

RESTRICTED
CORRECTED COPY
REPORT OF BURIAL
FORM 10-630 AND AR 30-1815

21844
22 November 1944
Date
34123888
Serial No.

REBURIAL

HUMPHRIES,

Take fingerprints of both hands. If unable to obtain complete set of fingerprints, the following should be obtained: Left thumb, right thumb, and the following:
507th Parachute Infantry Regiment

Unit: **507th Parachute Infantry Regiment** Organization: **USA**
Place of Death: **France** Date of Death: **11 June 1944** Cause of Death: **360935**
Time and Date of Burial: **17 July 1944** Name of Cemetery: **Blosville** Name or Coordinates of Location: **Peg**

Grave Number: **141** Row Number: **8** Type of Marker: **Peg**

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

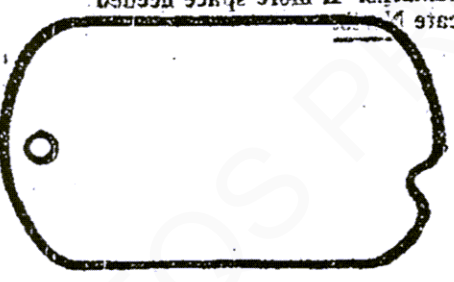
If No Identification Tags
How were remains identified?
**H-3889 marked in clothing
(Reinterred from coord: 422778)**

What means of identification were buried with the body?
GRS Form #1 as Unknown X-67

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

Who is buried on:
Deceased's Right: **Tooley** Name, **15336693** Serial No., **82nd A/B Div** Organization, **142** Grave No.
Deceased's Left: **No Grave (Beginning of Row)** Name, Serial No., Organization, Grave No.

Signature of Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.



Emergency Addressee: **Unknown** Name, Address, Religion: **Unknown**

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

None

Note: Previously reported as Unknown X-67. Identified as **Humphries, Shuford N** by laundry mark in clothing plus the fact that **Humphries** is carried as MIA 11 June 1944 on Battle Casualty Records.

James D. Danner
Signature of Officer or other person reporting burial
JAMES D. DANNER
Captain, Q.M.C.
G.R.O., First

RESTRICTED

OK 20L
Inc #39

1	1	3	3
2	2	4	4
3	3	5	5
4	4	6	6
5	5	7	7
6	6	8	8
7	7	9	9
8	8	10	10

REPORT OF BURIAL 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.

Yes No Attached to Marker Yes No No Attached to Body Yes No No

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

~~Use Left and Right~~

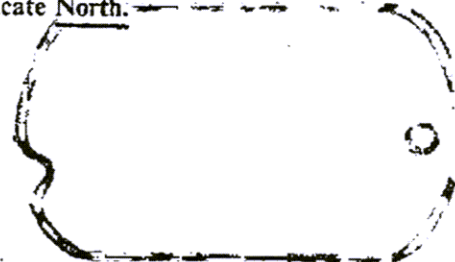
~~Grave (beginning of row)~~

~~Grave No. Rank Organization~~

~~Grave No. Rank Organization~~

TOOTH CHART

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.



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

Note: Previously reported as Unknown - 07. Identified by laundry mark in clothing plus the fact that Hummer as in line with on battle casualty records.

Signature of Officer or other person reporting

Rank

Organization

Other Digit

Characteristics

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

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

Name: UNKNOWN
 Address: UNKNOWN
 Religion: UNKNOWN
 Emergency Address: UNKNOWN

Left Hand

1

Thumb

Decayed's Left

Decayed's Right

Upper Lower

Right Hand

Thumb

1 Sept. 1948)

REPORT OF BURIAL

25 Oct. 1944

Humphries Shuford N. Unk. 34 123 888

Unk. 507 B Co, Inf Regt, 82nd A/B Div

Graignes France 11 June 1944 KIA

17 July 1944 (Reburial) Bloisville France

141 Cross

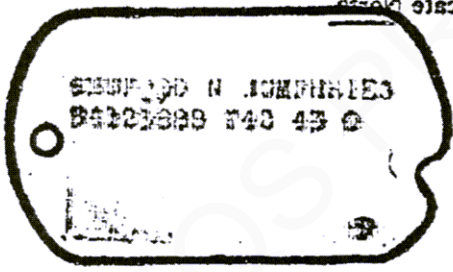
Disposition of Identification Tags: Buried with body Yes [] No [X] Attached to Marker Yes [X] No []

(See correspondence attached)

GRS Form 1 as Unknown X-67

Who is buried on: Deceased's Right: Tooley R. 15336693 Unk. 82nd A/B Div 142 Deceased's Left: No Grave (Beginning of row)

Signature of Name, Rank and if possible, Organization of person furnishing above data when other than officer reporting, burial



Emergency Addressee: Unknown Name: Unknown Address: Religion: Protestant Unknown

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

None

To correct Burial Report Unknown K-67

HUMPHRIES 34123888 142 43 0

OK LSL 3 May 45

Signature of Officer or other person reporting: MAURICE WHITNEY Capt. Col. GRS. Div. Col. OMC.

