASU COLONEL, QMC

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

THIS 23 DAY OF April, 1948

S/Sgt Nicholas J. Mancine  
WITNESS (Escort)

B. K. Edwards  
CONSIGNEE

*File  
Nail  
Records  
1 June 48  
Mr. [unclear]  
Pvt [unclear]*

WUB137 26 COLLECT

MADISON ME MAR 30 306P

DISTRIBUTION CENTER, PORT OF EMBARKATION

RECEIVED  
GREENWICH HEAD, TIME (Z)  
MAR 30 21 13 1948  
NO. SIGNAL CENTER  
NEW YORK, N.Y.

YOUR WIRE OF MARCH 29TH RECEIVED CONCERNING DELIVERY OF REMAINS OF  
PVT ORION D LUCE PLEASE SHIP ACCORDING TO FORMER DIRECTIONS NO  
CHANGE IS REQUIRED

FRANK O LUCE ROUTE 1 SKOWHEGAN MAINE

403P

29 1.

FRANK L. DORRIS

# MESSAGEFORM

MESSAGE CENTER No.

TRANSMITTING MEANS

CRYPTOGRAPH OR CLEAR TEXT

CALLS V	STA. SER. No. NR	PRECEDENCE <b>JOHN L McCADLEY</b>	TRANSMISSION INSTRUCTIONS <b>RECEIVED</b>	ORIGINATOR	DATE-TIME GROUP
ACTION INFORMATION		EXEMPT		OPERATING SIGNALS	
					GROUP COUNT 6R

SPACE ABOVE FOR SIGNAL CENTER ONLY

1948 MAR 24

FROM: (Originator)

**AGRD, NYSE****SECURITY CLASSIFICATION  
DAY LETTER**

ACTION TO:

**FRANK O LUCE**

WAR DEPARTMENT TELEGRAPH OFFICE BROOKLYN BASE, NYDE

PRECEDENCE FOR INFORMATION

**D RURAL FREE DELIVERY #1****SKOWHEGAN, MAINE** ORIGINAL MESSAGE

REFERS TO ANOTHER MESSAGE IDENTIFICATION CLASSIFICATION

INFORMATION TO:

PLEASE BE ADVISED THE REMAINS OF THE LATE **PVT ORION D LUCE** ARE ENROUTE TO THE UNITED STATES AND WILL ARRIVE ~~NEW YORK~~ ~~PORT ARCAD~~ ~~THE USAT~~ ON ~~DEPARTURE FROM SHIP AND MOVING REMAINS UNDER MILITARY GUARD TO DISTRIBUTION CENTER NUMBER ONE, FINAL CHECKING, VERIFICATION OF RECORDS, ASSIGNMENT OF ESCORT AND ARRANGING FOR TRANSPORTATION BY MOTOR OR RAIL TO FINAL DESTINATION WILL TAKE FROM ONE TO FOUR WEEKS.~~ RECORDS OF THIS OFFICE INDICATE YOU WISH REMAINS DELIVERED TO **B K EDWARDS MAIN ST MADISON MAINE**

PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION ON ARRIVAL. WE REGRET IT IS NOT POSSIBLE AT THIS TIME TO GIVE YOU A DEFINITE DELIVERY DATE, HOWEVER, WE APPRECIATE YOUR DESIRE TO RECEIVE REMAINS AS SOON AS POSSIBLE AND ASSURE YOU EVERY EFFORT IS BEING MADE TO EXPEDITE DELIVERY. YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM THREE DAYS PRIOR TO DATE OF DELIVERY OF THE RAIL

SECURITY CLASSIFICATION		AUTHORIZATION	
ORIGINATING AGENCY		SIGNATURE	
SYMBOL	DATE-TIME GROUP <b>MAR 29 1948</b>	OFFICIAL TITLE	PAGE OF

Lester

D

ROUTING AND SCHEDULED TIME REMAINS WILL ARRIVE AT RAILROAD STATION AND HE WILL BE REQUESTED TO INFORM YOU SO THAT YOU MAY MAKE FINAL FUNERAL ARRANGEMENTS. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. PLEASE CONFIRM ABOVE DELIVERY INSTRUCTIONS WITHIN FORTY EIGHT HOURS OF THE DATE OF THIS MESSAGE BY TELEGRAM COLLECT AT DISTRIBUTION CENTER NUMBER ONE, NEW YORK PORT OF EMBARKATION OR SUBMIT NEW INSTRUCTIONS. IT WILL NOT BE POSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER THE EXPIRATION OF THE FORTY EIGHT HOUR PERIOD. SUGGEST YOU ARRANGE WITH ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATION IF YOU DESIRE MILITARY HONORS AT FUNERAL. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM.

