

RESTRICTED

REBURIAL

REPORT OF BURIAL

TM 10-630 AND AF 20-1815

19346
19 July 1944

REBURIAL

293
Lancaster Eugene (NMI) C. Unknown
Last Name First Initial Rank
Unknown 508 Para Inf Reg 82nd A/B Div
Unit Organization
France 1 July 44 Unknown KIA 29 OCT 1944
Place of Death Date of Death Cause of Death
1 July 1944 (Reinterred) Bloisville France
Time and Date of Burial Name of Cemetery Name or Coordinates of Location
74 B E Peg
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 DISINTERRED FROM COORD: 318:959
How were remains identified? DECEASED BURIED BY FRENCH, NO DOG TAGS AVAILABLE AND DECOMPOSITION AND WOUNDS PREVENTED FINGERPRINTING AND TOOTH CHARTS. IDENTIFICATION MADE BY NAME AND SERIAL NO. MARKED ON CLOTHING.

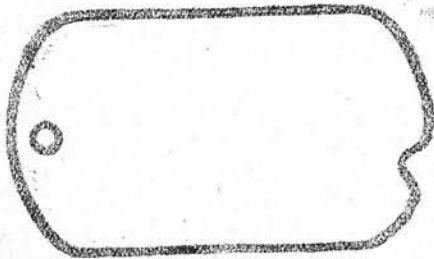
What means of identification were buried with the body?

GRS FORM # 1

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

Who is buried on:
Deceased's Right: Levis, William G. 13127019 Pvt 83rd Div 75
Name Serial No. Rank Organization Grave No.
Deceased's Left: Layne jr., Lewis W. 33641934 Pvt 82nd A/B Div 73
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 Address: Unknown Name

Address

Religion: Unknown

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

Cigarette lighter
Souvenir coins

REBURIAL

Partial isolated grave
coord 318-959

Signature of Officer or other person reporting burial

Dale C. Sherwood 7/27/44

Verified by G.R.S. Officer

DALE C. SHERWOOD
1st Lt., QMC

201493

IF DECEASED UNIDENTIFIED

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:

Height:	Laundry Marks:
Weight:	Number of Rifle:
Color of Eyes:	Wear Glasses?
Color of Hair:	Is Tooth Chart Attached?
Race:	

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below.) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.

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

4	
3	
2	
1	
Thumb	

Left Hand

4	
3	
2	
1	
Thumb	

Right Hand

TOOTH CHART

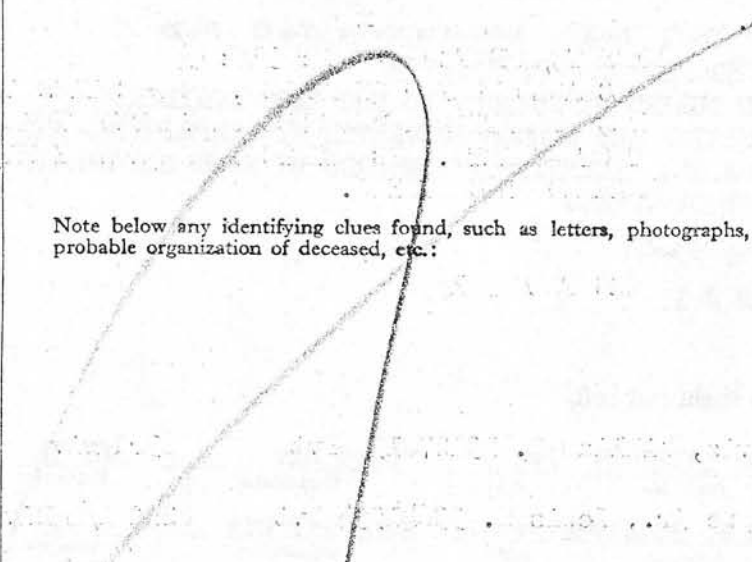
		Deceased's Left																							
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8								
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8								
Upper	Lower																								

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

Characteristics: _____

Other Data: _____

If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.



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

* Corrected Report
Original forwarded
19 Aug 44

REPORT OF DEATH

DATE 7 Sept 44
tlc/4630

FULL NAME <u>Lancaster, Eugene C.</u>		ARMY SERIAL NUMBER <u>34 336 459</u>	GRADE <u>Pvt</u>
HOME ADDRESS		ARM OR SERVICE	DATE OF BIRTH
PLACE OF DEATH	CAUSE OF DEATH		DATE OF DEATH * <u>1 Jul 44</u>
STATION OF DECEASED		DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)			
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

H

OCT 6 1944
1944 File
Book

COPIES FURNISHED:		
S. G. O.	F. B. I.	F. O., U. S. A.
2. O. C. 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