File 5-9-45

Handwritten signature at bottom left.

300

CORRECTED COPY

REPORT OF BURIAL OF UNIDENTIFIED DECEASED

REVISION OF FORM 1-55 (Rev. 1-55)

22 Oct. 1944

888 34 153 888

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

Height: 85 1/2" A 6288
 Weight: 160 lbs
 Color of Eyes: Blue
 Color of Hair: Brown
 Race: Hispanic (Mexican)
 Laundry Marks: _____
 Number of Rifle: _____
 Wear Glasses? _____
 Is Tooth Chart Attached? _____

(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.

Left Hand

Thumb

Attached to Member Yes No

(See correspondence attached)

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

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

No Grave (beginning of row)

TOOTH CHART

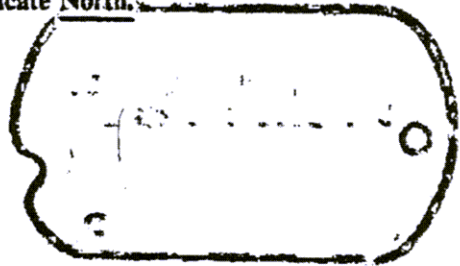
If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.

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

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

Characteristics:

Other Data:



Religion: Protestant

List only Personal Effects Found on Body and disposition of same

To correct BURIAL Report Unknown

None

AG P BR HQ SOS

122560

Interred 16 February 1949
E-14-34 USMC, St Laurent
DISINTERMENT DIRECTIVE
C.H. HIEMSTRA
1/LT Inf, Interring Officer

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
3508 02289

DATE
15 01 48
DAY MONTH YEAR

NAME 293
HUMPHRIES SHUFORD N

SERIAL NUMBER
34123888
RANK
PFC
ARM
1

DATE OF DEATH
DAY MONTH YEAR

CEMETERY
BLOSVILLE - CARENTAN

DISPOSITION OF REMAINS
3505 80
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
S 8 141 FRANCE

CAUSE OF DEATH
1

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
ST. LAURENT, FRANCE

NAME AND ADDRESS OF NEXT OF KIN
MRS. WILLIAM L. HUMPHRIES (MOTHER)
210 1/2 DELAWARE AVENUE
DELAND, FLORIDA
Flag sent
11 MAR 1949

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME
SHUFORD N HUMPHRIES

SERIAL NUMBER
34123888

RANK
UTD

DATE OF DEATH
11 June 1944

DATE DISTINTERRED
5 December-1947

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
USAGF

RELIGION
Prot.

IDENTIFICATION VERIFIED BY
W.J.SMITH, 1st Lt. CE
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Uniform

CONDITION OF REMAINS
Advanced decomposition

OTHER MEANS OF IDENTIFICATION
None

MINOR DISCREPANCIES
None

REMAINS PREPARED AND PLACED IN CASKET
DATE 28 January 1948 BY W. Bush

CASKET SEALED BY
W. Bush

EMBALMER (Signature)
W. Bush

CASKET BOXED AND MARKED
DATE 28/1/48 BY R. Cook Clk. Recorder

SHIPPING ADDRESS VERIFIED BY
JOHN PALYOK JR., 1st Lt. FA
12 MAY 1949

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

JOHN PALYOK JR., 1st Lt. FA
SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC Blossville		TO Casketing Point A, Cherbourg	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Pvt. James Strange	
SIGNATURE OF SHIPPER <i>W.T. Dailey</i> W.T. Dailey, Capt. GMC	DATE 26/1/48	SIGNATURE OF RECEIVER <i>E.N. Ciampo</i> E.N. Ciampo, 1st Lt. FA	DATE 26/1/48

2. SHIPPED

FROM Casketing Point A, Cherbourg		TO Casketing Point B, St. Laurent	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Pvt. Jack Fagan	
SIGNATURE OF SHIPPER <i>E.N. Ciampo</i> E.N. Ciampo, 1st Lt. FA	DATE 19/3/48	SIGNATURE OF RECEIVER <i>D. MacKenzie</i> D. MacKenzie, Capt. Inf.	DATE 19/3/48

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

HEADQUARTERS
56th QUARTERMASTER BASE DEPOT
APO 562, U.S. ARMY

GRD-293 Humphries, Shuford N. 25 October 1944

SUBJECT : Identification of U. S. Army Personnel

TO : CG., Com Zone EPO, APO 887, U. S. Army
ATTN : Graves Registration & Effects Div., OCQM
THRU : Channels.

