

RESTRICTED REPORT OF BURIAL

Assignment 35221

TM 10-630 AND AR 30-1815

REBURIAL

819

Date

0-1321322

Serial No.

Maxwell

Lowell

Last Name

First

Initial

Rank

Unknown

507 Para Inftry

82nd A/B Div

Organization

France

11 Jun 44

Unknown

KIA

Cause of Death

17 July 1944 (Reinterred)

Blosville

France

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

137

7

S

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

How were remains identified?

DISINTERRED FROM COORD: 422:778

What means of identification were buried with the body?

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

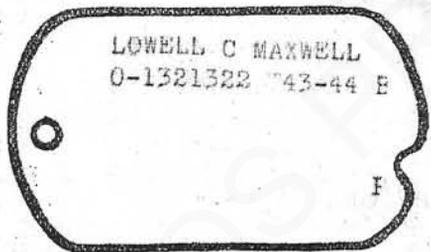
Who is buried on:

Deceased's Right: Allen, Marvin H. 18061002 Pfc Unknown 138
Name Serial No. Rank Organization Grave No.

Deceased's Left: Firestone, B. R. 33112700 Pvt Engineers 136
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~~ Protestant

List only Personal Effects Found on Body and disposition of same

REBURIAL

NONE

Previously Listed in isolated grave
located at 422-778

Signature of Officer or other person reporting burial

F. A. GREUNICH

Capt. SMC

Verified by G.R.S. Officer

File
5-24-45
AED

1

Interred 27 Jan 1949
C-6-83 USMC LAURENT
Captains
C.H. HEDMISTRA
1st Lt. TWP, Interment Officer

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 3508 03145	DATE 15 01 49
		DAY MONTH YEAR

NAME MAXWELL LOWELL C	SERIAL NUMBER 013213221	GRADE LT	ARM 1	RACE 1	RELIGION 1
CEMETERY BLOSVILLE FRANCE	PLOT S	ROW 7	GRAVE 137	DISPOSITION OF REMAINS 3505 80	
				CODE	DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN *Flag sent 2 April 1949*

NAME AND ADDRESS OF CONSIGNEE ST. LAURENT, FRANCE	NAME AND ADDRESS OF NEXT OF KIN MARY MAXWELL (MOTHER) 403 EAST WALNUT STREET COLEMAN, TEXAS
---	---

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME MAXWELL, Lowell C.	SERIAL NUMBER 01321322	GRADE 1 Lt	DATE OF DEATH 9 Dec 47
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION USAGF	RELIGION Utd	IDENTIFICATION VERIFIED BY W. J. SMITH, 1/Lt., CE
			NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Uniform and mattress cover	CONDITION OF REMAINS Advanced decomposition
---	---

OTHER MEANS OF IDENTIFICATION
None

MINOR DISCREPANCIES (*Prepare Discrepancy Report GMC Form 1194a for major discrepancies.*)
None

REMAINS PREPARED AND PLACED IN CASKET
DATE **27 Jan 48** BY **R. W. AHEARN**

CASKET SEALED BY **R. W. AHEARN** EMBALMER (*Signature*)

CASKET BOXED AND MARKED DATE **27 Jan 48** BY **T. C. SNIDER** SHIPPING ADDRESS VERIFIED BY **JOHN PALYOK, Jr., 1/Lt., FA**

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.
I certify that the entries on this form are true.
of the entries on Form 1194 are correct.
Directive which pertains to this case is **JOHN PALYOK, Jr., 1/Lt., FA**
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
These names are typed in con.
D. A. MacKenzie
Capt Prof

FILE
16 JUN 1949
DEPATRIATION
BRANCH

293 FILE

DATA ON REMAINS NOT YET RECOVERED OR IDENTIFIED

NAME (Last, First, Middle Initial) MAXWELL, LOWELL C.		GRADE 1 ST LT	PRESENT SERIAL NUMBER 0-1321322
ORGANIZATION 507 TH PARA INF REGT. 42 ND A/B Div		RACE WHITE PROTESTANT	FORMER SERIAL NUMBER (If applicable)
DATE OF DEATH/MIA 11 JUN '44	CAUSE OF DEATH KILLED IN ACTION	PLACE OF DEATH OR PLACE LAST SEEN IF MIA FRANCE	
DATE OF FOD	HEIGHT 73	WEIGHT 195	COLOR EYES BROWN
		COLOR HAIR BROWN	SHOE SIZE 9 1/2 D

DENTAL CHART

UPPER RIGHT 8 7 6 5 4 3 2 1 PHOTOSTAT	UPPER LEFT 1 2 3 4 5 6 7 8 ATTACHED
LOWER RIGHT 16 15 14 13 12 11 10 9	LOWER LEFT 9 10 11 12 13 14 15 16

X = Extracted

O = Carious

1 = Carious Non-Restorable

FRACTURES AND/OR BREAKS	TATTOOS AND/OR BIRTHMARK
-------------------------	--------------------------

ADDITIONAL INFORMATION BORN: 13 MAR '21
--

NAT
 J. Lee
 MAY 3 1948
 S. C. Noel
 2 dent Br.

