293 DE CLARKE, NORMAN D. 01,061,360 1/Lt. A.C. U.S.A. KIDD.Misc

12074

RECEIPT OF REMAINS

DISTRIBUTION CENTER: COLUMBUS GENERAL DEPOT — COLUMBUS 16 OHIO

ROUTINE 20 OCTOBER 1948

REMAINS CONSIGNED TO: HALEY FUNERAL DIRECTORS
19080 HAMILTON
DETROIT MICHIGAN

FROM QMDCD, COLUMBUS 16 OHIO

REMAINS OF THE LATE 1 LT NORMAN D ENGLANDER ASN O-1061360 BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT ON TRAIN NUMBER 1-314 NEW YORK CENTRAL RAILROAD LEAVING COLUMBUS OHIO 11:20 PM TWENTY FIVE OCTOBER AND DUE TO ARRIVE DETROIT MICHIGAN 8:10 AM RAILROAD TIME TWENTY SIX OCTOBER. REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT STATION UPON ARRIVAL AND THAT YOU IMMEDIATELY PASS THIS INFORMATION ON TO NEXT OF KIN

SAT
FILE
3022 48

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

THIS 26th DAY OF Oct, 48

Hardy M. Smith
1st Lt. (MILITARY GRADE)

Haley Funeral Directors
Frederick Johnson Mgr.
(FIRM)

AGO FORM 1193

DISINTERMENT DIRECTIVE

1

2

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER: 3551 00213

DATE: 15 DAY | 04 MONTH | 48 YEAR

NAME: DE CLARKE NORMAN D

SERIAL NUMBER: 01061360

RANK: 1 LT

ARM: 1

DATE OF DEATH: DAY | MONTH | YEAR

CEMETERY: LUYNES AIX-EN-PROVENCE

1 6200, 07

DISPOSITION OF REMAINS: CODE | GRID COORD.

PLOT: F | ROW: 24 | GRAVE: 854 | COUNTRY: FRANCE

CAUSE OF DEATH: 2

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE:
HALEY FUNERAL DIRECTORS
16065 HAMILTON
DETROIT, MICHIGAN

NAME AND ADDRESS OF NEXT OF KIN:
CLARA L. DE CLARKE (WIFE)
19487 SUSSEX AVENUE
DETROIT, MICHIGAN

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
DE CLARKE NORMAN D.	01061360	1 LT		12 FEB.1948

IDENTIFICATION TAG OR DISC: [X] REMAINS [X] MARKER

ORGANIZATION: USAAF

RELIGION: C

IDENTIFICATION VERIFIED BY: WM.J.SMITH,1/LT.,CE. NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Remnants OD uniform.

CONDITION OF REMAINS: Well preserved.

OTHER MEANS OF IDENTIFICATION: None

MINOR DISCREPANCIES 1: None

REMAINS PREPARED AND PLACED IN: Transfer case.

DATE: 17 Febr.1948 BY: C.R. Tompkins

CASKET SEALED BY: C.R. Tompkins

EMBALMER (Signature): C.R. Tompkins

CASKET BOXED AND MARKED: [illegible] III Corps, case and plates verified by: [signature]

DATE: 17/2/48 BY: R.J.Monge

JOSEPH A. PEACOCK, CAPT., INF.

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

JOSEPH A. PEACOCK, CAPT., INF.

SIGNATURE OF CMI INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194 for major discrepancies.

QMC FORM 1194

1

DISINTERMENT DIRECTIVE

2

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER: 3551 00213

DATE: 15 DAY | 04 MONTH | 48 YEAR

NAME: DE CLARKE NORMAN D

SERIAL NUMBER: 01061360

RANK: 1 LT

ARM: 1

DATE OF DEATH: DAY | MONTH | YEAR

CEMETERY: LUYNES AIX-EN-PROVENCE

1

DISPOSITION OF REMAINS: 6200 CODE | 07 DIST. BY

PLOT: F | ROW: 24 | GRAVE: 854 | COUNTRY: FRANCE

CAUSE OF DEATH: 2

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE:
HALEY FUNERAL DIRECTORS
16065 HAMILTON
DETROIT, MICHIGAN

NAME AND ADDRESS OF NEXT OF KIN:
CLARA L. DE CLARKE (WIFE)
19487 SUSSEX AVENUE
DETROIT, MICHIGAN

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
DE CLARKE NORMAN D.	01061360	1 LT		12 FEB.1948

IDENTIFICATION TAG ON: [X] REMAINS [X] MARKER

ORGANIZATION: USAAF

RELIGION: C

IDENTIFICATION VERIFIED BY: WM.J.SWEENY,1/LT.,QM. NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Complete GI uniform.

CONDITION OF REMAINS: Well preserved.

OTHER MEANS OF IDENTIFICATION: None

MINOR DISCREPANCIES 1: None

REMAINS PREPARED AND PLACED IN CASE: transfer case.

DATE: 17 Febr.1948 BY: G.E. Tompkins

CASKET SEALED BY: G.E. Tompkins

EMBALMER (Signature): G.E. Tompkins

CASKET BORNE AND MARKED: Date 17/2/48 BY: E.J.Hodge

DISINTERMENT (All Papers, Tags and Disks Verified) by: JOSEPH A. PEACOCK, CAPT., INF.

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

JOSEPH A. PEACOCK, CAPT., INF.
SIGNATURE OF QMS INSPECTOR

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

QMC Form 1194 REVISED MAR 46

1

DISINTERMENT DIRECTIVE

2

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER: 3551 00213

DATE: 15 (DAY) | 04 (MONTH) | 48 (YEAR)

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH
DE CLARKE NORMAN D	01061360	1 LT	1	DAY / MONTH / YEAR

CEMETERY		DISPOSITION OF REMAINS
LUYNES AIX-EN-PROVENCE	1	6200 (CODE) 07 (DIST. PF.)

PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
F	24	854	FRANCE	2

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
HALEY FUNERAL DIRECTORS 16065 HAMILTON DETROIT, MICHIGAN	CLARA L. DE CLARKE (WIFE) 19487 SUSSEX AVENUE DETROIT, MICHIGAN

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
DE CLARKE NORMAN D.	01061360	1 LT		12 FEB.1948

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY (NAME AND TITLE)
[X] REMAINS [X] MARKER	USAAF	C	WM.J.SMITH,1/LT.,QM.

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Remnants OD uniform.	Well preserved.

OTHER MEANS OF IDENTIFICATION

None

MINOR DISCREPANCIES 1

None

REMAINS PREPARED AND PLACED IN ~~XXXXX~~ transfer case.