1. Attention is invited to attached letter, Det. C-2, Co. B, 1st ECA Regt., 7 August 1944, inclosing the following listed eight (8) identification tags removed from the remains of deceased at Craignes.

Allen, Marvin H.	18 081 002
Humphries, Shuford N.	34 123 888
Maxwell, Lowell C.	01 321 322
Murray, Harry W.	20 454 264
Reaves, Lacy H.	34 306 532
Rushing, Jesse J.	6 969 574
Sass, Peter	13 125 064
Travers, Thomas J.	12 065 218

2. Information obtained from Burial Reports show that the remains of these eight (8) men were removed from coordinates 422:778 and reburial in Elosville Cemetery as indicated below :

<u>PLOT</u>	<u>ROW</u>	<u>GRAVE</u>	<u>NAME</u>	<u>ASN</u>	<u>REMARKS</u>
S	7	132	Murray, Harry W.	20 454 264	(Identified by Pay Book)
S	7	133	X-65 (Body decomposed, water soaked Pay Book Buried with remains)		
S	7	135	X-68		(Clothing mark T-5218)
S	7	137	Maxwell, Lowell C.	01 321 322	(Identified by one identification tag)
S	7 1	138	Allen, Marvin H.	18 081 002	(Identified by Pay Book)
S	7	139	Sass, Peter	13 125 064	(Identified by Pay Book)
S	7	140	X-69		(Body partially burned)
S	7	141	X-67		(Clothing mark H-3888)

3. In view of the evidence set forth above, the four (4) original burials as Unknowns been identified as indicated below and corrected Report of Burial (GRS Form No. 1) prepared and submitted herewith.

a. Unknown X-65 : (Body decomposed, water soaked Pay Book buried with remains) Remains were disinterred 22 October 1944 and no record of Pay Book found. By process of elimination remains are identified as Reaves, Lacy H., 34 306 532.

file 5-4-45 UB.

GRD-293. Ltr. 56th MBD to GR & Div. CCQM - Sub : Ident. Of US Army Personnel
Cont'd 25 October 1944.

b. Unknown X-68 : (Clothing mark T-5218) Identified as Travers, Thomas J., 12 065 218 by comparison with identification tag with clothing mark.

c. Unknown X-69 : (Body partially burned) After eliminating X-68 and X-67 the remaining unidentified were X-65 and X-69. Of the two remaining identification tags, Reaves and Rushing, the tag of Rushing showed definite evidence of having been burned where as no such evidence showed on the tag of Reaves by which evidence was used in identifying X-69 as Rushing, Jesse J., 6 969 574 .

d. Unknown X-67 : (Clothing marks H-3888) Identified as Humphries, Shuford N., 34 123 888 by comparison with identification tag with clothing mark.

4. The identification tags have been with drawn for proper disposition. The testament and papers referred to in attached letter as being removed from the officer (Maxwell, Lowell C., 01321 322) are forwarded herewith.

For the Commanding Officer :

3 Incls.

- 1 - Ltr. Det. C-2, Co. B, 1st ECA Regt.
- 2 - Effects, (Maxwell, Lowell C.)
- 3 - Corrected Burial Reports
Reaves, Lacy H.
Travers, Thomas J.
Rushing, Jesse J.
Humphries, Shuford N.

MAURICE WHITNEY
Lt. Col., GMC
Chief, Graves Registration Div.

DETACHMENT C-2, COMPANY
1st ECA Regiment
APO 658

HKW/is

7 August 1944

SUBJECT: Identification of U. S. Army Personnel

TO : Officer in charge, Graves Registration Section, U.S. Army.

1. We enclose eight (8) dog tags, a New Testament and miscellaneous papers and a cigarette lighter which have today been handed to us by a civilian.