G. H. BARE  
COLONEL, QMC

OFFICE OF THE QUARTERMASTER GENERAL

Washington 25, D. C.

293 LUCE, Orion D.

Washington MAY 18 1948 194

Your request for a headstone for the veteran named on the attached application has reached this office.

Please fill in on the enclosed application or form attached, the information requested where the items are checked in red and return the application and form to us immediately. No further action can be taken on this case until the application and form fully completed regarding additional information are returned.

Complete shipping instructions should be given. Please furnish sign statement and complete address of person who will be responsible for removal of stone from freight station.

Exact date of death - month, day and year should be furnished.

Give name and location of cemetery in which deceased is buried.

AS THE RECORDS SHOW THE FOUNDATIONS FOR HEADSTONES OR MARKERS MUST BE PAID FOR PRIOR TO ERECTION, ACTION ON THIS APPLICATION IS BEING WITHHELD PENDING RECEIPT OF A SIGNED STATEMENT FROM THE SUPERINTENDENT OF THE CEMETERY ADVISING THAT THE FOUNDATION HAS BEEN TAKEN CARE OF AND THAT THE HEADSTONE OR MARKER CAN BE ERECTED UPON ARRIVAL.

The records of this office show there are restrictions with regard to headstones and markers in the cemetery in which this veteran is buried. It will be necessary, therefore, that you obtain from the cemetery officials a permit for the erection or placing of the government headstone or marker at the head of the veteran's grave.

THE GOVERNMENT FURNISHES AN UPRIGHT HEADSTONE OF MARBLE OR A FLAT MARKER OF EITHER MARBLE, GRANITE OR BRONZE.

CHECK THUS: (X) WHICH TYPE PERMITTED:

UPRIGHT MARBLE

FLAT MARBLE MARKER

FLAT GRANITE MARKER

BRONZE (furnished only where other type stones not permitted.)

PLEASE RETURN THE APPLICATION WITH THE CEMETERY PERMIT PROMPTLY.

FILE 2 JUL 1948  
J. M. Gills  
1948

N. E. PHONE 66-2 OFFICE

RES. PHONE 66-3

**B. K. EDWARDS**  
**FURNISHING FUNERAL DIRECTOR**

*MR*

WALL PAPER

PICTURE  
FRAMING

Serial # 31218437

AUTO HEARSE AND AMBULANCE

CUT FLOWERS ON SHORT NOTICE

MADISON, MAINE

June 19<sup>th</sup> 1948

293 This is to notify that the base of head stone  
for Clara H. Luce has been placed in Forest  
Hill Cemetery and is already for the head  
stone to be set.

The cost of the base has been paid for  
by Frank C. Luce.

Yours truly,

B. K. Edwards

President  
Forest Hill Cemetery.

RECEIVED  
JUN 21 1948  
M. J. Luce  
Frank C. Luce



DEPARTMENT OF THE ARMY  
~~OFFICE OF THE QUARTERMASTER GENERAL~~

OFFICE OF THE QUARTERMASTER GENERAL

WASHINGTON 25, D. C.