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

REPORT OF DEATH

DATE 19 Aug 1944
 sfm 4632

FULL NAME <u>Lancaster, Eugene C.</u>		ARMY SERIAL NUMBER <u>34,336,459</u>		GRADE <u>Pvt.</u>	
HOME ADDRESS <u>Rap. Ralph, Alabama</u>		ARM OR SERVICE <u>Infantry</u>		DATE OF BIRTH <u>21 Aug 1920</u>	
PLACE OF DEATH <u>European Area</u>		CAUSE OF DEATH <u>Killed in action</u>		DATE OF DEATH <u>2 July 1944</u>	
STATION OF DECEASED <u>European Area</u>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <u>1 Aug 1942</u>		LENGTH OF SERVICE FOR PAY PURPOSES	
				YEARS	MONTHS
					DAYS
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <u>Mrs. Connie L. Lancaster, Mother, Route #1, Ralph, Alabama</u>					
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <u>Mrs. Connie L. Lancaster, Mother, same as above</u> <u>Mr. William Virgil Lancaster, Father, same as above</u>					
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT	
YES	NO	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
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

ADDITIONAL DATA AND/OR STATEMENT

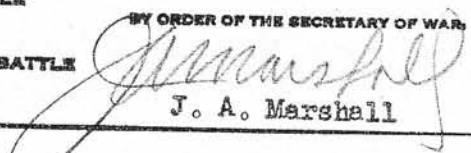
On Parachute Pay.

The individual named in this report of death is held by the War Department to have been in a missing in action status from 6 June 1944 until such absence was terminated on 10 August 1944, when evidence considered sufficient to establish the fact of ~~his~~ death was received by the Secretary of War from a commander in the European Area.

COPIES FURNISHED:		
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2. O. Q. 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

ADJUTANT GENERAL

195,843
KV

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

* Corrected Report
Original forwarded
19 Aug 44

REPORT OF DEATH

DATE 7 Sept 44
tlc/4630

FULL NAME <u>Lancaster, Eugene C.</u>				ARMY SERIAL NUMBER <u>34 336 459</u>				GRADE <u>Pvt</u>					
HOME ADDRESS				ARM OR SERVICE				DATE OF BIRTH					
PLACE OF DEATH				CAUSE OF DEATH				DATE OF DEATH * <u>1 Jul 44</u>					
STATION OF DECEASED				DATE OF ENTRY ON CURRENT ACTIVE SERVICE				LENGTH OF SERVICE FOR PAY PURPOSES					
								YEARS		MONTHS		DAYS	
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)													
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

ADDITIONAL DATA AND/OR STATEMENT



COPIES FURNISHED:

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2. O. Q. 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

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

195843

REPORT OF DEATH

DATE 19 Aug 1944
sfm 4632

FULL NAME Lancaster, Eugene C.		ARMY SERIAL NUMBER 34,336,459	GRADE Pvt.
HOME ADDRESS Rap Ralph, Alabama		ARM OR SERVICE Infantry	DATE OF BIRTH 21 Aug 1920
PLACE OF DEATH European Area	CAUSE OF DEATH Killed in action		DATE OF DEATH 2 July 1944
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 1 Aug 1942	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Connie L. Lancaster, Mother, Route #1, Ralph, Alabama			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Connie L. Lancaster, Mother, same as above Mr. William Virgil Lancaster, Father, same as above			
INVESTIGATION MADE?		IN LINE OF DUTY	OWN MISCONDUCT
YES	NO	YES	NO
		YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE	IN FLYING PAY STATUS
YES	NO	YES	NO
		YES	NO
OTHER PAY STATUS (SPECIFY BELOW)			
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 6 June 1944 until such absence was terminated on 10 August 1944, when evidence considered sufficient to establish the fact of his death was received by the Secretary of War from a commander in the European Area.



COPIES FURNISHED:		
S. G. O.	F. B. I.	F. O. U. S. A.
2. O. Q. M. G.	O. F. D.	ARMY EFFECTS BUREAU
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		A. G. 201 FILE

BATTLE

NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR

J. A. Marshall

J. A. Marshall

ADJUTANT GENERAL

195,843 *JS*

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

—BATTLE CASUALTY REPORT

NAME LANCASTER EUGENE C			SERIAL NUMBER 34336459			GRADE PVT	ARM OR SERVICE INF	REPORTING THEATRE ETO
PLACE OF CASUALTY FRANCE		DATE OF CASUALTY DAY: 06 MONTH: JUN YEAR: 44			FLYING OR JUMPING STAT J	TYPE OF CASUALTY MIA	SHIPMENT NUMBER 133	

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 MRS CONNIE L LANCASTER		RELATIONSHIP MOTHER		DATE NOTIFIED 24 JUL 44
NO. AND NAME OF STREET—CITY—STATE ROUTE NUMBER ONE RALPH ALABAMA				

REMARKS:

CORRECTED COPY **NCR**



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-REL.