2. The tags and papers, etc., were removed from the bodies of eight (8) American soldiers, seven (7) enlisted men and an officer from whose body the Testament and other papers were removed.

3. The civilian tells us that these soldiers were Parachutists who landed at Craignes, the bodies being removed by civilians from water close by the Church at that place on June 11, 1944. Shortly after the bodies had been removed, the civilian population had to be evacuated, and have only just returned to find that the bodies had been removed.

For the Commanding Officer;

HUGH K. WALKER,
Capt. R. A. (Br.)
Deputy, Legal & Fin
ci

Incls;

1st Ind. PR/cas
Hq, 610th QM Gr. Reg. Co., APO 350, U. S. Army, 22 August 1944

TO: Chief, Graves Registration Section, 56th QM Base Depot, APO 562.

Attention basic communication.

POOLE ROGERS
Captain, QMC
Commanding

QUEST FOR DISPOSITION OF REMAINS

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

DATE:

Pfc. Sanford N. Humphries, 34 123 688
Plot B, Row C, Grave 141,
United States Military Cemetery
Alesville, France

17 September 1947

L

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

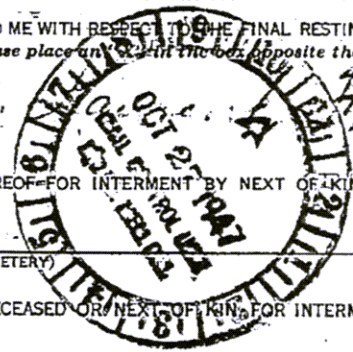
1, MRS William L. Humphries
 (PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

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

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

- 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS.
 - 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY _____
 (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 *DD Personnel* **FEB 17 1948** *089W*

At the time of this reburial of my son I want an Army chaplain to conduct a "Protestant" service.

Completed by
Jan Fisher

Mrs. William L. Humphries

NOV 24

647

(OPTION I)

REMAINS TO BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS

If you select this option, the remains of your loved one will be permanently interred in the United States Military Cemetery, St. Laurent, France.

This is the Option I have
selected -

Mrs. William L. Humphries

DATA ON REMAINS NOT YET RECOVERED OR IDENTIFIED

NAME (Last, First, Middle Initial)		GRADE	PRESENT SERIAL NUMBER
HUMPHRIES, SHUFORD M		PFC	34123888
ORGANIZATION	PAGE	CREED	FORMER SERIAL NUMBER (If applicable)
507 TH PARACHUTE INF. REGT. 82 ND A/B Div.	3	WHITE PROTESTANT	NONE
DATE OF DEATH/MIA	CAUSE OF DEATH	PLACE OF DEATH OR PLACE LAST SEEN IF MIA	
11 JUNE 44	KILLED IN ACTION	GRAIGNES, FRANCE	
DATE OF FOD			
HEIGHT	WEIGHT	COLOR EYES	COLOR HAIR
72 1/2	171	BLUE	BLACK
			SHOE SIZE
			9 E
DENTAL CHART		DATE 20 MAY 42	
UPPER RIGHT		UPPER LEFT	
X 7 X 5 4 3 2 1		1 2 3 4 5 6 7 X	
LOWER RIGHT		LOWER LEFT	
16 X 14 13 12 11 10 9		9 10 11 12 13 X 15 X	
X = Extracted	O = Carious	1 = Carious Non-Restorable	
FRACTURES AND/OR BREAKS		TATTOOS AND/OR BIRTHMARK	
NONE		NONE	
ADDITIONAL INFORMATION BORN: 26 APR. '16			
ATTACHED 4 FORM 79			

DATA ON REMAINS NOT YET RECOVERED OR IDENTIFIED

NAME (Last, First, Middle Initial)

HUMPHRIES, SHUFORD N.

GRADE

PFC

PRESENT SERIAL NUMBER

34 123 888

ORGANIZATION

3-0718 PAAA. INF. REGT.

RACE

WHITE

CREED

PROTESTANT

FORMER SERIAL NUMBER (If applicable)

DATE OF DEATH/MIA

11 JUNE '44

CAUSE OF DEATH

KILLED IN ACTION

PLACE OF DEATH OR PLACE LAST SEEN IF MIA

GRAIGNES, FRANCE

DATE OF FOD

HEIGHT

72 1/2

WEIGHT

171

COLOR EYES

BLUE

COLOR HAIR

BLACK

SHOE SIZE

9E

IND. DATE

DENTAL CHART

20 MAY '42

UPPER RIGHT

X 7 X 5 4 3 2 1

UPPER LEFT

1 2 3 4 5 6 7 X

PHOTOSTATS ATTACHED

LOWER RIGHT

16 X 14 13 12 11 10 9

LOWER LEFT

9 10 11 12 13 X 15 X

X=Extracted

O=Cariou

1=Cariou Non-Restorable

FRACTURES AND/OR BREAKS

NONE

TATTOOS AND/OR BIRTHMARK

NONE

ADDITIONAL INFORMATION

BORN: 26 APR. '16

WAT
File
MAY 8 1948
A.C. Roe
Ident. B.