FILE

DATA ON REMAINS NOT YET RECOVERED OR IDENTIFIED

NAME (Last, First, Middle Initial) MAXWELL, LOWELL C.		GRADE 1ST LT.	PRESENT SERIAL NUMBER 0-1321322
---	--	-------------------------	---

ORGANIZATION 507th PARA. INF. REGT.	RACE WHITE	CREED PROTESTANT	FORMER SERIAL NUMBER (If applicable) 18072515
---	----------------------	----------------------------	---

DATE OF DEATH/MIA 12 JUNE 44	CAUSE OF DEATH KILLED IN ACTION	PLACE OF DEATH OR PLACE LAST SEEN IF MIA FRANCE
--	---	---

DATE OF FOD 73	WEIGHT 195	COLOR EYES BROWN	COLOR HAIR BROWN	SHOE SIZE 9 1/2 D
--------------------------	----------------------	----------------------------	----------------------------	-----------------------------

APPOINTED **DENTAL CHART** DATE **21 JUNE 43**

UPPER RIGHT 8 7 6 5 4 3 2 1 OX	UPPER LEFT 1 2 3 4 5 6 7 8
--	-------------------------------

LOWER RIGHT 16 15 14 13 12 11 10 9	LOWER LEFT 9 10 11 12 13 14 15 16
---------------------------------------	--------------------------------------

X = Extracted O = Carious 1 = Carious Non-Restorable

FRACTURES AND/OR BREAKS RIGHT ARM 1938	TATTOOS AND/OR BIRTHMARK NONE
--	---

ADDITIONAL INFORMATION **BORN: 13 MAR. '21**

ATTACHED 1 FORM 79

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 19 August 1944
vd/4632

FULL NAME Maxwell, Lowell C.				ARMY SERIAL NUMBER O-1 321 322				GRADE 1st Lt.			
HOME ADDRESS Coleman, Texas				ARM OR SERVICE Parachute Infantry				DATE OF BIRTH 13 Mar 21			
PLACE OF DEATH European Area				MANNER OF DEATH Killed in action				DATE OF DEATH 11 Jun 44			
STATION OF DECEASED European Area				DATE OF ENTRY ON CURRENT ACTIVE SERVICE 21 Jun 43				LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS			
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Celeste B. Maxwell, wife, 1601 S. Frio, Coleman, Texas											
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Mary H. Maxwell, mother, same as above Martha S. Maxwell, sister, same as above Celeste B. Maxwell, wife, same as above (not designated)											
INVESTIGATION MADE		IN LINE OF DUTY		OWN MERECONSENT		REASON FOR DEATH		IN SERVICE		OTHER PAY STATUS	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
										X	X

ADDITIONAL DATA AND/OR STATEMENT

ON PARACHUTE BAY

9 SEP 1944 FILE

COPIES FURNISHED:			<input checked="" type="checkbox"/> SERVICE	BY ORDER OF THE SECRETARY OF WAR <i>J. A. Marshall</i> J; A. Marshall ADJUTANT GENERAL
S. G. O.	F. B. I.	F. O., U. S. A.	<input type="checkbox"/> DEPARTMENT	
S. O. S. M. S.	C. V. D.	ARMY EFFECTS BUREAU		
G. A. O.	VET. ADMIN.	CASUALTY REPORT FILE		
		A. G. 201 FILE		

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH

~~200055~~
192751

DATE 19 August 1944
vd/4632

FULL NAME Maxwell, Lowell C.		ARMY SERIAL NUMBER O-1 321 322		GRADE 1st Lt.	
HOME ADDRESS Coleman, Texas		ARM OR SERVICE Parachute Infantry		DATE OF BIRTH 13 Mar 21	
PLACE OF DEATH European Area		MANNER OF DEATH Killed in action		DATE OF DEATH 11 Jun 44	
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 21 Jun 43		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS	
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Celeste B. Maxwell, wife, 1601 S. Frio, Coleman, Texas					
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Mary H. Maxwell, mother, same as above Martha S. Maxwell, sister, same as above Celeste B. Maxwell, wife, same as above (not designated)					
INVESTIGATION MADE		IN LINE OF DUTY		OWN MISCONDUCT	
YES	NO	YES	NO	YES	NO
				OTHER PAY GRADE (SPECIFY GRADE)	
				YES	NO
				X	X

ADDITIONAL DATA AND/OR STATEMENT

ON PARACHUTE PAY



COPIES FURNISHED:		
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R. O. G. M. C.	G. F. B.	ARMY EFFECTS BUREAU
G. A. C.	VET. ADMIN.	CASUALTY SERVICE FILE
		A. G. 101 FILE

FORWARDED

RECORDED

BY ORDER OF THE SECRETARY OF WAR
J. A. Marshall
J; A. Marshall
ADJUTANT GENERAL

192751
mL

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

*Corrected Report
Original Forwarded 19 Aug 1944

REPORT OF DEATH

DATE 6 Nov 1944
sfn 4632

FULL NAME Maxwell, Lowell C.		ARMY SERIAL NUMBER 01321322	GRADE 1st Lt.
HOME ADDRESS		ARM OR SERVICE	DATE OF BIRTH
PLACE OF DEATH	CAUSE OF DEATH		DATE OF DEATH
STATION OF DECEASED		DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS
EMERGENCY ADDRESSES (NAME, RELATIONSHIP & ADDRESS) Celestial B. Maxwell, wife, Edison, Georgia			
DEPENDENTS (NAME, RELATIONSHIP & ADDRESS) Mary H. Maxwell, mother, 1601 S. Frio, Coleman, Texas Martha S. Maxwell, sister, same as above Celestial B. Maxwell, wife, Edison, Georgia (Not Designated)			
INVESTIGATION MADE		IN LINE OF DUTY	OWN MISCONDUCT
YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE	IN FLYING PAY STATUS
YES	NO	YES	NO
OTHER PAY STATUS (SPECIFY BELOW)			
YES	NO		