REPORT NOT VERIFIED _____ NO FORM 43 _____ NO CAS. BR. FILE CHECKED BY *Fleming* 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 PGS.	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" 30 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.

E 4774

Serial No. 34336459 Name Lancaster, Eugene (NM)

Grade _____ Rank _____

Organization 82nd Airborne

Address _____

Nearest Relative _____

Address _____

Killed in Action yes Died of Disease _____

Date 7/1/44 Hospital _____

Battle Area _____ Information _____

Place of Burial Monarch Cemetery

Point of Coordination _____

Description of Body _____

Members Missing _____

Signed Abraham Shyby Pfc.

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mr. William Virgil Lancaster
Route # 1
Ralph, Alabama

Effects of: Pvt. Eugene C. Lancaster
Name

ASN 34 336 459

Case No. 195,843 D

Wt.

DATE 25 September 1945

RTB:TSmjb

S. Johnson
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:

Franked
Est. Exp. Chgs.
Est. Int. Chgs.
No. of packages

Boer
Shipping Clerk

SEP 28 1945

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO: Mr. William Virgil Lancaster

Route #1

Effects of:

NAME Pvt. Eugene C. Lancaster Ralph, Alabama

SN 34336459

Case No. 195,843 D

It.

DATE PAYNE:cb
7 March 1945

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.

REMARKS:

1 p/kg

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

MAR 8 1945

MAR 9 1945

MK
Shipping Clerk

Last Name First Name M.I.

Lancaster, Eugene C.

Army Serial No. 34 336 459

Name of Cemetery Blossville

Plot

Row

Grave

Letter to: Field

Remarks:

Correct by adding
middle initial

File

1-8-46
AC

TEST FOR DISPOSITION OF REMAIN

L. 4-8-48

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

DATE:

Pvt Eugene C. Lancaster, 34 336 459
Plot E, Row 4, Grave 74,
United States Military Cemetery
Blosville, France

12 March 1948

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, William V. Lancaster (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

(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

Calculated 27 May 48
Wm V. Lancaster

APR 21

Price

PART I (Continued)

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

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

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

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

FULL NAME OF FUNERAL DIRECTOR <i>Jones-Mathis Mortuary</i>			
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.	
<i>Tuscaloosa, Alabama</i>	<i>Tuscaloosa, Alabama</i>	<i>4717</i>	

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

LAST NAME	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP TO DECEASED
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
<i>S.C. Lancaster</i>	<i>Ralph</i>	<i>Tuscaloosa</i>	<i>Brother</i>
<i>Route 1, Ralph, Ala</i>			<i>Alabama</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.

<i>William V. Lancaster</i> (SIGNATURE OF NEXT OF KIN)	<i>Rt. 1 Ralph, Ala.</i> (STREET AND NUMBER)
William V. Lancaster (NAME PRINTED OR TYPED)	 (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 1st day of April, 1948, at city (or town) of Jena Young, county of Alabama, and State (or Territory or District) of _____

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

J.H. Walker
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Notary Public State at Large
 (OFFICIAL TITLE)

PART I—RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

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

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

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

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

INVENTORY OF EFFECTS

(See AB 600-550)

Sub

Lancaster Eugene (NMI) 34336459
(Last name) (First name) (Middle initial) (Army serial number)

late a Unknown 82nd A/B Div
(Grade) (Organization or arm or service)

who died on the ~~unknown~~ day of June, 19 44

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

NUMBER	ARTICLES	*PACKAGE NUMBER
	Cigarette lighter	
	Souvenir coins	

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

CLASS II—Other effects

NUMBER	ARTICLES
	NONE

ATTACHMENTS

INBOUND INVENTORY	<input checked="" type="checkbox"/>
G. R. OR SUB GR LABEL	
WILL OR POWER OF ATTY.	
TALLY IN FORM 43	<input checked="" type="checkbox"/>

EFFECTS INVENTORY
ARMY EFFECTS BUREAU

STATUS	
DECEASED	
MISSING	
P. O. W.	
ABANDONED	
UNKNOWN	

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

CONTAINERS ADDRESSED TO

none

INFORMATION

*Mrs. Connie Levell (M)
Rt#1, Ralph, Ala.*

NAME AND STATUS VARIATIONS

CROSS REFERENCE

CHECK	REC'D BY	NUMBER	BUREAU CHECK
MONEY ORDER		SYMBOL	TRANSMIT ORIGINAL
BOND		AMOUNT	ORIG. REG. MAIL
TRAV. CHECK		DATE	TO G. A. O.
FOREIGN CURRENCY		BANK OR PLACE OF ISSUE	MUTILATED
U. S. CURRENCY		PAYEE	TO ISSUING AGENCY
		REMITTER OR DRAWER	

TALLY NO.	ORG. NO. OF PKGS.	EXAMINING DATE	BOX NO.	SHEET
		<i>15 Sept 45</i>		OF _____ SHEETS

NAME	A. S. N.
<i>EUGENE C. LANCASTER</i>	<i>3433 6459</i>
ORGANIZATION	RANK
	<i>Pvt</i>
	CASE NO.

