

293 MILLES, RICHARD C.

2nd. Lt.

(076-6020) EUROPEAN AREA (IDAHO)
AIR CORPS
Majdnt.

JEW

1		USMC EPINAL, FRANCE PLOT A ROW 31 GRAVE 32 DATE REBURIED: 17 June 1949		DISINTERMENT DIRECTIVE	
SECTION A - NAME AND BURIAL LOCATION OF DECEASED		CWO USA LEODORE GOUDREAU		DIRECTIVE NUMBER 3568 01126	
				DATE 15 11 48 DAY MONTH YEAR	
NAME MILES RICHARD C		SERIAL NUMBER 0-7660202		GRADE LT	
				ARM 1	
				RACE 1	
				RELIGION 1	
CEMETERY SOLERS FRANCE		PLOT D		ROW 5	
				GRAVE 92	
				DISPOSITION OF REMAINS 3502 80 CODE DIST. CTR.	
SECTION B - CONSIGNEE AND NEXT OF KIN					
NAME AND ADDRESS OF CONSIGNEE EPINAL, FRANCE			NAME AND ADDRESS OF NEXT OF KIN OLIVE MILES (MOTHER) 1516 6TH STREET, SOUTH NAMPA, IDAHO FLAG SENT 21 June 1949		
SECTION C - DISINTERMENT AND IDENTIFICATION					
NAME		SERIAL NUMBER		DATE OF DEATH	
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION USAAF		RELIGION	
				IDENTIFICATION VERIFIED BY NAME AND TITLE	
SECTION D - PREPARATION OF REMAINS FOR SHIPMENT					
NATURE OF BURIAL		CONDITION OF REMAINS			
OTHER MEANS OF IDENTIFICATION (SEE ATTACHED DISINTERMENT DIRECTIVE)					
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)					
REMAINS PREPARED AND PLACED IN CASKET					
DATE		BY		EMBALMER (Signature)	
CASKET SEALED BY					
CASKET BOXED AND MARKED		SHIPPING ADDRESS VERIFIED BY			
DATE		BY			
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.					
SIGNATURE OF AGRS INSPECTOR					
REMARKS AND SPECIAL INSTRUCTIONS					
FILE 29 JUL 1949 REPATRIATION BRANCH MILP. DIV.					

QMC FORM 1194 REV 11 FEB 48

FINAL LETTER SENT 12 JUL 1949 222

1943 OCT 18 2 11 PM '43

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

2. SHIPPED

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

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

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

NAME: **MILES RICHARD C** SERIAL NUMBER: **0-766020** RANK: **2 LT** ARM: **1** DATE OF DEATH: DAY MONTH YEAR

CEMETERY: **SOLERS FRANCE** DISPOSITION OF REMAINS: DAY MONTH YEAR

PLOT: **D** ROW: **5** GRAVE: **92** COUNTRY: **SOLERS FRANCE** CODE: DIST. PT. CAUSE OF DEATH

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: NAME AND ADDRESS OF NEXT OF KIN:

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME: **MILES, Richard C.** SERIAL NUMBER: **0-766020** RANK: **Utd** DATE OF DEATH: DATE DISTINTERRED: **15 Jul 48**

IDENTIFICATION TAG ON: REMAINS MARKER ORGANIZATION: RELIGION: **Unk** IDENTIFICATION VERIFIED BY: **G. J. BURKE, Embalmer** NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: **Mattress Cover** CONDITION OF REMAINS: **[Disturbing text redacted]**

OTHER MEANS OF IDENTIFICATION: **None**

MINOR DISCREPANCIES: **None**

REMAINS PREPARED AND PLACED IN CASKET: **Transfer Case**

DATE: **19 Jul 48** BY: **G. J. BURKE** EMBALMER (Signature): **G. J. Burke**

CASKET SEALED BY: **ED C SETTLE III**

CASKET BOXED AND MARKED: SHIPPING ADDRESS VERIFIED BY all markings, plates and tags verified: **JAMES B JOHNS 1ST LT INF**