36A

*REPORT OF DENTAL SURVEY

UPPER TEETH

RIGHT

LEFT

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

							.	.					0		X
--	--	--	--	--	--	--	---	---	--	--	--	--	---	--	---

LOWER TEETH

RIGHT

LEFT

14 13 12 11 10 9 9 10 11 12 13 14 15 16

X													X	X	X
---	--	--	--	--	--	--	--	--	--	--	--	--	---	---	---

Class.....//.....

Occlusion.....✓.....

Calculus: Slight,
Medium, Heavy

Periodontoclasia

Dental foci suspected:

Yes

(No)

Other conditions

propy

Date

1-6-43

, 19.....

Q

[Signature]

Dental Corps, U.S.A.

*Restorable carious teeth by O
Nonrestorable carious teeth by /
Missing natural teeth by X

Teeth replaced by
denture
(horizontal line)

X	X	X

Teeth replaced by
fixed bridge
(oral to include abutments)

	X	
--	---	--

REGISTER OF DENTAL PATIENTS AT
10-3 Alabama Area

Humphries Shufford N

(1) Surname (2) Christian Name
Pfc Hq. 3rd 507 Para

(3) Rank (4) Company (5) Regt. or Staff Corps
26 W S.C. 8/12

(6) Age Yrs. (7) Race (8) Nativity (9) Serv. Yrs.

(10) Disease or Injury with Location. Complications, sequelae, etc.	(11) Dates & Nature of treatments & operations	(12) Results & Re-ADCL marks
C. I-5 MO Calculus	A C.R. Prlx. Jan. 6	C1 II to IV JBT

37

REGISTER OF DENTAL PATIENTS AT

Humphries, Shuford N.

(1) SURNAME (2) CHRISTIAN NAME

34123888

(3) RANK Pvt.	(4) COMPANY B	(5) REGIMENT OR STAFF CORPS 3rd	(6) AGE, YEARS 26	(7) RACE W	(8) NATIVITY S. C.	(9) SERVICE, YEARS 8/52
------------------	------------------	------------------------------------	----------------------	---------------	-----------------------	----------------------------

(10) DISEASE OR INJURY WITH LOCATION, APPLICATIONS, SEQUELAE,	(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS	(12) RESULTS AND REMARKS
CR-15	TEamed (ca) Exam	ITBII NA
CR-14	DE A	ITBII "
CR-7	DO A	ITBII YBZ

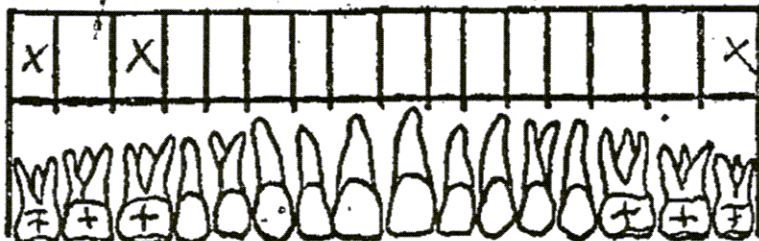
Dental Corps, U. S. A.

37A

*REPORT OF DENTAL SURVEY

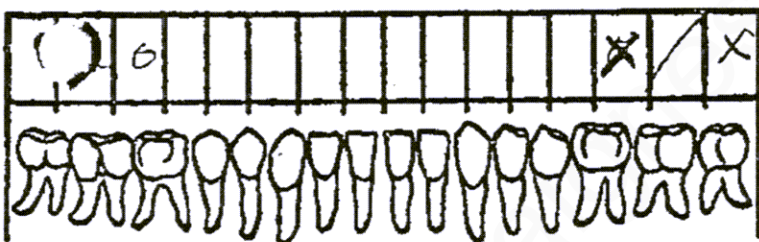
UPPER TEETH

Right Left
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8



LOWER TEETH

Right Left
16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16



CLASS I

Occlusion: Calculus: Slight, Medium, Heavy

Periodontoclasia

Dental foci suspected: Yes No

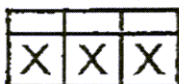
Other conditions

Date 9/14/42, 19.....