DATE 17 Febr.1948 BY C.R. Tompkins

CASKET SEALED BY	EMBALMER (SIGNATURE)
C.R. Tompkins	C R Tompkins

CASKET BOXED AND MARKED	
DATE 17/2/48 BY R.J.Hotte	~~XXXXXXXXXXXXX~~ All markings, tags and plates verified by: J. A. Peacock JOSEPH A. PEACOCK, CAPT., INF.

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

Joseph A. Peacock
JOSEPH A. PEACOCK, CAPT., INF.
SIGNATURE OF GRS INSPECTOR

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

QMC FORM
REV 15 MAY 46 1194

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM: USMC, LUYNES	TO: USMC, DRAGUIGNAN
KIND OF CONVEYANCE: Truck	NAME OF CONVOYER: T/5 Belcher
SIGNATURE OF SHIPPER: W. J. Smith — W.J. SMITH, 1/LT., CE. — DATE: 16/2/48	SIGNATURE OF RECEIVER: F. J. Hicks — F.J. HICKS, CAPT., INF. — DATE: 16/2/48

2. SHIPPED

FROM: USMC, Draguignan	TO: Casketing Point A, Cherbourg
KIND OF CONVEYANCE: Truck	NAME OF CONVOYER:
SIGNATURE OF SHIPPER: John I. Boyd — John I. Boyd, 1st Lt. FA — DATE: 3 Sept. 1948	SIGNATURE OF RECEIVER: E. N. Ciampo — E.N. CIAMPO, 1/LT., FA. — DATE: 3 Sept 1948

3. SHIPPED

FROM: Casketing Point A, Cherbourg	TO: Port Unit, Cherbourg
KIND OF CONVEYANCE: Truck	NAME OF CONVOYER: T/Sgt Futler
SIGNATURE OF SHIPPER: E. N. Ciampo — E.N. CIAMPO, 1/LT., FA. — DATE: 9/9/48	SIGNATURE OF RECEIVER: John E. Hardy Jr. — [illegible], MAJOR, CAC — DATE: 9/9/48

4. SHIPPED

FROM: Port Unit - Cherbourg	TO: NYPOE
KIND OF CONVEYANCE: USAT [illegible] Victory	NAME OF CONVOYER: Kenneth W. [illegible], Capt. TC
SIGNATURE OF SHIPPER: John E. Hardy Jr. [illegible], CAC — DATE: 20 Sept. 1948	SIGNATURE OF RECEIVER: [illegible] — DATE: [illegible]

5. SHIPPED

FROM: [illegible]	TO: NYPE
KIND OF CONVEYANCE: [illegible]	NAME OF CONVOYER: [illegible]
SIGNATURE OF SHIPPER: [illegible] — DATE:	SIGNATURE OF RECEIVER: for [illegible] PORT TRANSPORTATION OFFICER — DATE: OCT 6 194[illegible]

6. SHIPPED

FROM: NYPE	TO: DC #07
KIND OF CONVEYANCE: Train	NAME OF CONVOYER: [illegible] Smith
SIGNATURE OF SHIPPER: [illegible] McKINNON [illegible] PORT TRANSPORTATION OFFICER — DATE: OCT [illegible]	SIGNATURE OF RECEIVER: [illegible] — DATE: OCT [illegible]

7. SHIPPED

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

MESSAGEFORM

MESSAGE CENTER NO. | TRANSMITTING MEANS | CRYPTOGRAPH OR CLEAR TEXT NV 217 B ✓

CALL V | PRECEDENCE | TRANSMISSION INSTRUCTIONS | DATE TIME GROUP

ACTION | INFORMATION | EXEMPT | OPERATING SIGNALS | GROUP COUNT 28

WESTERN UNION

SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM: (Originator)

ACTION TO:

CLARA L DE CLARKE
DLR AND REPORT ANY CHANGES

19467 SUSSEX AVENUE
DETROIT MICHIGAN

SECURITY CLASSIFICATION: GOVT PD

PRECEDENCE FOR ACTION: DAY LETTER

INFORMATION TO: FROM QMDCG 54015-A BARKER

WE HAVE BEEN ADVISED REMAINS OF THE LATE FIRST LIEUTENANT

NORMAN D DE CLARKE

ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED

TO HALEY FUNERAL DIRECTORS

16065 HAMILTON DETROIT MICHIGAN

WITHIN FORTY EIGHT HOURS AFTER RECEIPT OF THIS MESSAGE PLEASE CONFIRM YOUR ORIGINAL INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS AND FURNISH YOUR CORRECT MAILING ADDRESS BY TELEGRAM COLLECT TO COMMANDING OFFICER COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS OHIO. REPLY IS NECESSARY WITHIN THIS PERIOD SINCE IT WILL NOT BE POSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER THE EXPIRATION OF FORTY EIGHT HOURS. WHILE DELIVERY OF THE REMAINS WILL BE MADE AS SOON AS PRACTICABLE AFTER RECEIPT FACTORS BEYOND OUR CONTROL MAY DELAY DELIVERY OF REMAINS FOR SEVERAL WEEKS. HOWEVER AS SOON AS REMAINS ARE RECEIVED HERE AND IT IS POSSIBLE TO SCHEDULE THEM FOR DELIVERY YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF RAIL ROUTING AND SCHEDULED TIME REMAINS WILL ARRIVE AT RAILROAD STATION. ALSO HE WILL BE REQUESTED TO FURNISH YOU THIS INFORMATION SO THAT YOU MAY COMPLETE FUNERAL ARRANGEMENTS. THIS TELEGRAM WILL BE SENT AT LEAST THREE DAYS PRIOR TO ACTUAL SHIPMENT FROM THIS DISTRIBUTION CENTER. PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATIONS TO MAKE ARRANGEMENTS. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM. NOTIFY THIS OFFICE OF PATRIOTIC OR VETERANS ORGANIZATION SELECTED BY YOU TO FURNISH MILITARY HONORS.