DATE: **3.9.48** BY: **H B HYDER**

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

Kanemitsu Ito
 KANEMITSU ITO, 1st Lt., Inf.
 SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM USMC SOLERS	TO USMC EPINALTO		
KIND OF CONVEYANCE TRAIN	NAME OF CONVOYER		
SIGNATURE OF SHIPPER JOSEPH A. PEACOCK, Capt., Inf.	DATE	SIGNATURE OF RECEIVER	DATE
2. SHIPPED			
FROM	TO		
KIND OF CONVEYANCE	NAME OF CONVOYER		
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
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

12 July 1949

2/Lt Richard C. Miles, ASN 0-766 020
 Plot A, Row 31, Grave 62
 Headstone: Cross
 Epinal (France) U. S. Military Cemetery

Mrs. Olive Miles
 1516 Sixth Street, South
 Nampa, Idaho

Dear Mrs. Miles:

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,

E. FELDMAN
 Major General
 The Quartermaster General

ccy

JUL 13 11 29 AM '49
 OCMC H&R BR

1516-6th St. So.

Nampa, Idaho

Aug 22, 1949

Quartermaster General
Washington D.C.

Dear Sir:

I gratefully acknowledge receipt
of the Burial Flag of my son Lt ²⁴³ Richard C. Miles.
I shall also appreciate getting the ⁽⁰⁻⁷⁶⁶⁰²⁰⁾ in-
formation relative to the location of the
grave within the cemetery.

It is comforting to know that he was
permanently laid to rest with fitting im-
pressive services. The decision to ~~later~~
have him buried on foreign soil was indeed
a difficult one to make, but it was
in compliance with his request. I know
his brave spirit lives on.

Very sincerely,

Olive Miles

Richard C. Miles

2 Lt 0-766020.

File
NAT
300749
28
Carter



2 93 miles, Richard C. 2nd Lt. 0766020

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

210114/48
Brav. Roda
9/9/48

2nd Lt Richard C. Miles, O 766 020
Plot D, Row 5, Grave 92,
United States Military Cemetery
Solers, France

21 September 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, Olive Miles

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

(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

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

1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS. *Special*
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.)

None

9 DEC 1948

Coded-11/19/48
H-Jerman

PART I (Continued)

If on Page 1 of this form you have selected Option Number 2 or 3, or Option Number 4 with your own funeral ceremonies desired at a location other than the selected national cemetery, complete one of these sections.
 I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE THE REMAINS TO BE SENT TO THE FOLLOWING PERSON WHO HAS AGREED TO RECEIVE THEM:

LAST NAME	FIRST NAME	MIDDLE INITIAL
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	STATE OR TERRITORY OF U. S. A., OR COUNTRY
		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
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY

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.

Olive Miles Formerly 316-15th Ave South.
 (SIGNATURE OF NEXT OF KIN) (STREET AND NUMBER)
Olive Miles 1516-6th St. South.
 (NAME PRINTED OR TYPED) (CITY AND STATE)
Nampa Idaho

Subscribed and duly sworn to before me according to law by the above-named applicant this 7th day of October, 1948, at city (or town) of Nampa Idaho, county of Canyon, and State (or Territory or District) of _____

notary public Walter C. Rolan
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Notary Public
 (OFFICIAL TITLE)
 my Commission Expires Aug 7-48

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

If you are the next of kin

I, THE _____ NAMED IN PART I OF THIS THE NEXT EXISTING PER

LAST NAME
RELATIONSHIP TO TH
NUMBER AND STREET

WHOM I UNDERSTAND SH

If you are NOT the next

THIS IS TO NOTIFY YOU T NAMED ON PAGE 1 OF TH SHOULD BE DIRECTED.