WAREHOUSE SPACE	EXAMINED BY	DIARY REMOVED
<i>3326</i>	<i>O. Cabral</i>	PHOTO FILM REMOVED
WEIGHT	PACKED BY	MOTION PICTURE FILM REMOVED
		SHIPPED

5 August 1944
Date

HEADQUARTERS
508th PARACHUTE INFANTRY
APO 230 U. S. Army

(Organization and A.P.O. Number)

SUBJECT: Transmittal of Inventory of Personal Effects.

TO : Effects Quartermaster, ETOUSA, Depot G-14, APO 507,
U.S. Army.

Transmitted herewith in accordance with Adm. Cir. #80, dated 25 Oct 1943, Hq. SCS. ETOUSA, is Inventory of Effects concerning subject named below.

Lancaster	Eugene	C.	Pvt	34336459	
(Last Name)	(First Name)	(MI)	(Rank)	(A.S.N.)	(Control No.) (For use of Effects QM. ETOUSA)

Organization Co C. 508th Parcht. Inf.
(UNIT - - - - Not Branch of Service)

*Status. (Deceased, ~~Missing in Action, or Prisoner of War~~) on the 2d
day of July 19 44

Designated beneficiary (With Address)
Mrs Connie Levell (Mother)

RT #1, Ralph, Ala.

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

U.S.M.O. # _____ Amt \$ _____ U.S.M.O. # _____ Amt \$ _____

U.S.M.O. # _____ Amt \$ _____ U.S.M.O. # _____ Amt \$ _____

U.S. Official Check # _____ Amt. _____ Bank _____
(Name and Branch)

#Bank Accounts _____

#Debtors _____

#Creditors _____

#Inclosed is _____

(Will, Power of Attorney, War Bond, Travelers Checks. Describe Fully)

R E M A R K S (if any)

- 1 Pipe ✓
- 1 Good Conduct Medal ✓
- 1 Knife ✓
- 1 Pr Wings ✓
- 1 Pr ear rings ✓
- 1 Bracelet ✓
- 1 Wallet ✓
- 1 EAME Ribbon ✓
- 1 Toilet Bag ✓

----- unless it is necessary, /

I certify that the foregoing inventory comprises all of subject's effects and that effects were shipped to Effects QM, ETOUSA, A.P.O. 507, G-14, U.S.Army by delivering to Effects, QM 82d A/B Div on 5 August 1944.

Joseph E Hartsough
Signature - (in ink)

JOSEPH E. HARTSOUGH)
Name) (Block
) letters)
2nd LT. INF., PERSONNEL OFFICER
Rank and organization

SHEET <u>1</u> OF <u>1</u> SHEETS	ARMY EFFECTS BUREAU INVENTORY		DECEASED <input checked="" type="checkbox"/>
BOX NUMBER <u>6</u>	ORIGINAL NUMBER OF PACKAGES <u>1</u>		MISSING <input type="checkbox"/>
TALLY NUMBER <u>5811</u>	INVENTORY DATE <u>21-Feb-1945</u>	CASE NUMBER <u>198843</u>	POW <input type="checkbox"/>
EFFECTS OF <u>Eugene Lancaster</u>			RANK <u></u>
A.S.N. <u>34336459</u>	ORGANIZATION <u>82nd Airborne</u>		
PACKAGE DESCRIPTION <u>F-109</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. INSTONIA	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 requested

ATTACHMENTS: FORM #94 FORM #100

198 label

C.A.T. none

WAREHOUSE SPACE <u>534</u>	STORED BY <u>[Signature]</u>	WEIGHT	GI REMOVED
			SHORTAGE ON REVERSE
			IDENT. TAGS REMOVED
			DIARY REMOVED
		DATE SHIPPED <u>MAD</u>	LOCKED STORAGE

SUBJECT: Report of transactions in disposing of the effects of

Eugene C. Lancaster, 34338459 late a
(Name of deceased) (Army Serial Number)
Private, Infantry who died
(Grade) (Organization, Army or Service)
on the 1 day of July, 1944, at European Ar a

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 3 March 1945, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of William Virgil Lancaster 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, William V. Lancaster of (Name of person found entitled)