NORMAN CO COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS OHIO

SECURITY CLASSIFICATION | AUTHORIZATION

SIGNATURE

ORIGINATING AGENCY

SYMBOL | DATE-TIME GROUP | OFFICIAL TITLE

FRANCIS PAPPIANO
CAPT. QMC. Asst ADM Div

PAGE OF

WD AGO FORM 11-168

Model 1 Rail - Funeral Director Designated

WUR248 24 COLLECT GV DETROIT MICH 1 1139A

COMMANDING OFFICER COLS GEN DIST DEPOT

INFORMATION CORRECT REGARDING REMAINS OF LATE HUSBAND 1ST LT NORMAN D DECLARKE TO BE SENT TO NOLEY FUNERAL DIRECTORS 16065 HAMILTON DETROIT MICH

MRS NORMAN D DECLARKE

I 16065

213P

INSPECTION CHECKLIST
(FOR USE AT DISTRIBUTION CENTER)

nyo17R

NAME	RANK	SERIAL NUMBER
De Clarke, Norman D.	1 Lt	0-1061360

SOURCE	CONSIGNEE
	Haley Funeral Directors 16065 Hamilton, Detroit, Michigan

6

SHIPPING CASE - GENERAL APPEARANCE (CHECK ONLY DISCREPANCIES)	
	FINISH (EXTERIOR)
	FINISH (INTERIOR)
	HANDLES
	HANDLE BOLTS
	STENCILING - NAMEPLATE
	HEALTH PERMIT MARKER
	HEALTH PERMIT NUMBER

CONDITION OF SHIPPING CASE (CHECK ONE)
[✓] SATISFACTORY [ ] UNSATISFACTORY

REMARKS
Touched up

CASKET - GENERAL APPEARANCE (CHECK ONLY DISCREPANCIES)	
	FINISH (EXTERIOR)
	HANDLES AND FASTENINGS
	STENCILING - NAMEPLATE
	CAM LOCKS (SEALING)
	ODOR OR MOISTURE

CONDITION OF CASKET (CHECK ONE)
[✓] SATISFACTORY [ ] UNSATISFACTORY

REMARKS
Felted casket

Routed Through

[ ] MORTUARY OPERATING ROOM

CONDITION OF REMAINS
[ ] SATISFACTORY [ ] UNSATISFACTORY

NECESSARY DISINFECTION (EXPLAIN)

[ ] MORTUARY REPAIR SHOP

CASKET REPAIRED	[ ] YES	[ ] NO
CASKET EXCHANGED	[ ] YES	[ ] NO
SHIPPING CASE REPAIRED	[ ] YES	[ ] NO
SHIPPING CASE EXCHANGED	[ ] YES	[ ] NO

REMARKS

TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTOR
			1030	6/20/48	R Warner

REMARKS

HWM

QMC FORM R - 1024 - MAR 46 LOCAL REPRODUCTION AUTHORIZED

AGPC 88-14

WORLD WAR II DECEASED

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

(Read Explanation on Reverse Side before completing form)

DATE

NAME OF DECEDENT (Last, First, Middle Initial)	BRANCH OF SERVICE	TO BE FILLED IN BY CLAIMANT
De Clarke, Norman D.	USAAF	A ☒ INTERMENT EXPENSES (Civilian or Private Cemetery)
RANK OR GRADE: 1 Lt.	SERIAL NO.: 0-1061360	B ☐ TRANSPORTATION EXPENSES (National or Post Cemetery)

INSTRUCTIONS TO PERSONS SIGNING THIS FORM

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

FILL IN THIS STATEMENT IF BOX "A" IS CHECKED

I certify that the sum of $ 54.00 was paid by me from personal funds in connection with the interment of the remains of the above-named decedent in the cemetery indicated below:

NAME: of cemetery Holy Sepulchre

CITY OR COUNTY: Oakland County

STATE: Michigan

RETURN FOUR COPIES TO:

AMERICAN GRAVES REGISTRATION DIVISION
QUARTERMASTER DEPOT
COLUMBUS 15, OHIO

FILL IN THIS STATEMENT IF BOX "B" IS CHECKED

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

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

Mrs. Clara L. DeClarke
SIGNATURE OF CLAIMANT
19587 Grand
ADDRESS (Street number or R.F.D., City and State)
Detroit Mich
RELATIONSHIP TO DECEDENT
Wife

REMARKS

PAID ON VOUCHER 66335
19 [illegible]
W. [illegible]
[illegible] NO. 811 943

QMC FORM 811 S MAR 44 1236 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

16-44784-1

PART A

1. When the remains are delivered for interment in a civilian or private cemetery, you are responsible for paying all interment expenses. In this connection, you are entitled to the allowance mentioned in paragraph 2 below.

2. An amount not to exceed $75 is allowed by the Government toward actual interment expenses when final interment of the remains is in a private or civilian cemetery. No allowance is authorized toward interment expenses when interment is in a national or post cemetery.

3. The $75 maximum allowance by the Government toward interment expenses includes but is not limited to the payment of one or more of the following items: Hearse hire from the railroad station to your home, the funeral home, church, cemetery, or any other place designated by you; vault; church services; newspaper notices; transportation for friends and relatives to and from cemetery; and the services of a funeral director.

4. Reimbursement by the Government is made only to the person who paid from his personal funds the expense of or incident to interment in a private or civilian cemetery. Receipted bills are not required to accompany this form. Any expenses over and above the $75 maximum must be borne by the person who incurred or paid the additional expenses.

PART B

1. When the remains are delivered to you at Government expense prior to burial in a national or post cemetery, you are responsible for all additional expenses necessary to deliver the remains from that point to the national or post cemetery grave site. However, you may be entitled to an allowance for the cost of transporting the remains from your home to the national or post cemetery grave site subject to the conditions outlined in paragraph 2 below.

2. Reimbursement of transportation expense is allowed only when the cost to the Government to deliver the remains to you is LESS than what it would have cost the Government to deliver the remains direct to the national or post cemetery of final interment. However, the amount which you may be allowed (the difference between cost of delivery to you and cost of delivery by the Government direct to the national or post cemetery) may not exceed the amount actually expended by you to deliver the remains to the cemetery grave site. WHETHER OR NOT YOU WILL BE GRANTED AN ALLOWANCE IS DEPENDENT UPON AN AUDIT OF THIS REQUEST. IN ANY EVENT YOU WILL BE NOTIFIED OF ANY ALLOWANCE DUE YOU BY THE OFFICE TO WHICH THIS FORM IS SENT.

3. Reimbursement by the Government will be made only to the person who paid from his personal funds for transporting the remains to the national or post cemetery grave site.

4. No interment expense allowance is authorized since interment is made gratuitously in a national or post cemetery.

BUDGET BUREAU No. 49-R277.

REQUEST FOR DISPOSITION OF REMAINS

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

1st Lt Herman D. De Clarke, O1 061 360
Plot F, Row 04, Grave 85A,
United States Military Cemetery
Luynes, France

26 September 1947

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

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

PART I

I, Mrs. [illegible] DeClarke (PLEASE PRINT OR TYPE NAME OF NEXT OF KIN) (Please indicate relationship to the deceased by placing an "X" in the proper box.)

- [x] 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.
- [x] 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY
  Holy Sepulchre Cemetery - Ten Mile Rd.
  (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.)