LAST NAME
RELATIONSHIP TO TH
NUMBER AND STREET

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

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

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

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

PART III

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

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

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

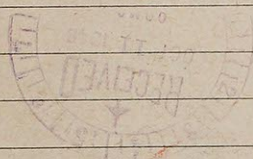
_____	_____ (DATE)
(SIGNATURE)	(STREET AND NUMBER)
_____	_____ (CITY AND STATE)
(NAME PRINTED OR TYPED)	

location
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ADDITIONAL REMARKS AND INSTRUCTION

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

Lined area for additional remarks and instructions.



gww
 2nd Lt Richard C. Miles, O 766 020
 Plot D, Row 5, Grave 92,
 United States Military Cemetery
 Solers, France

21 September 1948

Mrs. Olive C. Miles
 316 15th Avenue, South
 Bampa, Idaho

Dear Mrs. Miles:

The people of the United States, through the Congress have authorized the disinterment and final burial of the heroic dead of World War II. The Quartermaster General of the Army has been entrusted with this sacred responsibility to the honored dead. The records of the War Department indicate that you may be the nearest relative of the above-named deceased, who gave his life in the service of his country.

The enclosed pamphlets, "Disposition of World War II Armed Forces Dead," and "American Cemeteries," explain the disposition, options and services made available to you by your Government. If you are the next of kin according to the line of kinship as set forth in the enclosed pamphlet, "Disposition of World War II Armed Forces Dead," you are invited to express your wishes as to the disposition of the remains of the deceased by completing Part I of the enclosed form "Request for Disposition of Remains." Should you desire to relinquish your rights to the next in line of kinship, please complete Part II of the enclosed form. If you are not the next of kin, please complete Part III of the enclosed form.

If you should elect Option 2, it is advised that no funeral arrangements or other personal arrangements be made until you are further notified by this office.

Will you please complete the enclosed form, "Request for Disposition of Remains" and mail in the enclosed self-addressed envelope, which requires no postage, within 30 days after its receipt by you? Its prompt return will avoid unnecessary delays.

Sincerely,

THOMAS B. LARKIN
 Major General
 The Quartermaster General

Incls. 2

how

SEP 24 2 52 PM '48

O. O. M. S. & RECORDS

ams

REQUEST FOR NEW LETTER OF INQUIRY

TO LETTER OF INQUIRY SECTION REPATRIATION RECORDS BRANCH		FROM Acceptance Section	
NAME OF DECEDENT (First, Middle, Last) Richard C. Miles		GRADE 2nd Lt.	SERIAL NUMBER 0-766020
GRAVE LOCATION			
CEMETERY Solers, France	PLOT D	ROW 5	GRAVE 92
LETTER OF INQUIRY TO BE SENT TO: MR. MRS. Olive O. Miles		RELATIONSHIP Mother	
ADDRESS			
STREET 316 - 15 th Ave., So.		CITY AND STATE Nampa, Idaho	
AUTHORITY FOR LETTER OF INQUIRY AND REMARKS			
<p>1. Widow remarried</p> <p>2. Mother is NOK</p> <p>Please send new L.O.I. to mother.</p> <p style="text-align: right;">File for Section for sent on Sept 5. Kinble '48</p>			
L.O.I. SENT SEP 21 1948 to mother am8			
DATE 9-9-48	CLERK'S SIGNATURE Louis Gray		

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

243
2nd Lt. Richard C. Miles, O 766 020
Plot B, Row 5, Grave 92,
United States Military Cemetery
Solers, France

23 June 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, _____ (Please indicate relationship to the deceased by placing an "X" in the proper box.)
(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

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

1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS.
2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY

(NAME AND LOCATION OF CEMETERY)

3. BE RETURNED TO _____ (FOREIGN COUNTRY), THE HOMETLAND 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.)

MEMORIAL DIVISION
OCT 2 9 07 AM '47
REQUISITION
SUBS BRANCH

File
next
17 Sept 48
RR (see
RR (see)

PART I (Continued)

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

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

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

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

FULL NAME OF FUNERAL DIRECTOR			
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
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY

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.