Dental Corps, U. S. A.

*Restorable carious teeth by O
Nonrestorable carious teeth by /
Missing natural teeth by X

Teeth replaced by denture
(horizontal line)



Teeth replaced by fixed bridge
(oval to include abutments)



REGISTER OF DENTAL PATIENTS AT
CAMP SHANKS, NEW YORK

DENTAL CLINIC NO.

34123888

35

SURNAME

Humphries, Shuford N

CHRISTIAN NAME

RANK

Pvt

CO

A

REGIMENT OR STAFF CORPS

0500 - EE

AGE

24

RACE

W

NAVY

SC

SERVICE

18/12

DIAGNOSIS

D
Cann
Pis - 0
LC - 30

TREATMENT

Cham
DA
DA
RTI

REMARKS

-IV + IV
Nicklin
Honey

35A



LEFT

1 2 3 4 5 6 7 X

9 10 11 12 13 14 15 X

CALCULUS

CLASS # RII



RIGHT

X X 6 5 4 3 2 1

16 X 14 13 12 11 10 9

X-RAY FOR OBSERVATION

PULPITIS

PERICORONITIS

ABS. PERI.

REGISTER OF DENTAL PATIENTS AT

34

(1) SURNAME Humphries, Shuford		(2) CHRISTIAN NAME N.	
(3) RANK Pfc	(4) COMPANY Hq 3rd	(5) REGIMENT OR STAFF CORPS 507	
(6) AGE, YEARS 27	(7) RACE Wh	(8) NATIVITY S.C.	(9) SERVICE, YEARS 13/12

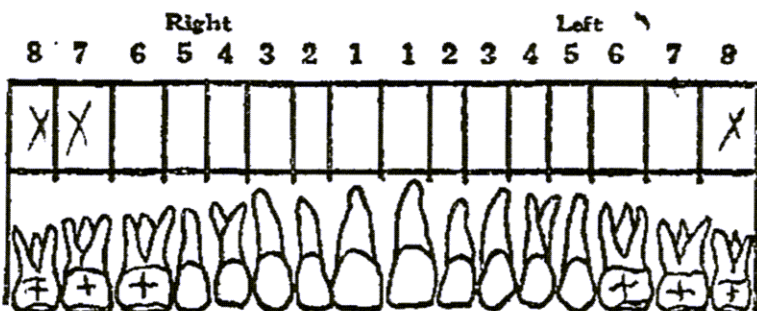
<p style="text-align: right; font-size: 1.5em;">Charles B-13</p>	(10) DISEASE OF MOUTH WITH LOCATION OF LESIONS, SEQUELAE, ETC.
<p style="text-align: right; font-size: 1.5em;">TTP agn03 6/18/43</p>	(11) DATES AND NATURE OF TREATMENT AND OPERATIONS
<p style="text-align: right; font-size: 1.5em;">C1 II-IV PAN</p>	(12) RESULTS AND REMARKS

Dental Corps, U. S. A.

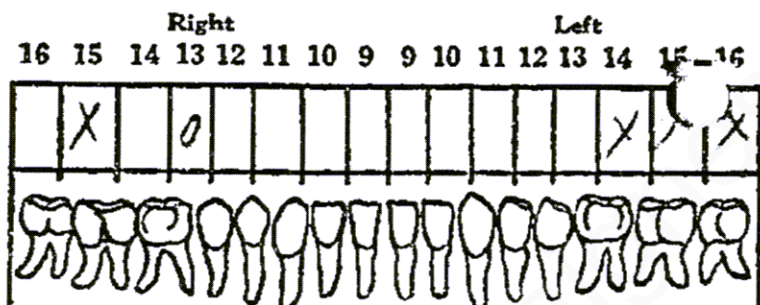
34A

*REPORT OF DENTAL SURVEY

UPPER TEETH



LOWER TEETH



CLASS II

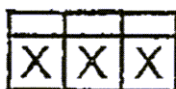
Occlusion mod: Calculus: Slight, Medium, Heavy
 Periodontoclasia 2.2
 Dental foci suspected: Yes No
 Other conditions

Date 18 July, 1943

1st Lt. P. A. Brook, U.S.A.
 Dental Corps, U. S. A.