Route #1, Ralph State of
(Number, Street or Avenue) (City, Town or Village)
Alabama, is the Father of the
(Relationship or Capacity)

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

NAME LANCASTER, EUGENE C PVT 6459

BAY	PALLET	BOX	TALLY
			6159
TYPE OF PKG.	WHSE. SPACE		INVENTORIED
CTN			

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

(Read Explanation on Reverse Side before completing form)

DATE

11-15-48

NAME OF DECEDENT (Last, First, Middle Initial)		BRANCH OF SERVICE	TO BE FILLED IN BY CLAIMANT
LANCASTER, EUGENE C		AGF	A. <input checked="" type="checkbox"/> INTERMENT EXPENSES (Civilian or Private Cemetery) B. <input type="checkbox"/> TRANSPORTATION EXPENSES (National or Post Cemetery)
RANK OR GRADE	SERIAL NO.		
PVT	34336459		

INSTRUCTIONS TO PERSONS SIGNING THIS FORM

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

<p style="text-align: center;">FILL IN THIS STATEMENT IF BOX "A" IS CHECKED</p> <p>I certify that the sum of \$ ^{Five} 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:</p> <p>CEMETERY, <input checked="" type="checkbox"/> SHILOH BAPTIST <small>NAME</small></p> <p>CITY OR COUNTY: <input checked="" type="checkbox"/> TUSCALOOSA COUNTY</p> <p>STATE: <input checked="" type="checkbox"/> ALABAMA</p> <p>RETURN ^{Five} four COPIES TO</p> <p style="text-align: center;">AGR DIVISION ATLANTA GENERAL DISTRIBUTION DEPOT U.S. ATLANTA, GEORGIA ARMY</p>	<p style="text-align: center;">FILL IN THIS STATEMENT IF BOX "B" IS CHECKED</p> <p>I certify that the sum of \$ _____ was paid by me from personal funds in connection with the transportation of the remains of the above-named decedent from: (City, town, or place from which remains were shipped)</p> <p>TO: (Name and Location of National or Post Cemetery)</p> <hr/> <p>SIGNATURE OF CLAIMANT <input checked="" type="checkbox"/> <i>William V. Lancaster</i></p> <p>ADDRESS (Street number or RFD, City and State) <input checked="" type="checkbox"/> RALPH, ALABAMA</p> <p>RELATIONSHIP TO DECEDENT <input checked="" type="checkbox"/> FATHER</p>
---	--

REMARKS

0-2434

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

(Read Explanation on Reverse Side before completing form)

DATE

11-3-1948

NAME OF DECEDENT (Last, First, Middle Initial)

BRANCH OF SERVICE

TO BE FILLED IN BY CLAIMANT

LANCASTER, EUGENE C

AGF

A. INTERMENT EXPENSES (Civilian or Private Cemetery)

RANK OR GRADE

SERIAL NO.

PVT

34336459

B. TRANSPORTATION EXPENSES (National or Post Cemetery)

NOV 1948

INSTRUCTIONS TO PERSONS SIGNING THIS FORM

WW II

CLAIM VALID REPATRIATION

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

GEORGE GREEN
CAPTAIN, QMC

FILL IN THIS STATEMENT IF BOX "A" IS CHECKED

FILL IN THIS STATEMENT IF BOX "B" 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:

CEMETERY NAME: Shiloh

CITY OR COUNTY: Ralph

STATE: Ala R#1

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

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

RETURN ^{Five} ~~four~~ COPIES TO

AGR DIVISION
ATLANTA GENERAL DISTRIBUTION DEPOT U.S.
ATLANTA, GEORGIA ARMY

SIGNATURE OF CLAIMANT

ADDRESS (Street number or RFD, City and State)

RELATIONSHIP TO DECEDENT

William H Lancaster
Ralph Ala R#1
Father

REMARKS

NOV 18 1948

63194

Atlanta, Ga. _____ Money
Paid on Voucher _____
Accounts of _____ Fin. Dept.
Check No. 346789

RECEIPT OF REMAINS

DISTRIBUTION CENTER

ATLANTA GENERAL DEPOT
ATLANTA, GEORGIA

DELIVER AND REPORT
ANY CHARGES

ROUTINE

10-28-48

REMAINS CONSIGNED TO:

MEMORY CHAPEL FUNERAL HOME
TUSCALOOSA, A LA.

REMAINS OF THE LATE *543* PVT. EUGENE C. LANCASTER 34336459

BEING SHIPPED TO YOU ACCOMPANIED BY ESCORT

LEAVING ATLANTA 4:15 PM 2 NOV.

AND DUE TO ARRIVE TUSCALOOSA, A LA. ON SOUTHERN #41 10:07 PM 2 NOV.

REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT STATION UPON ARRIVAL

AND THAT YOU IMMEDIATELY PASS THIS INFORMATION ON TO NEXT OF KIN

JOHN H. FRUITT
LT. COLONEL, QMC

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

THIS 2 DAY OF November, 19 48
DAY MONTH

Cpl. Floyd L. League
WITNESS (Escort)

Jack Gibbs
CONSIGNEE
MEMORY CHAPEL FUNERAL HOME

(# 1)

FILE
RECORDS ANNOTATED
DATE 10 NOV 1948
NAME *Mitchell*
R & R BR.

MESSAGEFORM

MESSAGE CENTER NO. TRANSMITTING MEANS

CRYPTOGRAPH OR CLEAR TEXT

CALLS V	STA. SER. NO. NR	PRECEDENCE	TRANSMISSION INSTRUCTIONS	ORIGINATOR	DATE-TIME GROUP
ACTION	INFORMATION	EXEMPT	OPERATING SIGNALS	GROUP COUNT GR	

SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM: (Originator) ATLANTA GENERAL DISTRIBUTION DEPOT
ATLANTA, GEORGIA

SECURITY CLASSIFICATION

ACTION TO:

MR WILLIAM V LANCASTER

SEP 30 1948

ROUTE #1
RALPH, ALA.PRECEDENCE FOR
ACTION INFORMATION ORIGINAL MESSAGEREFERS TO ANOTHER MESSAGE
IDENTIFICATION CLASSIFICATION

INFORMATION TO:

PVT EUGENE C LANCASTER

WE HAVE BEEN ADVISED REMAINS OF THE LATE

ARE ENROUTE TO THE UNITED STATES PD OUR RECORDS INDICATE YOU

WISH REMAINS DELIVERED TO
TUSCALOOSA ALA

JONES MATHIS MORTUARY

PD PLEASE CONFIRM YOUR ORIGINAL INSTRUCTIONS

WITHIN FORTY EIGHT HOURS AFTER RECEIPT OF THIS MESSAGE OR SUBMIT NEW DELIVERY
INSTRUCTIONS AND FURNISH YOUR CORRECT MAILING ADDRESS BY TELEGRAM COLLECT TO
ATLANTA GENERAL DISTRIBUTION DEPOT ATTENTION GRAVES REGISTRATION DIVISION ATLANTA

GEORGIA PD REPLY IS NECESSARY WITHIN THIS PERIOD SINCE IT WILL NOT BE POSSIBLE TO
COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY INSTRUCTIONS
RECEIVED AFTER THE EXPIRATION OF FORTY EIGHT HOURS PD WHILE DELIVERY OF THE REMAINS
WILL BE MADE AS SOON AS PRACTICABLE AFTER RECEIPT FACTORS BEYOND OUR CONTROL
MAY DELAY DELIVERY OF REMAINS FOR SEVERAL WEEKS PD HOWEVER AS SOON AS REMAINS ARE
RECEIVED HERE AND IT IS POSSIBLE TO SCHEDULE THEM FOR DELIVERY YOUR FUNERAL
DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF RAIL ROUTING AND SCHEDULED TIME REMAINS
WILL ARRIVE AT RAILROAD STATION PD ALSO HE WILL BE REQUESTED TO FURNISH YOU THIS
INFORMATION SO THAT YOU MAY COMPLETE FUNERAL ARRANGEMENTS PD THIS TELEGRAM WILL
BE SENT AT LEAST THREE DAYS PRIOR TO ACTUAL SHIPMENT FROM THIS DISTRIBUTION CENTER
PD PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION UPON
ARRIVAL PD IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK ANY LOCAL
PATRIOTIC OR VETERANS ORGANIZATIONS TO MAKE ARRANGEMENTS PD PLEASE INCLUDE FULL
NAME OF DECEASED IN REPLY TELEGRAM PD