_____ (SIGNATURE OF NEXT OF KIN)	_____ (STREET AND NUMBER)
_____ (NAME PRINTED OR TYPED)	_____ (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this _____ day of _____, 19____, at city (or town) of _____, county of _____, and State (or Territory or District) of _____

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

_____ (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
_____ (OFFICIAL TITLE)

If you are the next of kin and you

I, THE _____ NAMED IN PART I OF THIS FORM, THE NEXT EXISTING PERSON IN

LAST NAME
RELATIONSHIP TO THE DECEASED
NUMBER AND STREET

WHOM I UNDERSTAND SHALL

(SIGNATURE)

(NAME)

If you are NOT the next of kin

THIS IS TO NOTIFY YOU THAT I AM NAMED ON PAGE 1 OF THIS FORM SHOULD BE DIRECTED.

LAST NAME <i>Miles</i>
RELATIONSHIP TO THE DECEASED <i>Mother</i>
NUMBER AND STREET <i>316-15</i>

No further in file

Mrs. Barbara L.

BARBARA L.

(NAME)

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. THE NEXT EXISTING PERSON IN THE ORDER OF ELIGIBILITY OF DECEDENT'S SURVIVORS IS:

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

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

_____ (DATE)

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

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

PART III

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

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

LAST NAME <i>Miles</i>	FIRST NAME <i>Olive</i>	MIDDLE INITIAL <i>O.</i>
RELATIONSHIP TO THE DECEASED <i>Mother</i>		
NUMBER AND STREET <i>316-15th Ave So</i>	CITY OR TOWN <i>Nampa,</i>	STATE OR COUNTRY <i>Idaho</i>

*OK
no further
in file*

_____ (DATE) *October 17, 1947*

_____ (SIGNATURE) *Mrs. Barbara L. Shank* _____ (STREET AND NUMBER) *136 Greenfield Ave*

_____ (NAME PRINTED OR TYPED) *BARBARA L. SHANK* _____ (CITY AND STATE) *Vallejo, California*

ADDITIONAL REMARKS AND INSTRUCTION

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

Lined area for additional remarks and instructions, containing a faint circular notary seal.

Instrument No. 301845

MARRIAGE LICENSE

STATE OF IDAHO)
) SS.
 COUNTY OF CANYON

Know all men by this Certificate

That any regularly ordained minister of the Gospel, authorized by the rites and usages of the church or denomination of Christians, Hebrews or religious body of which he may be a member or any Judge or Justice of the Peace or competent officer to whom this may come, he not knowing of any lawful impediment thereto is hereby authorized and empowered to solemnize the rites of matrimony between

of Nampa *of the County of* Canyon *State of* Idaho

and Barbara Miles
of Nampa *of the County of* Canyon *State of* Idaho

and to certify the same to said parties, or either of them, under his hand and seal, in his ministerial or official capacity and thereupon he is required to return his certificate in form following as hereto annexed.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of said County at
Caldwell, Idaho *this* 5th *day of*
September *A.D.* 1945.

S. S. FOOTE,
 County Recorder

(SEAL) By H. Powell
 Deputy

MARRIAGE CERTIFICATE

I H. G. Shank *a* Minister *residing*
at Caldwell *in the County of* Canyon *in the State of*
Idaho, do certify that in accordance with the authority on me conferred by the above license, I did on this 6th *day of* September
in the year A.D. 1945 *at* Nampa *in the County of* Canyon
in the State of Idaho solemnize the rites of matrimony between

of Clifford Shank *of* Nampa
in the County of Canyon *State of* Idaho *and*

of Barbara Miles *of* Nampa
in the County of Canyon *State of* Idaho *in the*
presence of Marjorie Shank Shank *and* Stewart E Metzger

Witness my hand and seal at the County aforesaid this 6th
day of September *A.D.* 1945.