None

Copied [illegible] [illegible]

NOT Processed 20 Feb 48

QMC FORM 345 MILITARY
15 NOV 1946

DEC 1 [illegible] 1947

PAGE 1

PART I (Continued)

If on Page 1 of this form you have selected Option Number 2 or 3, an Option Number 4 with your own funeral ceremonies desired or 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: Haley Funeral Dirge Inc.			
NUMBER AND STREET: 16615 Hamilton	CITY OR TOWN: Detroit 07	COUNTY OR PROVINCE: Wayne	STATE OR TERRITORY OF U. S. A., OR COUNTRY: Mich
EXPRESS OFFICE (Nearest railroad passenger station): Mich. Central	TELEGRAPH ADDRESS		TELEPHONE No.: To-8-7200

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: De Clerke	FIRST NAME: Charles	MIDDLE INITIAL: R	RELATIONSHIP TO DECEASED: Father
NUMBER AND STREET: 16221 Lindsay	CITY OR TOWN: Detroit	COUNTY OR PROVINCE: Wayne	STATE OR TERRITORY OF U. S. A., OR COUNTRY: Mich.

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.

Gana De Clerke — 1621 Lindsay
(SIGNATURE OF NEXT OF KIN) (STREET AND NUMBER)

Gana De Clerke — Detroit Michigan
(NAME PRINTED OR TYPED) (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 21st day of Oct.

19 52 at city (or town) of Detroit county of Wayne and State (or Territory or District) of Michigan

Gana De Clerke
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

Notary Public Wayne Co. Mich
(OFFICIAL TITLE)

My Comm. expires Oct 28 1954

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

PAGE 3

PART I (Continued)

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

1. 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

2. 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			
Haley Funeral Directors			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A. OR COUNTRY
16325 Hamilton	Detroit Mich 07	Wayne	Mich
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS		TELEPHONE No.
Mich Central			TO-87200

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
De [illegible]	Charles	R	Father
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A. OR COUNTRY
16233 Indiana	Detroit	Wayne	Michigan

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.

[illegible] [illegible]
(SIGNATURE OF NEXT OF KIN) (STREET AND NUMBER)

[illegible] Detroit Michigan
(NAME PRINTED OR TYPED) (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 21st day of Oct, 19[illegible], at city (or town) of Detroit, county of Wayne, and State (or Territory or District) of Michigan.

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

[illegible signature]
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

Notary Public Wayne Co. Mich.
(OFFICIAL TITLE)
My Comm. expires [illegible]

PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

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

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

_____ (DATE)

_____ (SIGNATURE OF NEXT OF KIN) _____ (STREET AND NUMBER)

_____ (NAME PRINTED OR TYPED) _____ (CITY AND STATE)

PART III

If you are NOT the next of kin authorized to direct the disposition of remains, please fill in PART III of this form.

THIS IS TO NOTIFY YOU THAT I AM NOT THE NEXT OF KIN AUTHORIZED TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED NAMED ON PAGE 1 OF THIS FORM. THE FOLLOWING PERSON, TO THE BEST OF MY KNOWLEDGE, IS THE NEXT OF KIN TO WHOM THE REMAINS SHOULD BE DIRECTED.

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

_____ (DATE)

_____ (SIGNATURE) _____ (STREET AND NUMBER)

_____ (NAME PRINTED OR TYPED) _____ (CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTIONS

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

DD FORM 381

NOTICE OF CHANGE IN ADDRESS

NAME OF DECEDENT	RANK	SERVICE NUMBER
N[illegible]	[illegible]	[illegible]

NAME OF NEXT OF KIN	RELATIONSHIP
[illegible]	Wife

OLD ADDRESS

[illegible] Carter Ave

Detroit Michigan

NEW ADDRESS

[illegible] Ave

Detroit Michigan

REMARKS

[illegible]

OFFICE OF THE QUARTERMASTER GENERAL
MEMORIAL DIVISION, N. N. BRANCH
WASHINGTON 25, D. C.

DEPARTMENT OF THE ARMY

1st Lt Norman D. De Clarke, 01 061 360
Plot F, Row 24, Grave 8½,
United States Military Cemetery
Lugnes, France

26 September 1947

Mrs. Clara L. De Clarke
3873 Carter Street
Detroit, Michigan

Dear Mrs. De Clarke:

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,

Incls.

THOMAS B. LARKIN
Major General
The Quartermaster General

mrw

DEPARTMENT OF THE ARMY

ARMY 293
DeClarke, Norman D.
AN 01 061 360

8 October 1947

Mrs. Norman D. DeClarke
19487 Hamman Avenue
Detroit 19, Michigan

Dear Mrs. DeClarke:

Your letter pertaining to the remains of your husband, the late First Lieutenant Norman D. DeClarke, has come to my attention.

The "Request for Disposition of Remains" forms pertaining to the United States Military Cemetery Laynes, France, where the remains of your husband are now buried, have not yet been mailed to the next of kin of the heroic dead.

The Return of World War II Dead Program provides for the return of the deceased to their next of kin in a predetermined scheduled sequence of the cemeteries in which they are now buried. Efficient and rapid accomplishment of this tremendous program requires not only close adherence to mailing schedules for the Disposition Forms made in agreement with the scheduled cemetery sequence but also accurate verification of all vital records of every decedent prior to the mailing of the Disposition Form. When verification for each cemetery is completed the Forms are mailed well in advance of the scheduled processing of the cemetery.

The present mailing schedule indicates that you should receive your Disposition Form during the latter part of the present year.

I fully understand your natural anxiety and impatience, and assure you that you will receive your Disposition Form in ample time for complete, satisfactory expression and fulfillment of your desires for the final disposition of your beloved husband.

Sincerely yours,

mkb

1 Incl.
Form 361

RICHARD B. COOMBS
Major, AGD
Memorial Division

OCT 9 9 59 AM '47
O.Q.M.G.
MAIL & RECORDS BRANCH

CORRESPONDENCE ACTION SHEET

Addressee: Mr. / Miss. / Mrs. [illegible] — Relationship: [illegible]

State: [illegible]

City, State: [illegible] — Date letter: '47

Cemetery

Temporary: ___ ___ ___ ___ ___ ___

Permanent: ___ ___ ___ ___ ___ ___

Plot | Row | Gr | Cem. Name or No. | City | Country

PARAGRAPHS (sequence) — ADDITIONAL — DATA — MODIFICATIONS —

[illegible]

Analyst | Typist | Reviewer | Modifications | OKed

Decedent: Last | First | Initial | Rank | ASN

47 11117

Sept. 21, 1947

War Department
Washington
D. C.

To Whom It May Concern:

Re: (DeClarke, Herman D.
#XC-5040 499

Dear Sir:

Will you please furnish me with an application, relative to bringing my deceased husbands body home from overseas.