*Restorable carious teeth by 0
 Nonrestorable carious teeth by /
 Missing natural teeth by X

Teeth replaced by denture
 (horizontal line)



Teeth replaced by fixed bridge
 (oval to include abutments)



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

REPORT OF DEATH

DATE 11 December 1944

FULL NAME Humphries, Shuford N		ARMY SERIAL NUMBER 34 123 888		GRADE PFC	
HOME ADDRESS Forest City, North Carolina		ARM OR SERVICE Infantry		DATE OF BIRTH 26 Apr 16	
PLACE OF DEATH European Area		CAUSE OF DEATH Killed In Action		DATE OF DEATH 11 Jun 44	
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 20 May 42		LENGTH OF SERVICE FOR PAY PURPOSES	
				YEARS	MONTHS
					DAYS
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Emma Humphries, (mother), 218 1/2 Delaware Avenue, DeLand, Florida De Leon Springs, Fla. 32118					
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Mable Humphries, Box 11, Drayton, South Carolina Mrs. Emma Humphries, (mother), 218 1/2 Delaware Avenue, DeLand, Florida Mr. William L. Humphries, (father), same as mother's					
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
		FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
		NO		YES	
		X		*X	
				NO	

ADDITIONAL DATA AND/OR STATEMENT

*Parachute pay

The individual named in this report of death is held by the War Department to have been in a missing in action status from 11 June 1944 until such absence was terminated on 3 December 1944, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a commander in the European Area.

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

BATTLE
 NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR.

Eli S. Fowler
ADJUTANT GENERAL

DEC 16 1944

164236
KW

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

REPORT OF DEATH

DATE 11 December 1944

FULL NAME <u>Humphries, Shuford N</u>		ARMY SERIAL NUMBER <u>34 123 888</u>	GRADE <u>FFC</u>										
HOME ADDRESS <u>Forest City, North Carolina</u>		ARM OR SERVICE <u>Infantry</u>	DATE OF BIRTH <u>26 Apr 16</u>										
PLACE OF DEATH <u>European Area</u>	CAUSE OF DEATH <u>Killed In Action</u>		DATE OF DEATH <u>11 Jun 44</u>										
STATION OF DECEASED <u>European Area</u>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <u>20 May 42</u>	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS										
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <u>Mrs. Emma Humphries, (mother), 218 1/2 Delaware Avenue, DeLand, Florida</u>													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <u>Mrs. Mable Humphries, Box 11, Drayton, South Carolina</u> <u>Mrs. Emma Humphries, (mother), 218 1/2 Delaware Avenue, DeLand, Florida</u> <u>Mr. William L. Humphries, (father), same as mother's</u>													
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		NO	YES	NO
										<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

ADDITIONAL DATA AND/OR STATEMENT

*Parachute pay

The individual named in this report of death is held by the War Department to have been in a missing in action status from 11 June 1944 until such absence was terminated on 3 December 1944, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a commander in the European Area.

COPIES FURNISHED:

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S. O. C. M. O.	O. F. D.	ARMY EFFECTS BUREAU
G. A. O.	VET. ADMIN.	CASUALTY BRANCH FILE
		A. G. SOI FILE

BATTLE

NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

Eli S. Fowler

ADJUTANT GENERAL

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

11955

-BATTLE CASUALTY REPORT

164236

NAME				SERIAL NUMBER			GRADE	ARM OR SERVICE	REPORTING THEATRE
HUMPHRIES SHUFORD N				34123888			PFC	INF	ETO
PLACE OF CASUALTY			DATE OF CASUALTY			FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER	
FRANCE			DAY	MONTH	YEAR	J	MIA	141	

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 EMMA HUMPHRIES		MOTHER		3 AUG 44 AMB	
NO. AND NAME OF STREET—CITY—STATE					
218 DELAWARE AVENUE				DELAND FLORIDA	

REMARKS:

CORRECTED COPY



ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED FORM 48 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 48 _____ NO CAS. BR. FILE _____ CHECKED BY *J. Yarbrough* REVIEWED BY *King*

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	SER. 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" 32 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.

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

4 August 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. Dir # 80,
dated 25 Oct 1943, Hq. SCS, ETOUSA, is inventory of Effects con-
cerning subject named below.

<u>Humphries</u>	<u>Shuford</u>	<u>N.</u>	<u>PFC</u>	<u>34123888</u>	
(Last Name)	(First Name)	(MI)	(Rank)	(A.S.N.)	(Control No.) (For use of Effects AM ETOUSA)

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

*Status. ~~WW/WW/WW/WW~~, Missing in Action, ~~WW/WW/WW/WW/WW/WW~~ on the 11th
day of June 19 44.