IN THE PRESENCE OF H. G. Shank [SEAL]

Marjorie Shank Shank

Stewart F Metzger

Minister-Church of the Brethren
(SIGN THIS IN OFFICIAL CAPACITY)

This license and certificate, duly executed by the minister or officer who shall have solemnized the marriage authorized shall be returned by him to the office of the Recorder who issued the same, within thirty days from date of solemnizing the marriage therein authorized, under penalty provided by law.

Marriage License and Certificate

..... Clifford Shank

of Nampa, Idaho

and

..... Barbara Miles

of Nampa, Idaho

..... H. G. Shank

..... Officiating

STATE OF IDAHO }
COUNTY OF CANYON, } ss.

I hereby certify that this instrument
was filed for record at the request of

..... H. G. Shank

at 4 minutes past 9

o'clock A. M., this 25

day of Sept., 19.45

in my office, and duly recorded in Book

..... 24 of Marriages, at page... 395

..... S. S. FOOTE

..... Ex Officio Recorder

By H. Powell, Deputy

CAYTON PRINTERS, CALDWELL 6321
COMPARED

State of Idaho }
County of Canyon } ss.
I hereby certify that the foregoing instrument
is true and correct copy of the original as the
same appears in this office.

DATED
October 2, 1949

S. S. Foote, Clerk of the District Court
and Ex Officio Recorder

By: Edith O'neil Deputy

1393 - Miller, Richard O. O-766020

NAN
P III registered
file 16720
Cape

2nd Lt. Richard C. Miles, O 766 020
 Plot D, Row 9, Grave 92,
 United States Military Cemetery
 Solers, France

23 June 1947

Mrs. Barbara L. Miles
 Route #3
 ampa, Idaho

Dear Mrs. Miles:

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 it 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

7 Incls.
 JMS

JUN 27 1947
 MAIL ROOM
 G. O. M. G.
 RECORDS BRANCH

EM

CMGR 293
Miles, Richard C.
A.S.N. O 766 020

9 April 1947

Mrs. Barbara L. Miles
Route #3
Nampa, Idaho

Dear Mrs. Miles:

Inclosed herewith is a picture of the United States Military Cemetery Solers, France, in which your husband, the late Second Lieutenant Richard C. Miles, is buried.

It is my sincere hope that you may gain some solace from this view of the surroundings in which your loved one rests. As you can see, this is a place of simple dignity, neat and well cared for. Here, assured of continuous care, now rest the remains of a few of those heroic dead who fell together in the service of our country.

This cemetery will be maintained as a temporary resting place until, in accordance with the wishes of the next of kin, all remains are either placed in permanent American cemeteries overseas or returned to the Homeland for final burial.

Sincerely yours,

1 Incl
Photograph

mbk

G. A. HORKAN
Brigadier General, OMC
Chief, Memorial Division

2
APR 9 1947

711.4

SPQYG 293
Miles, Richard C.

4 March 1946

Mrs. Barbara L. Miles
Route #3
Nampa, Idaho

Dear Mrs. Miles:

The War Department is most desirous that you be furnished the burial location of your husband, the late Second Lieutenant Richard C. Miles, A.S.N. O-766 020.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery, Solers, France, plot D, row 5, grave 92.

This cemetery is located approximately sixteen miles southeast of Paris and ten miles north and slightly east of Melun, both 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

RECORDED
3 46 PM '46
BRANCH

LNS

mm

[Handwritten mark]

SPQYH 293
Miles, Richard C.

28 April 1945

Mr. Harold C. Miles
316 - 15th Avenue S.
Nampa, Idaho

Dear Mr. Miles:

Your letter addressed to the Veterans Administration, Boise, Idaho, regarding the furnishing of a Government marker in memory of the late Richard C. Miles, who was killed in France, has been referred to this office for reply.