ADDITIONAL DATA AND/OR STATEMENT

EQS PREP

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

BATTLE
 NON-BATTLE

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

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

192751

REPORT OF DEATH

DATE 19 August 1944
vd/4632

FULL NAME Maxwell, Lowell C.		ARMY SERIAL NUMBER 0-1 321 322	GRADE 1st Lt.						
HOME ADDRESS Coleman, Texas		ARM OR SERVICE Parachute Infantry	DATE OF BIRTH 13 Mar 21						
PLACE OF DEATH European Area	MANNER OF DEATH Killed in action		DATE OF DEATH 11 Jun 44						
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 21 Jun 43	LENGTH OF SERVICE FOR PAY PURPOSES <table border="1"> <tr> <td>YEARS</td> <td>MONTHS</td> <td>DAYS</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	YEARS	MONTHS	DAYS			
YEARS	MONTHS	DAYS							
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Celeste B. Maxwell, wife, 1601 S. Frio, Coleman, Texas									
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Mary H. Maxwell, mother, same as above Martha S. Maxwell, sister, same as above Celeste B. Maxwell, wife, same as above (not designated)									
INVESTIGATION MADE?	IN LINE OF DUTY	OWN INSTRUMENT	OTHER PAY SOURCE (Specify Reason)						
YES NO	YES NO	YES NO	YES NO						
			X						

ADDITIONAL DATA AND/OR STATEMENT

ON PARACHUTE TAY

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

REVIEWED
 RECORDED

BY ORDER OF THE SECRETARY OF WAR

J. A. Marshall
J; A. Marshall

ADJUTANT GENERAL

18508
Cancelled
192751

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

-BATTLE CASUALTY REPORT

NAME				SERIAL NUMBER				GRADE		ARM OR SERVICE		REPORTING THEATRE	
MAXWELL, LOWELL C				01321322				1 LT		INF		ETO	
PLACE OF CASUALTY				DATE OF CASUALTY			FLYING OR JUMPING STAT		TYPE OF CASUALTY		SHIPMENT NUMBER		
				DAY	MONTH	YEAR							
FRANCE				11	JUN	44	J		CAP		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				RELATIONSHIP				DATE NOTIFIED			
MRS CELESTE R MAXWELL				WIFE				25 JUL 44			
NO. AND NAME OF STREET—CITY—STATE											
1601 SOUTH FRIO				COLEMAN				TEXAS			

REMARKS: CORRECTED COPY NCR

200055

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

CASUALTY BRANCH FILE ATTACHED _____ **OR CHARGED TO** _____ **DATE** _____

PREVIOUSLY REPORTED NO YES _____ (AS INDICATED BELOW):

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

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

REPORT NOT VERIFIED _____ **NO FORM 43** _____ **NO CAS. BR. FILE** **CHECKED BY** *forwards 24 July* **REVIEWED BY** *Byers*

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" 33 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 'D. D. EMPLOYEES, EMPLOYEES OF W. D. CONTRACTORS AND OTHERS SUBJECT TO MILITARY LAW.)
COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

CORRESPONDENCE ACTION SHEET

Addressed: ~~Mr.~~ ~~Miss.~~ Mrs. CELESTIAL B. MAXWELL widow

Decedent:

State _____ Relationship _____

City, State EDISON, GEORGIA '47

Date letter _____

Cemetery Temporary: _____

Permanent: Plot Row Gr Cem. Name or No. City Country

PARAGRAPHS (sequence)

--- ADDITIONAL --- DATA --- MODIFICATIONS ---

The inclosed form, "Request for Disposition of Remains" form, in regard to the final interment of the remains of your husband, is returned for completion of those parts checked in red pencil.

85-T

Part 1
Part 2 - signature of the mother
Part 3 -

In the event that you have remarried, it is kindly requested that you complete all line of Part III on the lower ~~part~~ half of page 3, giving your new name and present address.

166-U

Incls. - Form (original)
Disposition Form (blank)

Hunder

Analyst Typist Reviewer

Modifications

OKed

3-15-48

Maxwell
 Last
 First
 Initial
 Rank
 ASN
 1/27
 01 321 322

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

1st Lt. Lowell C. Maxwell, O1 321 322
 Plot S, Row 7, Grave 137,
 United States Military Cemetery
 Blosville, France

23 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, _____
(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

- | | | | |
|---|----------------------------------|--|---|
| <input type="checkbox"/> WIDOW | <input type="checkbox"/> WIDOWER | <input type="checkbox"/> SON OVER 21 YEARS OLD | <input type="checkbox"/> DAUGHTER OVER 21 YEARS OLD |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> MOTHER | <input type="checkbox"/> BROTHER OVER 21 YEARS OLD | <input type="checkbox"/> SISTER OVER 21 YEARS OLD |
| <input type="checkbox"/> RELATIONSHIP OTHER THAN ABOVE <i>(Specify)</i> _____ | | | |

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.)*

File duplicate copy

*File final 13 May 48
 Fam Corr Br
 C. B. ...*

REQUEST FOR DISPOSITION OF REMAINS

L 24/30/48

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

DATE:

1st Lt Lowell C. Maxwell, O1 321 322
 Plot S, Row 7, Grave 137,
 United States Military Cemetery
 Bloisville, France

13 November 1947

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

PART I

I, Mrs. Mary Maxwell

(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. St. Laurent, Fi.
2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY

(NAME AND LOCATION OF CEMETERY)

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

4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____ (LOCATION OF NATIONAL CEMETERY SELECTED)
- (Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)
- YES NO

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

Coded 1-18-49

J. Williams

25 JAN 1948

ew

Incl. #1

Artis

PART I (Continued)

If on Page 1 of this form you have selected Option Number 2 or 3, or Option Number 4 with your 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
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS		TELEPHONE No.