Thank you.

I remain,

Mrs. Herman D. DeClarke

19487 Sussex Ave.
Detroit 19, Michigan

0040231


RECORDS BRANCH
SEP 26 3 02 PM '17
MEMORIAL DIVISION

16 August 1946

Mrs. Clara L. De Clarke
3873 Carter Street
Detroit, Michigan

Dear Mrs. De Clarke:

The War Department is most desirous that you be furnished information regarding the burial location of your husband, the late First Lieutenant Norman D. De Clarke, A.S.N. 0-1 061 360.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Luynes, plot F, row 24, grave 834. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

This cemetery is located twenty-four miles north of Marseilles, France, and is under the constant care and supervision of United States military personnel.

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

Please accept my sincere sympathy in your great loss.

Sincerely yours,

bjf

T. B. LARKIN
Major General
The Quartermaster General

RWI

RESTRICTED

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

DE CLARKE, Norman D. 1st Lt. O-1061380 (Serial No.)

Date: [illegible] December 1944

57th Bomb Sq U.S. Army Air Corps

Cause of Death: Suffering Burns of Entire Body

Place of Death: [illegible], France — Date of Death: [illegible] December 1944

Time and Date of Burial: [illegible] December 1944 — Name of Cemetery: U.S. Military Cem. — Place or Coordinates of Location: [illegible], France

Grave Location: [illegible] — Row Number: [illegible] — Plot Number: F. — Type of Marker: Temp. Wooden

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

If No Identification Tags

How were remains identified?

What means of identification were buried with the body? One Identification Tag

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

Who is buried on:

	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Right:	[illegible]	[illegible]		U.S.A.A.F.	[illegible]
Deceased's Left:	[illegible]	O-[illegible]	1st Lt.	[illegible] Bomb Gp.	[illegible]

If print of identification tag is not affixed fill in below.

NORMAN D. DE CLARKE
O-1061380 T[illegible] A[illegible] A

Emergency Address: [illegible]

Religion: Catholic Service

List only Personal Effects Found on Body and disposition of same: None

A TRUE COPY:
JOSEPH E MC CLUSKEY
2nd Lt., INF.

Signature of Chaplain: /s/ [illegible], Chaplain (Ch.C.)

/s/ [illegible] 1st Lt. [illegible]

Graves Registration [illegible] Detachment

RESTRICTED

Graves Registration Form No. 1 Revised 1 Sept. 1943

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

14 December 1945
Date

De Clarke, Norman D. 1st.Lt. O-1001350
Last Name First Name Middle Initial Rank Serial No.

384 Bomb Gp. U.S.Army Air Corp.
Unit Organization

Vialfon, France 14 December 1945 Burns Of Entire Body
Place of Death Date of Death Cause of Death

1430 14 December 1945 U.S.Military Cem. Luynes, France
Time and Date of Burial Name of Cemetery Name or Coordinates of Location

654 R4 H Tent, Wooden
Grave Number Row Number Plot Number Type of Marker

Disposition of Identification Tags, Buried with Body Yes ☒ No ☐ Attached to Marker Yes ☒ No ☐

If No Identification Tags
How were remains identified?

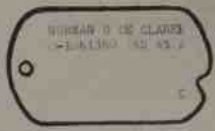
What means of identification were buried with the body? One Identifiation Tag

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

Who is buried on **Deceased's** Right: Grave Open At Time Of Burial — Name — Serial No. — Rank — Organization — Grave No. 655

Deceased's Left: Sleet, Name — O-779085, Serial No. — 1st.Lt., Rank — 384 Bomb Gp., Organization — 653, Grave No.

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



If print of identification tag is not affixed fill in below:

Emergency Address: Name

Address

Religion Catholic Service

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

None

FILE
MAR 8 1946

Signature of Chaplain: Walter B. Sullivan Ch. C.
Signature of Officer or other person reporting burial

Verified by C.G. of Officer

KARL F. MC CANN 2d. Lt. AUS
Graves Registration & Memorial Officer

24

Left Hand	
4	
3	
2	
1	
Thumb	

IF DECEASED UNIDENTIFIED

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

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

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

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

Right Hand	
4	
3	
2	
1	
Thumb	

TOOTH CHART

	Deceased's Right								Deceased's Left							
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; cavities by O; fillings by [illegible]; Bridges by [illegible]; replacements by artificial teeth [illegible]

Characteristics:

Other Data:

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

[illegible]
[illegible] CO.
APO 772
[illegible]

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH ple-3613 DATE 4 Jan 46

NAME	ARMY SERIAL NUMBER	GRADE
De Clarke, Norman D.	01061360	1/Lt
HOME ADDRESS	ARM OR SERVICE	DATE OF BIRTH
Detroit, Michigan	AC	4 Apr 1923
PLACE OF DEATH / CAUSE OF DEATH		DATE OF DEATH
European Area — Airplane Crash		10 Dec 1943
STATION OF DECEASED	DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE FOR PAY PURPOSES: YEARS / MONTHS / DAYS
European Area	14 Oct 1943	

NEXT OF KIN (Name, relationship, and address)

Clara L. De Clarke, wife, 3273 Carter St., Detroit, Michigan

BENEFICIARY (Name, relationship, and address) Clara L. De Clarke, wife, as above

Judith Ann De Clarke, daughter, same as ~~xxxxxxxx~~ above

Olga Hart De Clarke & Charles Russell De Clarke, parents, 15824 Steel Ave., Detroite

HOSPITALIZATION DATA	IN LINE OF DUTY	OVER NONCURRENT	WAR INSURANCE ON DUTY STATUS	AUTHORIZED ABSENCE	IN FLYING PAY STATUS	OTHER PAY STATUS (Specify below)
YES / NO X	YES X / NO	YES / NO X	YES X / NO	YES / NO	YES X / NO	YES / NO X