IN REPLY REFER TO \_\_\_\_\_

OSM 293

Luce, Orion D.  
SH 312 18 637



21 June 1948

Mr. Frank Luce  
Route 1  
Skowhegan, Maine

Dear Mr. Luce:

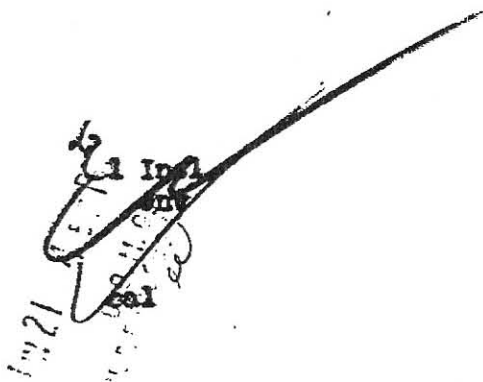
The records of this office show an application for a Government headstone submitted by you for the unmarked grave of the late Orion D. Luce was returned to you on 17 May 1948 for complete shipping instructions.

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

Sincerely yours,

G. L. RUTH  
Memorial Division

6  
1 In  
12/21



# CERTIFICATE

(AR 30-1830)

**PAID**

**WW II**

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

<b>A</b>	<b>REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES</b>		
(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)			
NAME OF DECEDENT <i>221 LUC. ORIG. D</i>	GRADE <i>INT</i>	SERIAL NUMBER <i>51218537</i>	COMPONENT <i>USAGE</i>
I certify that the sum of \$ <u><i>67.00</i></u> 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>Forest Hill Cemetery</i>	CITY OR COUNTY <i>Madison</i>	STATE <i>Maine</i>	
<b>INSTRUCTIONS TO PERSON SIGNING THIS FORM</b> 1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. 2. Return four copies to: <b>HEADQUARTERS</b> NEW YORK PORT OF EMBARKATION DISTRIBUTION CENTER #1, AC 13 1st AVENUE & 58th STREET BROOKLYN, NEW YORK		SIGNATURE OF CLAIMANT <i>Frank B. Luce</i>	
		ADDRESS OF CLAIMANT (City, Street or RFD, and State) <i>Skowhegan Maine Route #1</i>	
		RELATIONSHIP TO DECEDENT <i>Father</i>	DATE <i>May 6-1948</i>

## PART B - NATIONAL OR POST CEMETERY

<b>B</b>	<b>REQUEST FOR REIMBURSEMENT OF TRANSPORTATION EXPENSES</b>		
(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		
<b>INSTRUCTIONS TO PERSON SIGNING THIS FORM</b> 1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. 2. Return four copies to:		SIGNATURE OF CLAIMANT	
		ADDRESS OF CLAIMANT (City, Street or RFD, and State)	
		RELATIONSHIP TO DECEDENT	DATE

FLAG INFORMATION

NAME. <sup>297</sup> Luce, Orion D. ASN. 31 218 637

FLAG FURNISHED BY . . . V. A.

DATE. . . 7 July 1944

FORM RETURNED TO VETERANS' ADMINISTRATION

FILE  
9 May 45 *RO*

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

JRM:VB:mt

Case No. 116813

Date 27 March 1945

SUBJECT: Report of transactions in disposing of the effects of

Orion D. Luce (Name of decedent), S1218637 (Army Serial Number) late a  
Private (Grade), Infantry (Organization, Army or Service) who died  
on the 13 day of June, 1944, at France.

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 17 March 1945, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of Frank Luce 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, Frank Luce of R. F. D. #1 (Number, Street or Avenue), Skowhegan (City, Town or Village) State of Maine, is the Father (Relationship or Capacity) of the

above-named decedent and appears to be entitled to receive his or her effects.

aw (Signature of Summary Court Officer)

JOHN R. MURPHY, Colonel, C.M.C.  
(Name, Rank, Organization)  
SUMMARY COURT MARTIAL

ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mr. Frank Luce

SHIP TO:

R. F. D. #1

Skowhegan, Maine

Effects of:

Pvt. Orion D. Luce

Name

31218637

ASH

116813-D

Case No.

Wt.