OR

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

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

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

LAST NAME	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP TO DECEASED
Maxwell,	Martha	Sue	sister
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
403 E. Walnut St.	Coleman	Coleman	Texas.

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.

Mrs. Mary Maxwell (SIGNATURE OF NEXT OF KIN) 403 E. Walnut St. (STREET AND NUMBER)
Mrs. Mary Maxwell (NAME PRINTED OR TYPED) Coleman Tex. (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 10th day of Dec.

1947, at city (or town) of Coleman, county of Coleman, and State (or Territory or District) of Texas

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

Mary G. Butler
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Notary Public
 (OFFICIAL TITLE)

FAMILY CORRESPONDENCE BRANCH
FCA SECTION, ACCEPTANCE UNIT

TO BE USED ON IRFS

243
Maxwell, Lowell C. 1/Lt 01321322 SN 345 Executed by Mother #1 Option Selected

Blosville, France S 7 137 Cemetery Plot Row Grave Consignee

Write NOK Mr. Mrs. Miss Celente B Maxwell Name Widow Relationship (Address) Edison, Georgia (City and State)

A. Action to Family Letters Section

1. () Indicate RELATIONSHIP
2. () Indicate OPTION desired
3. () Indicate CEMETERY in which interment desired
4. () Indicate Country (HOMELAND) of deceased or NOK
5. () Indicate CONSIGNEE - Name and/or Address
6. () Obtain SIGNATURE of NOK
7. () Obtain NOTIFICATION
8. () Advise NOK that NATIONAL CEMETERY SELECTED IS CLOSED and request that another choice be made

B. Action to Case Resolution Unit, FCA

9. () Secure DOCUMENTS (Remarriage), (Birth), (Death), (Other _____)
10. () Reply to REMARKS on IRF
11. (X) SPECIAL INSTRUCTIONS: If not remarried, Widow

NOK and should relinq or complete new 345. If remarried please complete Part III

12. () Inform Party Listed Below of Action Taken by This Office
Name Mrs Mary Maxwell Relationship Mother
Address 403 E. Walnut
City Coleman State Texas

FAMILY CORRESPONDENCE BRANCH
FCA SECTION, ACCEPTANCE UNIT

TO BE USED ON IRFS

Maxwell, Lowell C.

1/Lt 01321322

Further
345 Executed by

#1

Name

Rank

SN

Option Selected

Blosville, France

8 7 137

Cemetery

Plot Row Grave

Consignee

Address

Write NOK
Mr.
Mrs.
Miss

Celuta B Maxwell
Name

Widow
Relationship

(Address)

Edison, Georgia

(City and State)

A. Action to Family Letters Section

1. () Indicate RELATIONSHIP
2. () Indicate OPTION desired
3. () Indicate CEMETERY in which interment desired
4. () Indicate Country (HOMELAND) of deceased or NOK
5. () Indicate CONSIGNEE - Name and/or Address
6. () Obtain SIGNATURE of NOK
7. () Obtain NOTIFICATION
8. () Advise NOK that NATIONAL CEMETERY SELECTED IS CLOSED and request that another choice be made

B. Action to Case Resolution Unit, FCA

9. () Secure DOCUMENTS (Remarriage), (Birth), (Death), (Other _____)
10. () Reply to REMARKS on IRF
11. SPECIAL INSTRUCTIONS: If not remarried, Widow

NOK and should relinq. or complete new 345. If remarried please complete part III

12. () Inform Party Listed Below of Action Taken by This Office

Name *Mrs Mary Maxwell*

Mother
RELATIONSHIP

Address *403 E. Walnut*

City *Coleman*

State *Texas*

NAME MAXWELL LOWELL C

ASN 0-1321322 RANK 1st Lt

Cem - Blossville France

base - Pow - Plot.

137 7 S

Changes made in information Forms #333 and A-Z are from sources listed below:

PER. A.G.O. CORRECTED

Copy

~~Mr Snowden~~

OFFICERS NAME _____

DATE _____

FROM: RELATIONSHIP WIFE

NAME MAXWELL CELESTIAL B

STREET 1601 - S FRID

CITY & STATE COLEMAN TEXAS

TO: RELATIONSHIP WIFE

NAME MAXWELL CELESTIAL B

STREET _____

CITY & STATE Edison GEORGIA

NAT: 11-13-47
FILE _____

New L.O.I. SENT 11-13-47

Y. Hampton

SHEET <u>1</u> OF <u>1</u> SHEETS	ARMY EFFECTS BUREAU INVENTORY		DECEASED <input checked="" type="checkbox"/>
BOX NUMBER	ORIGINAL NUMBER OF PACKAGES		MISSING <input type="checkbox"/>
TALLY NUMBER <u>6515</u>	INVENTORY DATE <u>27 - Jan - 45</u>	CASE NUMBER <u>92751</u>	P O W <input type="checkbox"/>
EFFECTS OF <u>Lowell E. Maxwell</u>	RANK <u>1st LT</u>		ABANDONED <input type="checkbox"/>
A.S.N. <u>0-1321322</u>	ORGANIZATION <u>Hq Co. 3rd Bn 507th Parachute Inf</u>		