JOHN H FRUITT LT COL QMC
AUTHORIZATION

SECURITY CLASSIFICATION

SIGNATURE

ORIGINATING AGENCY

SYMBOL

DATE-TIME GROUP

OFFICIAL TITLE

PAGE OF

CASE NO.		INSPECTION CHECK LIST					SPACE NO.
NAME OF DECEASED (Last, First, Middle Initial)		BRANCH OF SERVICE	RACE	RELIGION	SEX	DATE	
RANK LANCASTER, EUGENE C		SERIAL NUMBER					CONSIGNED BY W P M
PVT		34336459		JONES MATHIS MORTUARY TUSCALOOSA, ALA.			
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)		REMARKS <i>Case scratched</i>				
	FINISH (Interior)						
	HANDLES						
	HANDLE BOLTS						
	STENCILING—NAME PLATE						
	HEALTH PERMIT MARKER						
	HEALTH PERMIT NUMBER						
CASKET—GENERAL APPEARANCE (Check ONLY Discrepancies)				CONDITION OF CASKET (Check One)			
				<input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> UNSATISFACTORY			
<input checked="" type="checkbox"/>	FINISH (Exterior)		REMARKS <i>Casket scratched</i>				
	HANDLES AND FASTENINGS						
	STENCILING—NAME PLATE						
	CAM LOCKS (Sealing)						
	ODOR OR MOISTURE						
ROUTED THROUGH							
<input type="checkbox"/> MORTUARY OPERATING ROOM			<input checked="" type="checkbox"/> REPAIR SHOP				
CONDITION OF REMAINS			CASKET REPAIRED				
<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
NECESSARY DISINFECTION (Explain)			CASKET EXCHANGED				
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
			SHIPPING CASE REPAIRED				
			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
			SHIPPING CASE EXCHANGED				
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
			REMARKS				
			<i>JTR</i>				
TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTOR		
			<i>221</i>	<i>10 20 48</i>	<i>H.S. Keen</i>		
REMARKS							

Repatriation Records Branch
Disinterment Locator Section
Office of the Quartermaster General
Department of the Army
Washington 25, D.C.

DATE: April 7, 1948

293

293 Lancaster, Eugene C., Pvt.
34 336 459

FROM: (Miss) Edna Mattox

293 SUBJECT: Plot E, Row 4, Grave 74
U.S. Military Cemetery
Blosville, France

Next of Kin: Mr. William V. Lancaster
Old Address: Route #1, Ralph, Alabama
New Address:

Your Reference: QMGMR 293

In compliance with your request of 12 March 1948 for an investigation in connection with the disposition of the remains of this deceased serviceman, we submit the following information:

1. OQMG Form 345 has been submitted by Mr. Wm. V. Lancaster Father
(Name) (Relationship)

was

~~with box~~ submitted on 3 April 1948
(date)

2. Remarks:

Edna Mattox

(Miss) Edna Mattox
Director, Home Service
Southeastern Area

*File. NAN
a. Kennedy
201-
13 Apr 48*

Repatriation Records Branch
Disinterment Locator Section
Office of the Quartermaster General
Department of the Army
Washington 25, D.C.

DATE: April 1, 1948

*act
let
3-12-48*

FROM: (Miss) Edna Mattox

SUBJECT: LANCASTER, Eugene C., Pvt.
34 336 459

sc

Next of Kin: Mr. William V. Lancaster
Old Address:
New Address: Route 1
Ralph, Alabama
Your Reference: QMGMR 293

In compliance with your request of March 12, 1948 for an investigation in connection with the disposition of the remains of this deceased serviceman, we submit the following information:

1. OQMG Form 345 has been submitted by _____, _____
(Name) (Relationship)
 will be submitted on _____
(date)

2. Remarks:
See attached letter

Edna Mattox

(Miss) Edna Mattox
Director, Home Service
Southeastern Area

*File - NAN
a. Kennedy
LOI - 70026
6 April 48*

WESTERN
UNION

WUA 418 29 4 EXTRA GOVT COLLECT

TUSCALOOSA ALA OCT 1 1030A

COMMUNICATIONS CENTER
RECEIVED

AMERICAN GRAVE REGISTRATION DIV

ATLANTA GENERAL DEPOT US ARMY

OCT 1 2 46 PM '41

CONFIRMATION OF TELEGRAM RECEIVED SEPTEMBER THIRTIETH 48

CONCERNING REMAINS OF PVT C EUGENE LANCASTER PLEASE SHIP

ATLANTA GEN DIST

REMAINS TO MEMORY CHAPEL FUNERAL HOME TUSCALOOSA ALA

WILLIAM V LANCASTER ROUTE ONE RALPH ALA.

WESTERN
UNION

WESTERN
UNION



ARMY SERVICE FORCES

IN REPLY REFER TO SPQYG 293 OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

W
XXXX 314.6
T/O European
211 S. Misc

17 January 1946

SUBJECT: Corrections of Reports of Interment

TO: Commanding General,
American Graves Registration Command
European Theater, Versailles, France
APO 867, c/o Postmaster, New York, New York
FOR:

1. It is requested that the burial reports and grave markers for the following decedents, interred at the U. S. Military Cemetery, _____, be changed to correct the discrepancies underlined, and ~~inserted, revised~~ be advised when these corrections have been completed.