DATE 28 March 1945

W B Cowart  
FOR: Effects Quartermaster

REMARKS: JRM:VB:mt

Inclose Bureau Check  
Acct. No. 43238  
Amount \$1.21  
 Inclose "Valuables" item  
 Ship "Valuables" item(s)

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

ROUTING:

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

43238

116813

58010 emh

April 3

45

Frank Luce

1.21

One and 21/100

*1 up key*

REMARKS:

Franked **FRANKED**  
Est. Exp. Chgs. \_\_\_\_\_  
Est. Frt. Chgs. \_\_\_\_\_  
No. of packages 1

APR 4 1945

APR 16 1945

AL  
Shipping Clerk

SHEET 1 OF 1 SHEETS  
 ARMY EFFECTS BUREAU INVENTORY  
 DECEASED   
 MISSING   
 P.O.W.   
 ABANDONED

BOX NUMBER 20 ORIGINAL NUMBER OF PACKAGES 1  
 TALLY NUMBER 5897 INVENTORY DATE 9 Mar 45 CASE NUMBER 116813 *H. D.*  
 EFFECTS OF Orion D. Luce RANK capt

A.S.N. 31218637 ORGANIZATION 90th Div

PACKAGE DESCRIPTION

CLOTHING	PERSONAL ITEMS	CONTAINERS
<input type="checkbox"/> BELT <input type="checkbox"/> BELT, MONEY (NO MONEY) <input type="checkbox"/> CLOTH, WASH <input type="checkbox"/> COATS <input type="checkbox"/> FOOTWEAR, PR. <input type="checkbox"/> GLOVES, PR. <input type="checkbox"/> HANDKERCHIEFS <input type="checkbox"/> HEADWEAR <input type="checkbox"/> JACKETS <input type="checkbox"/> OVERCOATS <input type="checkbox"/> SCARFS <input type="checkbox"/> SHIRTS <input type="checkbox"/> SOCKS, PR. <input type="checkbox"/> TIES <input type="checkbox"/> TOWELS <input type="checkbox"/> TROUSERS, PR. <input type="checkbox"/> TRUNKS, PR. <input type="checkbox"/> UNDERWEAR	<input type="checkbox"/> BRACELET, IDENTIFICATION <input type="checkbox"/> BRUSHES <input type="checkbox"/> CAMERAS <input type="checkbox"/> GLASSES <input type="checkbox"/> KNIVES <input checked="" type="checkbox"/> LIGHTERS <input type="checkbox"/> MISC. INSIGNIA <input type="checkbox"/> MISC. ITEMS <input checked="" type="checkbox"/> PEN, FOUNTAIN <input type="checkbox"/> PENCIL, MECHANICAL <input checked="" type="checkbox"/> PIPES <input checked="" type="checkbox"/> RELIGIOUS ARTICLES <input type="checkbox"/> RIBBONS, DECORATION <input type="checkbox"/> RINGS <input type="checkbox"/> TOBACCO <input type="checkbox"/> TOILET ARTICLES <input type="checkbox"/> WATCH <input type="checkbox"/> WINGS	<input type="checkbox"/> BAGS, CLOTH <input type="checkbox"/> BAGS, TRAVEL <input type="checkbox"/> BILLFOLD, (NO MONEY) <input type="checkbox"/> CASE, <input type="checkbox"/> FOOTLOCKER <input type="checkbox"/> KIT, SEWING <input type="checkbox"/> KIT, TOILET <input type="checkbox"/> KIT, WRITING <input type="checkbox"/> PAPERS AND MISC. <input type="checkbox"/> BOOKS <input type="checkbox"/> BOOKS, ADDRESS <input type="checkbox"/> BOOKS, NOTE <input type="checkbox"/> BOOKS, PILOT LOG <input type="checkbox"/> DIARY (REMOVED FOR DURATION) <input type="checkbox"/> FILMS <input type="checkbox"/> LETTERS <input checked="" type="checkbox"/> PAPERS, PERSONAL <input type="checkbox"/> PHOTOS <input type="checkbox"/> SHOE SHINE ARTICLES <input type="checkbox"/> SHIRT SWEATER <input checked="" type="checkbox"/> SOUVENIRS <input checked="" type="checkbox"/> SOUVENIR MONEY <input type="checkbox"/> STATIONERY <input type="checkbox"/> TESTAMENTS <input type="checkbox"/> U.S. MONEY (AMOUNT)
		\$ 05

REMARKS: No Information  
Re-handled  
 ATTACHMENTS:  FORM #54  FORM #100  
19 labels