ADDITIONAL DATA AND/OR STATEMENT

eMichigan

BATTLE ☐ NON-BATTLE X

Evidence of death received in the War Department 26 Dec 1945

FILE JAN 10 1946

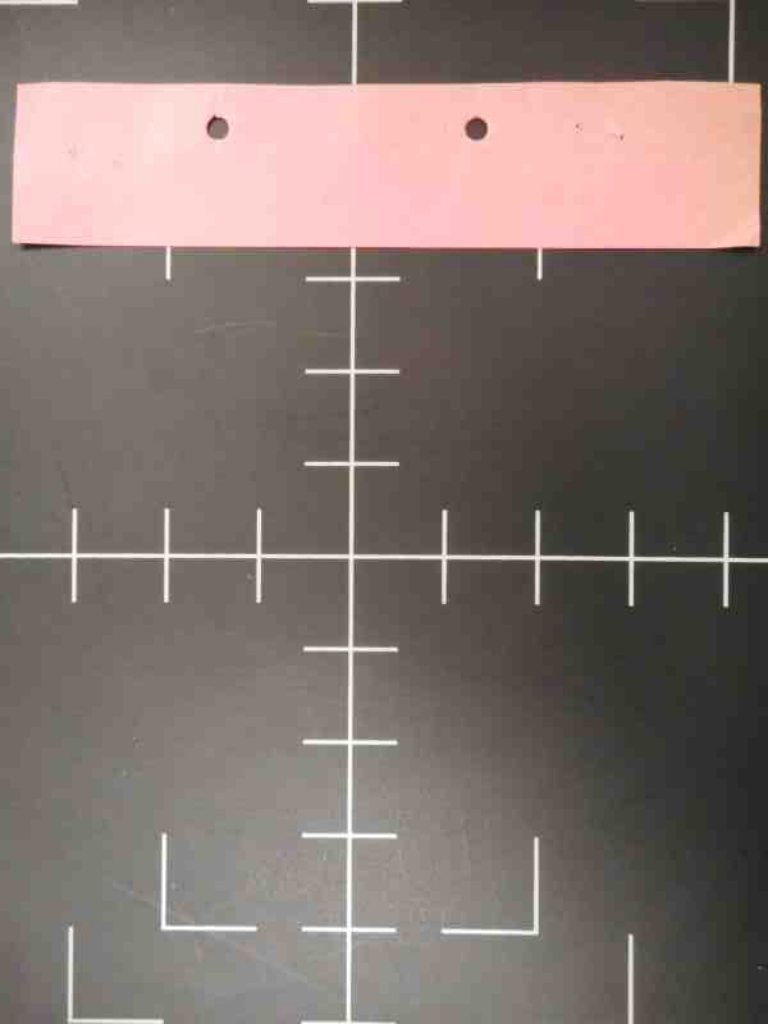
BY ORDER OF THE SECRETARY OF WAR

Katherine F. Wilkens

ADJUTANT GENERAL

Audit

AGO FORM 1 JUN 1945 52-1 EDITION OF 1 FEBRUARY 1945 MAY BE USED.



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

REPORT OF DEATH nlm-3613 DATE 4 Jan 46

FULL NAME	ARMY SERIAL NUMBER	GRADE
De Clarke, Norman D.	01061360	1/Lt
HOME ADDRESS	ARM OR SERVICE	DATE OF BIRTH
Detroit, Michigan	AC	4 Apr 1923
PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
European Area	Airplane Crash	10 Dec 1943
STATION OF DECEASED	DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE FOR PAY PURPOSES: YEARS / MONTHS / DAYS
European Area	14 Oct 1943	

EMERGENCY ADDRESSEE (Name, relationship, and address)

Clara L. De Clarke, wife, 3273 Carter St., Detroit, Michigan

BENEFICIARY (Name, relationship, and address) Clara L. De Clarke, wife, as above

Judith Ann De Clarke, daughter, same as ~~XXXXXXXX~~ above

Olga Hart De Clarke & Charles Russell De Clarke, parents, 15824 Steel Ave., Detroit*

TRAVEL STATUS AT TIME OF DEATH		IN LINE OF DUTY		OWN MISCONDUCT		WAR DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (Specify below)	
YES	NO X	YES X	NO	YES	NO X	YES X	NO	YES	NO	YES X	NO	YES	NO X

ADDITIONAL DATA AND/OR STATEMENT

*Michigan

BATTLE ☐ X NON-BATTLE

Evidence of death received in the War Department 26 Dec 1943

BY ORDER OF THE SECRETARY OF WAR

Katherine F. Williams
ADJUTANT GENERAL

AGO 1000 FORM 1 AUG 1945 52-1 EDITION OF 1 FEBRUARY 1943 MAY BE USED.

XXXXXXXXXXXXXXX

66943

CHR/DLF/ms
2 August 1946

Mrs. Clara L. De Clarke
3273 Carter Street
Detroit, Michigan

Dear Mrs. De Clarke:

Thank you for the information recently given the Army Effects Bureau in connection with the disposal of personal property of your husband, First Lieutenant Norman D. De Clarke.

This property, contained in two cartons and one footlocker 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.

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 decedent's legal residence.

Regrettably, a portion of the property was damaged prior to receipt at this Bureau.

Yours very truly,

C. H. [redacted]
Administrative Assistant
Army Effects Bureau

INVENTORY CHECK	NOTE DISCREPANCY IN: NAME	ENCLOSE VALUABLES
		SHIP VALUABLES
ACCOUNT NUMBER	SERIAL NUMBER	VALUABLES SHIPPED BY (Clerk)
	RANK	

1st Lt. Norman D. De Clerke
0-1061360
656543-D

Mrs. Clara L. De Clerke
3273 Carter Street
Detroit, Michigan

RECIPIENT FROM
- CASUALTY REPORT
- INVENTORY
- FORM 80-
- ✓ LETTER

NO. & TYPE OF CONTAINER
- ENVELOPE
- ✓ CARTONS
- PACKAGE
- 1 FOOT LOCKER

SPECIAL INSTRUCTIONS
- REMOVE GI
- ✓ SHIP BLOODSTAINED
- ✓ SHIP DAMAGED
- REMOVE BLOODSTAINED
- REMOVE DAMAGED
- FILMS REMOVED
- DIARY REMOVED

SUMMARY COURT DATA

DATE OF FINDING	APPLICANT
[illegible]	Widow – Clara L. De Cl[illegible]

DATE ACTION TAKEN [illegible]

DATE REVIEWER (INITIALS) [illegible]

REMARKS

1 - F/L 80

SHIPPED
- FRANCE
- EXPRESS
- FREIGHT

DATE SHIPPED [illegible]

SHIPPING CLERK [illegible]