NAME	RANK/ GRADE	SERIAL NO.	BRANCH of SERV.	RELIGION	DATE OF DEATH	GR. ROW	PLOT
Benson, Frank E. Jr.	Cpl.	31 194 868	2 CHD Det Pv			143	8 J
Brasich, Richard C.	Pvt.	36 695 761	359 Inf. Regt			189	10 H
Campbell, William J.	s/Sgt	33 357 260	329 Inf. Regt			151	8 U
Chisik, Michael W.	Pvt	32 988 189	313 Inf. Regt			18	1 V
Cornelius, Harold J.	Sgt.	15 099 439	505 Para Inf. Regt			179	9 D
Crawford, William H., Jr.	Pvt.	34 977 819	262 Inf. Reg.			128	7 Z
Dantino, Carmine J.	Pfc	31 265 816	357 Inf. Regt.			92	5 A
Fitzpatrick, Charles E.	Pfc	35 522 612	325 51st Inf. Reg.			40	2 B
X 293 Lancaster, Eugene C.	Pvt	34 336 459	508 Para Inf. Reg.			74	4 E
Wilhelm, Joseph E.	Cpl.	33 245 433	314 Inf. Regt *			175	8 E

FOR THE QUARTERMASTER GENERAL:

* Records of this office show date of death 11 July 1944 and Burial 4 July 1944.

JAMES L. FRENK
Major, QMC
Assistant

195,843

PTS:TS:mjb
September 25, 1945

Mr. William Virgil Lancaster
Route # 1
Ralph, Alabama

Dear Mr. Lancaster:

The Army Effects Bureau has received from overseas some personal effects of your son, Private Eugene C. Lancaster.

These effects are being forwarded to you in one carton.

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.

Yours very truly,

P. L. KOOB
1st Lt., QMC
Officer-in-Charge
SJ Branch



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

JRM:AP:cly
March 9, 1945

IN REPLY REFER TO 195,843

Dear Mr. Lancaster:

The Army Effects Bureau has received from overseas some property of your son, Private Eugene C. Lancaster.

This property, consisting of a few items, is being sent to you.

If, for some reason, it has not been received at the expiration of thirty days from this date, please notify me so that tracer may be instituted.

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

Yours very truly,

F. A. ECKHARDT
Captain Q.M.C.
Assistant

SPQYG 293
Lancaster, Eugene C.

293 Lancaster, Eugene C.

12 March 1946

Mr. William V. Lancaster
Route #1
Ralph, Alabama

Dear Mr. Lancaster:

The War Department is most desirous that you be furnished the burial location of your son, the late Private Eugene C. Lancaster, A.S.N. 34 336 499.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery, Blosville, France, plot E, row 4, grave 74.

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

kbt

MAR 12 4 05 PM '46
C. O. M. G.
MAIL & RECORDS BRANCH

LMS

1 October 1946

Mr. William V. Lancaster
Route #1
Ralph, Alabama

Dear Mr. Lancaster:

293 The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Private Eugene G. Lancaster, A.S.N. 34 336 459. *fc*

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Blomville, plot E, row 4, grave 74. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

This cemetery is located twenty-five miles southeast of Cherbourg, France, and is under the constant care and supervision of United States military personnel.

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

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

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

In Reply Refer To RR Br: QMMR 293 Lancaster, Eugene C., Pvt., 34 336 459
Plot E, Row 4, Grave 74
United States Military Cemetery
Bloisville, France

12 March 1948

P R I O R I T Y

Miss Edna Mattox, Director of Home Service
Southeastern Area, American Red Cross
230 Spring Street, Northwest
Atlanta 3, Georgia

Dear Miss Mattox:

The Next of Kin of the above captioned deceased father
(relationship)
Mr. William V. Lancaster, Route #1, Ralph, Alabama
(name) (address)

has failed to return a Form 345 indicating disposition instructions for the remains.

It is respectfully requested that the attached QMM Form 345 be properly accomplished by the Next of Kin and legal documents obtained through assistance of your representative if appropriate, be furnished this office. In the event you are unable to secure disposition instructions from the Next of Kin, it is further requested that a statement of the action taken by your representative be furnished this office for use as a basis for final disposition of remains of the decedent.

It is recommended that in contact with the Next of Kin mentioned above, they first be queried as to whether or not they have submitted the appropriate form, as it may have been mailed to this office since receipt by you of this request.

Sincerely yours,

JOHN O. HYATT
Colonel, QMC
Memorial Division

Incls

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MAR 15 10 57 AM '48
MAIL & RECORDS BRANCH
O D M C

ead
Pvt. Eugene C. Lancaster, 34 336 459
Plot E, Row 4, Grave 74,
United States Military Cemetery
Bosville, France

12 September 1947

MS
Mr. William V. Lancaster
Route #1
Ralph, Alabama

Dear Mr. Lancaster:

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 11 04 AM '47
U.S. ARMY
RECORDS DIVISION

ehf

ARC 32-12 March 48
P. Galt