CLOTHING	PERSONAL ITEMS	CONTAINERS
BELT <input checked="" type="checkbox"/>	BRACELET, IDENTIFICATION <input checked="" type="checkbox"/>	BAGS, CLOTH
BELT MONEY (NO MONEY) <input checked="" type="checkbox"/>	BRUSHES	BAGS, TRAVEL
CLOTH, WASH	CAMERAS	BILLFOLD (NO MONEY)
COATS	GLASSES, <u>sun</u>	CASE, _____
FOOTWEAR, PR. <input checked="" type="checkbox"/>	KNIVES <u>1/2 sheath</u>	FOOTLOCKER
GLOVES, PR. <input checked="" type="checkbox"/>	LIGHTERS	KIT, SEWING
HANDKERCHIEFS <input checked="" type="checkbox"/>	MISC. INSIGNIA <input checked="" type="checkbox"/>	KIT, TOILET <input checked="" type="checkbox"/>
HEADWEAR <input checked="" type="checkbox"/>	MISC. ITEMS <input checked="" type="checkbox"/>	KIT, WRITING
JACKETS <input checked="" type="checkbox"/>	PEN, FOUNTAIN <input checked="" type="checkbox"/>	PAPERS AND MISC.
OVERCOATS	PENCIL, MECHANICAL	<input checked="" type="checkbox"/> BOOKS <input checked="" type="checkbox"/>
SCARFS	PIPES <input checked="" type="checkbox"/>	BOOKS, ADDRESS
SHIRTS <input checked="" type="checkbox"/>	RELIGIOUS ARTICLES	BOOKS, NOTE
SOCKS, PR. <input checked="" type="checkbox"/>	RIBBONS, DECORATION <input checked="" type="checkbox"/>	BOOKS, PILOT LOG
TIES	RINGS	<input checked="" type="checkbox"/> DIARY (REMOVED FOR DURATION)
TOWELS <input checked="" type="checkbox"/>	TOBACCO <u>1/2 pack</u>	FILMS
TROUSERS, PR. <input checked="" type="checkbox"/>	TOILET ARTICLES	<input checked="" type="checkbox"/> LETTERS <input checked="" type="checkbox"/>
TRUNKS, PR. <input checked="" type="checkbox"/>	WATCH (<u>Bauer</u>) <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> PAPERS, PERSONAL <input checked="" type="checkbox"/>
UNDERWEAR <input checked="" type="checkbox"/>	WINGS	<input checked="" type="checkbox"/> PHOTOS <input checked="" type="checkbox"/>
		SHOE SHINE ARTICLES
		SHORT SNORTER
		SOUVENIRS
		SOUVENIR MONEY <input checked="" type="checkbox"/>
		STATIONERY <input checked="" type="checkbox"/>
		TESTAMENTS <input checked="" type="checkbox"/>
		U.S. MONEY (AMOUNT) <u>101</u>

REMARKS: Mrs. Collette B. Maxwell (wife)
1601 South Frisco
Coleman, Texas.

ATTACHMENTS: Inventory of effects

* not in receiving order
** Broken

file in box 10

WEIGHT	GI REMOVED
--------	------------

SHORTAGES

U S GOVT. CHECK SHORT

2 U S insignia
 1 pr patch wings
 2 Coveralls
 1 Belt
 2 caps
 3 trousers
 1 Blouse
 1 trench coat
 1 over coat
 3 shirts

NUMBER

DATE

SYMBOL

AMOUNT

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

Wylie

INVENTORY CLERK

A. Grube

SUPERVISOR

NAME

~~maxwell~~xxkxdt

~~MA~~ MAXWELL, L.D. LT

BAY

PALLET

BOX

TALLY

26

31

6515

TYPE OF PKG.

WHSE. SPACE

INVENTORIED

F.L.

INVENTORY OF EFFECTS

(Attach extra sheets if necessary)

- 6 2nd Lt. bars ✓
- 6 inf. insignia ✓
- 2 expert medals ✓
- 2 US insignia ○
- 1 prcht bracelet ✓
- 2 fountain pens ✓
- 7 1st Lt. bars ✓
- 21 photos ✓
- 1 green wrist watch ✓
- 1 pr prcht wings ○
- 2 bundles of letters ✓
- 1 ETO ribbon ✓
- 2 coveralls ○
- 3 pr of shoes ✓
- 2 caps ✓
- 1 ball glove ✓
- 1 belt ○
- 1 knife ✓
- 1 pr gloves ✓
- 3 pipes ✓
- 2 caps ○
- 1 bath robe ✓
- 5 pr. trousers ③
- 1 jacket ✓
- 1 blouse ○
- 1 trench coat ○
- 1 overcoat ○
- 9 shirts ②
- 2 towels ✓
- 10 pieces of underclothes ✓
- 2 Bibles ✓
- 2 toilet artical kits ✓
- 4 hankercheives ✓

I certify that the foregoing inventory comprises all of the subject's effects and that effects were shipped to Effects QM, ETCUSA, APC #507, 3-14, U. S. Army by delivering to Qm 82d A/B Div, APO 469

USA on 6 Aug. 1944.

Joe A. Guayante
Signature - (In ink)

(Block Letters) { 1ST LT., 507TH PRCHT INF
{
{
Rank and organization

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

6 Aug. 1944
Date

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 # 30,
dated 25 Oct 1943, Hq. SCS, ETOUSA, is inventory of Effects con-
cerning subject named below.