ROUTING
- ✓ ACCOUNTING BRANCH
- ✓ WAREHOUSE
- ✓ FILE

ORDER FOR ACTION

EFF QM FORM 14
10 OCT 1945

D-1360E

LAUNDRY INVENTORY
ARMY EFFECTS BUREAU

D-1360E

DRY CLEANING		LAUNDRY	
TROUSERS, WOOL	1	SHIRTS, WOOL	1
COAT, SERVICE, WOOL	2	TROUSERS, COTTON	6
OVERCOAT, LONG		TIE, COTTON	
OVERCOAT, SHORT, WOOL		UNDERSHIRTS, COTTON	
CAP, GARRISON	2	SHORTS, UNDER, COTTON	
CAP, SERVICE	1	DRAWERS, COTTON	4
TIES, WOOL	2	SWEATSHIRTS, COTTON OR WOOL	
GLOVES, LEATHER OR WOOL		DRAWERS, WOOL	
SCARFS, SILK, RAYON OR WOOL		SOCKS, COTTON PR.	
SWEATERS		SOCKS, WOOL PR.	
TRUNKS, SWIM	2	PAJAMA TOPS	2
LEGGINGS	2	PAJAMA BOTTOMS	2
BATHROBES		FATIGUES, 1 PC., COTTON	
BED ROLL		FATIGUES, TOPS, COTTON	
COMFORTERS		FATIGUES, TROUSERS, COTTON	
Raincoat	1	FATIGUES, CAP	
		BELT, COTTON	
		TOWEL, HAND	
	1	TOWEL, BATH	4
		CLOTH, WASH	
		GLOVES, COTTON	
	1	JACKET, FIELD	1
		SUPPORTERS, ATHLETIC	
		HANDKERCHIEFS	
		SCARFS, COTTON	
		CASE, PILLOW	
	1	TRUNKS, GYM	1
		SHEETS, COTTON	
		BAGS, BARRACKS	

NAME: HERMAN D DECLARKE

A.S.N.: 0-10613606

RANK: 1st Lt

SHIPPED: AUG 5 1946

D-1360E

D-1360E

D

1360

EFFECTS INVENTORY
ARMY EFFECTS BUREAU

ATTACHMENTS

STATUS

Mrs Clara De Clarke
3273 Carter Ave
Detroit, Mich

Mrs Clara De Clarke
3273 Carter ave.
Detroit, Mich

NAME Herman D DeClarke

A.S.N. 0-1061360

Shipped

ADDITIONAL REMARKS

one pr. ath. drawers [illegible]	three towels, one yellow
[illegible] pr. socks [illegible]	[illegible] appear not
[illegible] pr. [illegible] -	[illegible]
[illegible] (initials, circled)	one pr. trousers appear not
	[illegible]
	two pr. trousers appear
	[illegible]

SHORTAGES

[illegible] Worsted shirts
three wool undershirts
one pr. ath. drawers
three cotton undershirts
3 ea. bath towels
one face towel
one athletic supporter
one handkerchief
one pr. wool gloves
one pr. civilian shoes
one pr. service shoes
one pr. [illegible] boots
one pr. shoe trees
one raincoat

Damages
one foot locker
with lock broken

I certify that the above items were [illegible]

Hufftetler

[illegible] (signature)

S. I. REMOVED

INVENTORY OF EFFECTS

2 pr OD pants
3 pr cotton pants
1 pr [illegible]
1 pr green pants
1 [illegible] coat
1 Field jacket, 1943
1 [illegible] jacket
3 tropical worsted shirts (2)
4 cotton shirts
3 wool undershirts (2)
2 wool drawers
11 pr socks
13 ties
3 belts
3 garrison caps
1 wool knit cap
2 [illegible]
1 [illegible]
1 whistle
1 rubber stamp
1 fingernail clipper
2 [illegible]
1 pr sports shorts
1 bath towels
5 pr cotton drawers (1)
3 cotton undershirts 0
2 pajamas

~~[illegible]~~ 38
[redacted] 38

1 raincoat 0
2 bath towels 0
1 face towel 0
1 athletic supporter 0
3 pocket handkerchiefs (1)
1 pr wool gloves 0

~~[illegible]~~ 7

1 pr civilian shoes 0
1 pr service shoes 0
1 pr combat boots 0
1 pr [illegible] 0

I certify that the foregoing inventory comprises all of subject's effects and that the effects were shipped to the Effects Quartermaster, U.S. Army, by delivering to Quartermaster Istres Station No. 2, APO 557, on ________ ________ 1945.

John B. Hardwicke

[illegible],
1st Lt, Air Corps
Adjutant

HEADQUARTERS

APO 557,
[redacted] 1945.

SUBJECT: Transmittal of Inventory of Personal Effects.

TO : Effects Quartermaster, Personal Effects and Baggage Depot, APO 513, U.S. Army.

Transmitted herewith in accordance with par 2f3, circular 30, Headquarters Delta Base Section, dated 14 April 1945, are the inventory of effects concerning the subject named below:

[redacted] (Last Name) (First Name) (M.I.) (Rank) (ASN) (Control Number)

Organization: [redacted]

Status: (Deceased, Missing in Action, Prisoner of War) on the [redacted] day of [redacted] 1945.

Designated Beneficiary: [redacted]

Class II Assets: Cash found in effects, inclosed herewith.

WD FD Form 38: [redacted] (Amount) (date) (Name and symbol number of finance officer)

U.S. Official Check No. [redacted] Amt [redacted] Bank [redacted] (Name and Branch)

Bank Accounts: [redacted]

Debtors: [redacted]

Creditors: [redacted]

Inclosed is: [redacted] (Will, Power of Attorney, War Bond, Travellers Checks, Describe fully)

(OVER)

HEADQUARTERS
DELTA BASE SECTION
Office of the Transportation Officer
(Rail Division)
Transportation Corps Baggage Depot
APO 772

TALLY-OUT

Date 20. Febr. 1946

Destination Army Effects Bureau Kansas City QM Depot Kansas City, Mo

Via

Consignee

Name	Rank	ASN	Orgn	Item	Tag No.	Box No.
DeClarke Norman	Lt.	O-1061360	-	1Box	26600	3843
	//////	last Item	//////			

Checker T/5 Bartlett

Tally-Out No. 4139 Box # 3843
wt. 80
Cu. 5

413058

4563

D-1360E

LAUNDRY INVENTORY
ARMY EFFECTS BUREAU

B-8

DRY CLEANING	No.	LAUNDRY	No.
TROUSERS, WOOL		SHIRTS, WOOL	
COAT, SERVICE, WOOL		TROUSERS, COTTON	
OVERCOAT, LONG		TIE, COTTON	
OVERCOAT, SHORT, WOOL	5	UNDERSHIRTS, COTTON	20
CAP, GARRISON	4	SHIRTS, DRESS, COTTON	12
CAP, SERVICE	3	DRAWERS, COTTON	12
TIES, WOOL		SWEATSHIRTS, COTTON OR WOOL	
GLOVES, LEATHER OR WOOL		DRAWERS, WOOL	
SCARFS, SILK, RAYON, OR WOOL	2	SOCKS, COTTON, PR.	8
SWEATERS		SOCKS, WOOL, PR.	
TRUNKS, SWIM		PAJAMA TOPS	
LEGGINGS		PAJAMA BOTTOMS	
BATHROBES		FATIGUES, 1 PC., COTTON	
BED ROLL		FATIGUES, TOPS, COTTON	
COMFORTER		FATIGUES, TROUSERS, COTTON	
* Stained		FATIGUES, CAP	
3 ea Shirts -		BELT, COTTON	
1 [illegible]		TOWEL, HAND	
& B [illegible] very	4	TOWEL, BATH	16
light		CLOTH, WASH	
		GLOVES, COTTON	
		JACKET, FIELD	
	1	SUPPORTERS, ATHLETIC	6
	*	HANDKERCHIEFS	6
		SCARFS, COTTON	
		CASE, PILLOW	
		TRUNKS, GYM	
		SHEETS, COTTON	
		BAGS, BARRACKS	
			80