C.A.T. Velma Luce (mother)  
RFD # 1  
Shoshogone Maine. *AM*

WAREHOUSE SPACE <u>2168</u>	STORED BY <u>Jew</u>	WEIGHT	GI REMOVED
INVENTORIED BY <u>James</u>	DATE SHIPPED <u>6/24/45</u>		<input checked="" type="checkbox"/> SHORTAGE ON REVERSE
PACKED BY <u>W. C. C. C.</u>	CHECKED BY <u>E</u>		<input type="checkbox"/> IDENT. TAGS REMOVED
			<input type="checkbox"/> DIARY REMOVED
			<input type="checkbox"/> LOCKED STORAGE
			<input type="checkbox"/> LAUNDRY REMOVED
			<input type="checkbox"/> FILM REMOVED



SHORTAGES

6 shillings Res'd

U.S. GOVT. CHECK SPORT

NUMBER

DATE

SYMBOL

AMOUNT

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

*Jones*

INVENTORY CLERK

*A. Gule*

SUPERVISOR

G. I. REMOVED

ION D LUCE

218637143

**INVENTORY OF EFFECTS**

(See AR 600-550)

(Last name) (First name) (Middle initial) (Army serial number)

late a Pvt 90th Div  
 (Grade) (Organization or arm or service)

who died on the ~~unknown~~ day of June, 1944

**CLASS I**—Saber, insignia, decorations, medals, campaign badges, watches, manuscripts, and other articles valuable chiefly as keepsakes.

NUMBER	ARTICLES	*PACKAGE NUMBER
	Pen, fountain	
	Cigarette lighter	
	Small cross	
	Receipt	
	Souvenir coins	

\*To be filled out only in case of shipment to The Adjutant General.

**CLASS II**—Other effects

NUMBER	ARTICLES
	CURRENCY: 6 shillings



E-4-79

Serial No. 31218637 Name Luce, Orion D.  
 Grade *Ant* Rank  
 Organization *90th Inf.*  
 Address  
 Nearest Relative *Velma Luce (mother)*  
 Address *B.F.D. #1 Skowhegan, Maine*  
 Killed in Action *yes* Died of Disease  
 Date *1/1/94* Hospital  
 Battle Area Information  
 Place of Burial *Monarch Cemetery*  
 Point of Coordination  
 Description of Body  
 Members Missing

Signed *Abraham S. Lyby Pfc*





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

JRM:VB:mt ✓  
 March 27, 1945

116,813 ✓

IN REPLY REFER TO \_\_\_\_\_

Mr. Frank Luce ✓  
 R. F. D. #1  
 Skowhegan, Maine

Dear Mr. Luce: ✓

The Army Effects Bureau has received from overseas some personal effects of your son, Private Orion D. Luce. ✓

I am inclosing a check for \$1.21, representing funds which belonged to him. The remainder of the property is being forwarded to you in one package. ✓

If, by any chance, the property has not reached you at the expiration of thirty days from this date, please notify me and tracer will be instituted. ✓

The action of this Bureau in transmitting personal effects does not, of itself, vest title in the recipient. Such property is forwarded for distribution according to the laws of the state of the soldier's legal residence. ✓

I regret the circumstances prompting this letter, and wish to express my sympathy in the loss of your son. ✓

Yours very truly,

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

1 Incl--  
 Check

*ac*

*68*



293

Luce, Orion D.

12 March 1946

Mr. Frank Luce  
R.F.D. #1  
Skowhegan, Maine

Dear Mr. Luce:

The War Department is most desirous that you be furnished the burial location of your son, the late Private Orion D. Luce, A.S.N. 31 218 637.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery, Elsoville, France, plot E, row 4, grave 79.

This cemetery is located approximately 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 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

EB 12 4 01 PM '46  
MAIL & RECORDS BRANCH

IMS

Pvt. Orion B. Luce, 31 EIB 637  
Plot E, Row 4, Grave 79,  
United States Military Cemetery  
Meosville, France

12 September 1947

Mr. Frank Luce  
Rural Free Delivery 1  
Skowhegan, Maine

Dear Mr. Luce:

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

RECORDED  
SEP 15 1947  
U.S. MAIL  
SEP 15 1947