Maxwell Lowell C. 1st. Lieut O-1321322
(Last Name) (First Name) (MI) (Rank) (A.S.N.) (Control
No.) (For
use of Eff
ects AM
ETOUSA)

Organization Hq Co., 3rd Bn 507th Parach Inf.
(Not Branch of Service)

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

Designated Beneficiary (With Address)
Mrs. Celeste B. Maxwell (Wife)
1601 South Frio
Coleman, Texas

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

U.S.M.O. } none Amt \$ _____ U.S.M.O. } Amt \$ _____

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

U.S. Official Check # none Amt _____ Bank _____
(Name & 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)

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Celestial B. Maxwell

SHIP TO:

Edison, Georgia

Effects of:
Name 1st Lt. Lowell C. Maxwell

ASN 01321322

Case No. 192751-D

Wt.

DATE 12 February 1945

R. M. Full
FOR: Effects Quartermaster

REMARKS: Campbell:bh

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.

1 foot locker

REMARKS:

Franked **FRANKED** FEB 11 1945
Est. Exp. Chgs. _____
Est. Frt. Chgs. _____
No. of packages _____

FEB 14 1945

FEB 22 1945
FEB 12 1945

[Signature]
Shipping Clerk

DESCRIPTION

ARMY EFFECTS BUREAU INVL ORY

DECEASED	<input type="checkbox"/>
MISSING	<input type="checkbox"/>
P.O.W.	<input type="checkbox"/>
ABANDONED	<input type="checkbox"/>
TALLY NO.	7227
INV. DATE	11 Apr 45
ORIG. NO. OF PKGS.	1
BOX NO.	6
SHEET OF SHEETS	1
ORGANIZATION	

192,751
JMB

NAME Lowell C. Maxwell
 A.S.N. 01321522 RANK _____

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

File

REMARKS No Information
Rechecked

ATTACHMENTS FORM #54 FORM #100
1 Sub. G. R. Label

WEIGHT	<input type="checkbox"/> G.I. REMOVED
	<input type="checkbox"/> SHORTAGE ON REVERSE
	<input type="checkbox"/> IDENT. TAGS REMOVED

C.A.T.

mt

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Celestial B. Maxwell

SHIP TO:

Edison, Georgia

Effects of: 1st Lt. Lowell C. Maxwell
Name
ASN 0-1321322
Case No. 192751 D
Wt.

File with

AB Cowart

JRM:KB:crw
DATE 30 April 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
 1 Warehouse Division
 2 Files Branch, Adm. Div.

REMARKS:

1 pkg

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

MAY 2 1945

mk
Shipping Clerk

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

JRM:KB:crw

Case No. 192751

Date 28 April 1945

SUBJECT: Report of transaction in disposing of the effects of

Lowell C. Maxwell, O-1321322 late a
(Name of deceased) (Army Serial Number)

First Lieutenant, Parachute Infantry who died
(Grade) (Organization, Army or Service)

on the 11 day of June, 19 44, 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 decedents 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 12 February 1945, pursuant to Special Orders 228, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Celestial B. Maxwell 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. Celestial B. Maxwell of (Name of person found entitled)

Edison State of (Number, Street or Avenue) (City, Town or Village)
Georgia, is the Widow of the (Relationship or Capacity)

PACKAGE DESCRIPTION

#1 Ctr

ARMY EFFECTS BUREAU INVENTORY

DECEASED	
MISSING	<input checked="" type="checkbox"/>
P.O.W.	
ABANDONED	
TALLY NO.	7609
INV DATE	28 Apr 51
ORIG. NO. OF PKGS.	1
BOX NO.	
SHEET OF SHEETS	1 / 1
ORGANIZATION	unk

192,751

DR

NAME

Samuel E. Maxwell

A.S.N.

0-1321322

RANK

Lt

1	Belt ✓		<u>TOWELS & WASHCLOTHS</u>	1	<u>WINGS</u>
	<u>BELT, MONEY (NO MONEY)</u>		<u>CLOTHING</u>	1	<u>BAGS, CLOTH OR TRAVEL</u> ✓
	Cloth, Wash		<u>BRACELET IDENT.</u>		<u>BILLFOLD, (NO MONEY)</u>
1	Coats ✓		Brushes		Case
	Footwear, Pr.		<u>CAMERAS</u>		Footlocker
	Gloves, Pr.		Glasses		<u>KIT, SEW, "LT, OR WRITING</u>
	Handkerchiefs		Knives		<u>BOOKS</u>
	Headwear		Lighters		Books, Address
	Jackets	X	<u>MISC. INSIGNIA</u> ✓		Books, Pilot Log
2	Overcoats ✓		Pen, Fountain		<u>DIARY (REMOVED FOR DDR)</u>
	Scarfs		Pencil, Mechanical		<u>FILMS</u>
3	Shirts ✓		Pipes		Letters
X	Socks, Pr. ✓		<u>RELIGIOUS ARTICLES</u>		Papers, Personal
	Ties ✓		<u>RIBBONS, DECORATION</u>		Photos
	Towels		Rings		Shoe Shine Articles
3	Trousers, Pr. ✓		Tobacco		<u>SHORT SNORTER</u>
	Trunks, Pr.		Toilet Articles		<u>SOUVENIRS</u>
	Underwear		<u>WATCH</u>		<u>SOUVENIR MONEY</u>
					Stationery
					<u>TESTAMENTS</u>
				.2	<u>U.S. MONEY (AMOUNT)</u> ✓

2 Pair Coveralls ✓

Initials

Rechecked.
No information

REMARKS ATTACHMENTS FORM #54 FORM #100

WEIGHT	G.I. REMOVED
	SHORTAGE ON REVERSE

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Celestial B. Maxwell

SHIP TO:

Edison Georgia

1st Lt. Lowell G. Maxwell

Effects of:

Name

O-1, 321, 322

ASN

192,751 D

Case No.