D-1360E

600		5 June 46	
NAME: NORMAN DONALD DECLARKE		S.N.: 0106 1360	
ORGANIZATION: 384 gf 54659		RANK: 2 Lt	CASE NO.:
WAREHOUSE SPACE: 1479	INVENTORIED BY: [illegible]		LAUNDRY REMOVED FROM FOOTLOCKER
PACKAGE DESCRIPTION: 6 - [illegible] 1 Ctn	LISTED BY: [illegible]	SHIPPED	
WEIGHT:	CHECKED BY: [illegible]	DATE: [illegible]	BY WHOM:
	CHECKED AND PACKED BY: [illegible]		

EFFECTS INVENTORY
ARMY EFFECTS BUREAU

ATTACHMENTS

STATUS

1 Raincoat

None

Wife Residual

LAUNDRY DAMAGED

1000

3 June 46

NORMAN, DONALD DeCLARKE

0106 1360

384th GP 545 Sq

2/Lt

518

ADDITIONAL REMARKS

It has been cutted. Many of the originally [illegible] and [illegible] loaned from [illegible]

SHORTAGES

G. I. REMOVED

U.S. GOVERNMENT BILL OF LADING
MEMORANDUM

NO. WV-9951724

NEW

MODE OF INITIAL TRANSPORTATION — TRAFFIC CONTROL NOS.

COMPANY: UNIVERSAL CARLOADING & DISTRIBUTING CO., INC.

DATE B/L ISSUED: 6 AUG. 1946

FROM (SHIPPING POINT): KANSAS CITY, MISSOURI

FROM (FULL NAME OF SHIPPER): ARMY EFFECTS BUREAU, KANSAS CITY QM DEPOT

MARKS

CONSIGNEE: MRS. CLARA L. DeCLARKE
3273 CARTER STREET

DESTINATION: DETROIT, MICHIGAN

CHARGES TO BE BILLED TO: Finance Officer, U. S. Army, Washington, D. C.

APPROPRIATION CHARGEABLE: 795-1070 P 404-03 A 2172409 S 23-025

ISSUING OFFICE: KANSAS CITY QM DEPOT, K.C., MO.

NAME AND TITLE OF ISSUING OFFICER: H.F. CISTON, CWO, USA ACTG. T.O. Transportation Officer

UNIVERSAL
CARRIER'S DELIVERY SERVICE REQUESTED
WAS NOT

PACKAGES NO.	KIND	DESCRIPTION OF ARTICLES	NUMBERS ON PACKAGES	ACTUAL WEIGHTS
		NON- MILITARY		
1	F/L	PERSONAL EFFECTS	696943	80
		RELEASED VALUATION AT LOWEST RATE AUTHORITY FOR SHIPMENT: A.W. #112 AND W.D. CIRCULAR #85 16 MARCH 1945		

EST. COST 1.89

CERTIFICATE OF ISSUING OFFICER

FOR A.T.O.

NAME OF TRANSPORTATION COMPANY: UNIVERSAL CARLOADING & DISTRIBUTING CO., INC.

UNIVERSAL CARLOADING & DISTRIBUTING CO., INC.

MEMORANDUM COPY

8

SAVE

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

IN REPLY REFER TO [illegible]

(L-C-12-44)
[illegible]
July 12, 1944

Mrs. Clara L. De Clarke
2279 Carter Street
Detroit, Michigan

Dear Mrs. De Clarke:

The Army Effects Bureau has received from overseas some personal property of your husband, First Lieutenant Norman D. De Clarke.

I know you want to receive this property quickly, and in making application it is necessary only that you confirm your address, stating that you are the legal widow of Lieutenant De Clarke.

Your reply may be made at the foot of this letter, if desired, and mailed in the inclosed self-addressed envelope which needs no postage.

Yours very truly,

C. H. [illegible]
C. H. [illegible]
Administrative Assistant
Army Effects Bureau

1 Incl--
Envelope

Legal Widow of Lt. Norman De Clarke
Clara L. De Clarke
2279 Carter
Detroit Michigan

[illegible]
7/2?/44

ARMY EFFECTS BUREAU
Summary Court-Martial
[illegible]
KANSAS CITY QUARTERMASTER DEPOT
601 Hardesty Avenue
Kansas City 1, Missouri

FBH/JLY/mm
Case No. 55593
Date 1 August 1946

SUBJECT: Report of transactions in disposing of the effects of

Norman D. De Clarke (Name of deceased), 0-1063360 (Army Serial Number) late a

First Lieutenant (Grade), Air Corps (Organization, Army or Service) who died

on the 10 day of December, 19 45, at European Area.

TO : The Adjutant General, War Department 2A, D.C. Washington

1. Complying with A.W. 112, a Summary Court-Martial, convened at Kansas City, Mo., pursuant to S.O. 229, Hq., KCQM Depot, dated 25 September 1945, for the purpose of disposing of the effects of the above-named soldier, or person subject to military law, reports that:

a. No legal representative or widow of decedent being present at decedent's camp or quarters, effects of decedent were forwarded to this Summary Court-Martial.

b. Local debtors owed decedent's estate $ none, of which the sum of $ none was collected. (If nothing was found due or collected, state "None"; otherwise attach itemized statement of sums owing and collected.) (Incl. none.)

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 none, Incl none).

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 26 July 1946, pursuant to Special Orders 229, Headquarters, KCQM Depot, dated 25 September 1945, the application or affidavit of Mrs. Clara L. De Clarke 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. Clara L. De Clarke (Name of person found entitled) of

3373 Carter Street (Number, Street or Avenue), Detroit, Michigan (City, Town or Village) State of

Michigan, is the Widow (Relationship or Capacity) of the

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

(Signature of Summary Court Officer)

F. U. MAIER, Lt Col, QMC
(Name, Rank, Organization)
SUMMARY COURT MARTIAL

KH. QM Form 78