Designated Beneficiary (With Address) Mrs. Mabel L. Humphries (wife)
Box 11
Drayton, S.C.

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

U.S. Official Check \$ none Amt _____ Bank _____
(None & Branch)

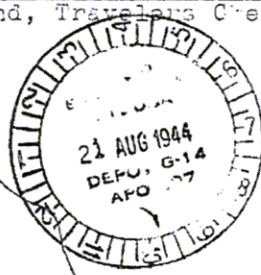
#Bank accounts none

#Debtors none

#Creditors none

#Inclosed is nothing
(Will, Power of Attorney, War Bond, Travelers Checks
Describe fully)

REMARKS (if any) none



*Strike out words no applicable.
Negative report where applicable.

(OVER)

INVENTORY OF EFFECTS
(Attach extra sheets if necessary)

No personal effects

TASC

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 _____

_____ on _____ 1944.

George J. Roper
Signature - (In ink)

(Block Letters) { GEORGE J. ROPER
{ Captain, 507th Prcht Inf.,
{ Personnel Officer

Rank and organization

R E S T R I C T E D

164236

201 -Humphries, Shuford N. 1st Ind.
(Enl)

KW

ENL/w jr

HEADQUARTERS 82D AIRBORNE DIVISION, APO 469, U. S. Army, 18 August 1944.

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

G.B.B.

G. B. B.

~~XXXXXX~~



File

R E S T R I C T E D

Effects Quartermaster,
Kansas City,
Missouri.

IMMEDIATE ACTION

Pinckale N.C.
Box no. 88.
Jan. 25, 1945.
164236 CP

Ku

Dear Sir:

MJ.

My husband P.F.C. Shuford N.
Humphries - Army Serial No. 34123888
was reported killed June 11, 1944. I,
being his wife would like to
know if any personal effects of
his has been received. If so will
you please forward them to me.

Yours truly,
Mrs. Mabel L. Humphries

Live
Blk

1-31-45
Hij



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

IN REPLY REFER TO ~~164,236~~

JRM:JBS:blh
February 17, 1945

Mrs. Mabel L. Humphries
Box 88
Spindale, North Carolina

Dear Mrs. Humphries:

This refers to your letter of January 25, inquiring about the personal effects of your husband, Private First Class Shuford N. Humphries.

I am sorry to tell you that on record at this Bureau is information indicating that no effects of your husband were recovered. Anticipating your disappointment, I regret to convey this report.

If any of Private Humphries' property should unexpectedly be received, you will be notified promptly.

Yours very truly,

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

m

SPQYG 293
Humphries, Shuford N.

1 April 1946

Mr. William L. Humphries
218½ Delaware Avenue
DeLand, Florida

Dear Mr. Humphries:

The War Department is most desirous that you be furnished the burial location of your son, the late Private First Class Shuford N. Humphries, A.S.N. 34 123 888.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery, Bloisville, France, plot S, row 8, grave 141.

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 son.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General



3 24 PM '46
mmc
MAIL ROOM

LM9

Pfc. Simford W. Humphries, 34 123 888
Plot B, Row 8, Grave 141,
United States Military Cemetery
Aloisville, France

17 September 1947

Mr. William L. Humphries
218 1/2 Delaware Avenue
DeLand, Florida

Dear Mr. Humphries:

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.

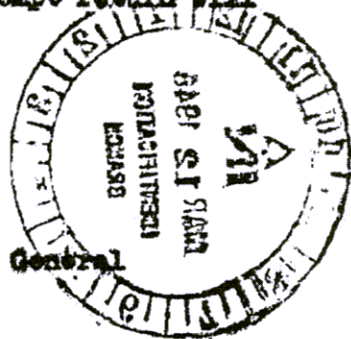
Sincerely,

THOMAS B. LARKIN
Major General
The Quartermaster General

8 Incls.
710

SEP 23 2 52 PM '47

O. O. M. G.
MAIL & RECORDS BRANCH



9 May 1949

Pfc Shuford N. Humphries, ASN 34 123 888
Plot E, Row 14, Grave 34
Headstone: Cross
St. Laurent (France) U. S. Military Cemetery

Mrs. William L. Humphries
218 $\frac{1}{2}$ Delaware Avenue
Deland, Florida.

Dear Mrs. Humphries:

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

der