Tt.

DATE

23 May 1945

GHG:KB:men

Celestial B. Maxwell
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
 1 Files Branch, Adm. Div.
 2

REMARKS:

Fracked - ~~FRANKE~~
Est. Exp. Chgs.
Est. Frt. Chgs.
No. of packages

Cep
MAY 29 1945
Shipping Clerk

NAME MAXWELL, LOWELL

LT 1322

BAY	PALLET	BOX	TALLY
62	13		7609

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
VAL PAK Eff. QM Form 43		

192,75-1CR

IMMEDIATE ACTION

Edison, Georgia

October 10, 1944.

Effects Quartermaster,
Kansas City, Missouri.

Gentlemen:

My husband, Lowell C. Maxwell, O-1321322, a First Lieutenant of the 507th Parachute Infantry, 82d "All American" Airborne Division was killed in action in France June 11, 1944.

My address was up until a few months ago listed with the War Department as Coleman, Texas. However, I am no longer at that address and my address from now on will be, Edison, Georgia.

So whenever you receive the personal effects of my husband, please mail them to me at the following address;
Mrs. Celestial B. Maxwell, Edison, Georgia.

Yours very truly,

Mrs. Celestial B. Maxwell
(Mrs. Celestial B. Maxwell)



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

(S-11-17-44) dm
JRM:NM:hlz
October 17, 1944

IN REPLY REFER TO 192751 M ✓

Mrs. Celestial B. Maxwell ✓
Edison, Georgia ✓

Dear Mrs. Maxwell: ✓

Thank you for furnishing us your new address in connection with disposal of personal property of your husband, First Lieutenant Lowell C. Maxwell. ✓

I am sorry to report that the Army Effects Bureau has not yet received any of your husband's property. There is inclosed an information circular which will give you some idea of the time which may elapse before personal effects arrive here from overseas. ✓

Please disregard Paragraph 3 of this circular. It is our intention to forward your husband's effects promptly upon receipt at this Bureau; therefore, I shall appreciate your notifying us, without fail, in the event there is any further change in your address during the next few months.

I wish to express my sincere regret of the circumstances prompting this correspondence.

Yours very truly,

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

2 Incls—
Form 76
Envelope



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

(S-11-17-44)
JRM:NM:hlz
October 17, 1944

IN REPLY REFER TO 192751 M

Mrs. Celestial B. Maxwell
Edison, Georgia

Dear Mrs. Maxwell:

Thank you for furnishing us your new address in connection with disposal of personal property of your husband, First Lieutenant Lowell C. Maxwell.

I am sorry to report that the Army Effects Bureau has not yet received any of your husband's property. There is inclosed an information circular which will give you some idea of the time which may elapse before personal effects arrive here from overseas.

Please disregard Paragraph 3 of this circular. It is our intention to forward your husband's effects promptly upon receipt at this Bureau; therefore, I shall appreciate your notifying us, without fail, in the event there is any further change in your address during the next few months.

I wish to express my sincere regret of the circumstances prompting this correspondence.

Yours very truly,

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

2 Incls—
Form 76
Envelope



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

JRM:VC:cly
February 16, 1945

IN REPLY REFER TO: 192,751

Mrs. Celestial B. Maxwell
Edison, Georgia

Dear Mrs. Maxwell:

The Army Effects Bureau has received from overseas some personal effects of your husband, First Lieutenant Lowell C. Maxwell.

These effects are being forwarded to you in one footlocker.

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 officer's legal residence.

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

Yours very truly,

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

192751

JRM:KB:crw
April 28, 1945

Mrs. Celestial B. Maxwell
Edison, Georgia

Dear Mrs. Maxwell:

The Army Effects Bureau has received some additional property of your husband, First Lieutenant Lowell C. Maxwell.

These effects, contained in one package, are being forwarded to you. If delivery is not made within thirty days from this date, please notify me so that tracer action may be instituted.

As previously indicated, personal property is transmitted by this Bureau for distribution according to the laws of the state of the officer's legal residence.

Extending every sympathy, I am

Sincerely yours,

P. L. KOOB
2nd Lt. Q.M.C.
Officer-in-Charge
SJ Unit

83

192,751

GHC:KB:men
May 22, 1945

Mrs. Celestial B. Maxwell
Edison, Georgia

Dear Mrs. Maxwell:

The Army Effects Bureau has received from overseas some more property of your husband, First Lieutenant Lowell G. Maxwell.

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

Sincerely yours,

P. L. KOOB
2nd Lt. Q.M.C.
Officer-in-Charge
SJ Unit

A. K. BAKER
County Service Officer

SHELLIE CARVILLE
Asst. County Service Officer

VETERANS COUNTY SERVICE OFFICE
COLEMAN COUNTY
COLEMAN, TEXAS

The Quartermaster General
Washington D.C.

293 Re Maxwell, Lowell C. Lt.
XC-3-671-229
ASN O-1321322

Dear Sir:

My son was reported killed by the War Department
June 11, 1944. He was a Lieutenant with the Air Borne
Division. If you can give me any particulars about
his place of burial I would appreciate it very much.

Thanking you I am,

Yours truly,

Mrs. Mary Maxwell
Mrs. Mary Maxwell
Coleman Texas

BOK-620

NEW 44
JUN 30 1944

COLEMAN REGISTERED MAIL SECTION

SPQYG 293
Maxwell, Lowell C.
SN O-1321322

11 September 1945

Mrs. Mary Maxwell
Box 620
Coleman, Texas

Dear Mrs. Maxwell:

Reference is made to your letter concerning information on the burial of your son, the late First Lieutenant Lowell C. Maxwell.

The official report of interment discloses that the remains of your son were interred in the U. S. Military Cemetery, Bloisville, France, plot S, row 7, grave 137. With reference to other larger cities the approximate location of Bloisville, France is twenty miles northwest of St. Lo, twenty-four miles southeast of Cherbourg and five miles north and slightly west of Carentan, both in France.

This office regrets, sincerely, the delay in answering your letter, and wishes to extend its deepest sympathy in the loss of your son.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

ARTHUR L. WARREN
Colonel, QMC
Assistant

rms

CCI

SPQYG 293
Maxwell, Lowell C.
ASN O-1321322

29 March 1946

Mrs. Celestial B. Maxwell
Edison, Georgia

Dear Mrs. Maxwell:

The War Department is most desirous that you be furnished the burial location of your husband, the late First Lieutenant Lowell C. Maxwell, A.S.N. O-1321322.

The records of this office disclose that his remains are interred in the U.S. Military Cemetery, Blosville, France, Plot S, Row 7, Grave 137.

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 United States military personnel.

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

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

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ms

[Handwritten signature]

MAR 1 3 23 PM '46
MAIL & RECORDS SECTION

LMS

[Handwritten mark]

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL

WASHINGTON 25, D. C.

IN REPLY REFER TO BURIAL OF

1st. Lt. Lowell C. Maxwell, O-1 321 322

Plot S, Row 7, Grave 137,
United States Military Cemetery
Blosville, France

17 September 1947

Mrs. Celeste B. Maxwell
1601 South Frio
Coleman, Texas

Dear Mrs. Maxwell:

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

THOMAS B. LARKIN

Major General

The Quartermaster General

Incls.

File

New L.O. 1 SENT NOV 13 1947 *mlb*

1st Lt Lowell C. Maxwell, OI 321 322
Plot B, Row 7, Grave 137,
United States Military Cemetery
Bloisville, France

13 November 1947

Mrs. Celestial B. Maxwell

Edison, Georgia

Dear Mrs. Maxwell:

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 Ceremonies," 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.

Nov 13 11 47 AM '47
D. O. M. G.
RECORDS BRANCH

sb

mtb

3 June 1949

1st Lt Lowell C. Maxwell, ASN 01 321 322
~~Plot C, Row 6, Grave 33~~
Headstone: Cross
St. Laurent (France) U. S. Military Cemetery

Mrs. Mary Maxwell
403 East Walnut Street
Coleman, Texas

Dear Mrs. Maxwell:

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

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

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

Sincerely yours,

H. FELDMAN
Major General
The Quartermaster General

fed

JUN 7 12 27 PM '49
OQMG M&R BR

DEPARTMENT OF THE ARMY

~~XXXXXXXXXXXX~~

QWOMF 293

Maxwell, Lowell C.
SN OL 321 322

23 March 1948

Mrs. Celestial B. Maxwell

Edison, Georgia

Dear Mrs. Maxwell:

The inclosed form, "Request for Disposition of Remains" form in regard to the final interment of the remains of your husband, is returned for completion of those parts checked in red pencil.

The Disposition form was specifically addressed to you because the Department of the Army records indicate that you are the only authorized next of kin having the right to sign the form and thereby legally determine the final resting place of your husband.

However, if you are in complete agreement on the disposition of remains as now indicated on the form, you may make the present signature of the mother legally acceptable by completing all lines of Part 2, on the upper half of page 3, checked in red pencil. Part II does not require notarial certification. The right of determination, being relinquished by yourself, passes to the mother.

If you prefer to record your own wishes, over your signature, a blank Disposition is inclosed. This must be signed by yourself in the presence of a Notary Public, Judge or Clerk of a Court of Record, or Justice of the Peace.

In the event that you have remarried, it is kindly requested that you complete all lines of Part III on the lower half of page 3, giving your new name and present address.

Your cooperation and promptness will avoid unnecessary delay and will be greatly appreciated.

Sincerely yours,

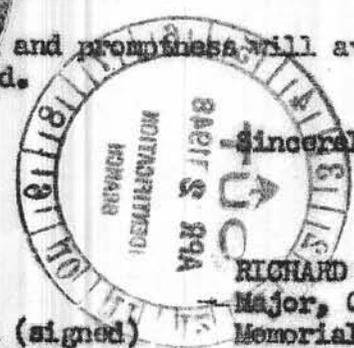
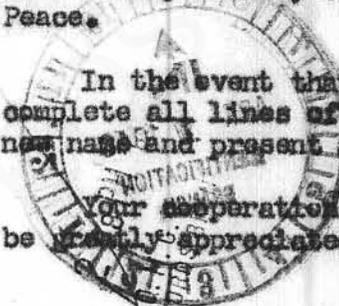
RICHARD B. COOMBS
Major, QMC

Memorial Division

3 Incls:

- 1. Disposition Form (signed)
- 2. Disposition Form (blank)
- 3. Self-addressed Envelope

Form 345 received 3 May 48



gpn

MIL & REC

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