You are advised that the law authorizing the supply of Government stones provides that they be furnished for the unmarked graves in which the remains of those dying in the service or for those honorably discharged therefrom are interred. There is no authority to furnish a stone to be erected as a memorial in a family plot when the remains of the decedent are not interred therein.

In the cases of those servicemen who die outside of the continental limits of the United States, if their bodies are recovered, they are being interred temporarily and their graves marked with temporary markers. After the cessation of hostilities it is contemplated returning the bodies to the United States for permanent interment. Government stones will then be furnished for the graves of these servicemen upon request.

It is regretted that a more favorable reply cannot be made.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

R. S. WIRTZ
Major, QMC
Assistant

APR 28 1 59 PM '45
O C M G
MAIL & RECORDS BRANCH

APR 28 1 31 PM '45
MEMORIAL DIVISION



VETERANS ADMINISTRATION

Boise, Idaho

April 19, 1945



YOUR FILE REFERENCE:

IN REPLY REFER TO: 264.28

MILES, Richard C.
XC-

The Quartermaster General
Memorial Division
Washington, D. C.

Dear Sir:

Enclosed please find letter received from Harold C. Miles, also copy of letter sent to Mr. Miles from this office. Will you please inform Mr. Miles as to whether it is possible to secure the desired marker and also please advise this office of your decision so that the correct information may be given in cases similar to this.

By direction,

I. Q. Wood
MEMORIAL DIVISION

I. Q. WOOD
Contact Representative

Enclosure



VETERANS ADMINISTRATION

Boise, Idaho

April 19, 1945

YOUR FILE NUMBER

284-28

MILES, Richard G.

XO-

The Quartermaster General
Memorial Division
Washington, D. C.

Dear Sir:

Enclosed please find letter received from Harold G. Miles, also
copy of letter sent to Mr. Miles from this office. Will you please inform
me as to whether it is possible to secure the desired marker and
please advise this office of your decision so that the correct information
can be furnished in cases similar to this.

By direction,



MEMORIAL DIVISION
APR 24 1 53 PM '45

Enclosure

CP

Boise, Idaho

April 19, 1945

264.28

293 MILES, Richard C.
XC-

Harold C. Miles
316 - 15th Avenue S.
Nampa, Idaho

Dear Sir:

Your letter at hand concerning marker or headstone for your brother who was probably buried in France.

The application for headstone or marker which is used in this office is primarily for the purpose of marking the grave, therefore, your request for a marker in a plot that does not contain a body might be interpreted as a different case or it might even be interpreted as being permitted.

Since this office does not have the authority for deciding that question, your letter is being referred to the Quartermaster General requesting him to give you the answer.

By direction,

I. Q. WOOD
Contact Representative



John, Isaac
April 19, 1945

100-100

100-100-100
100-100-100

Harold G. Miller
518 - 15th Avenue S.
Nashville, Tennessee

Dear Sir:

Your letter of March 27th regarding the matter of leadings for your father
who was probably buried in London.
The application for leadings in London is made in the office
in London for the purpose of making the grave, in fact, your request
for a marker in a case that does not contain a body will be interpreted as
a different case or it might even be interpreted as being permitted.
When this office has had the authority for making the
marker, your father is being returned to the next nearest General Burial Ground
and to give you the answer.

Very sincerely,
By direction,

100-100-100
100-100-100



Nampa Idaho
 316-15th Ave. S.
 Nampa Idaho

Veterans Administration
 Boise, Idaho

APR 17 1945

VETERANS ADMINISTRATION

Gentlemen:

My mother is having a family headstone set before Memorial day. My father, Lt. Richard C. Miles, was killed in France, November 10, 1944. There will be no grave space for him but mother wants a plaque or marker of some kind there in memory of him.

Is there a regulation marker furnished or some regulation way of taking care of this?

Thanking you in advance,
 I remain

Yours truly,
 Harold C. Miles

RECEIVED
APR 17 1945
COMMUNICATIONS SECTION
NAVY DEPARTMENT
WASHINGTON, D.C.

GRAVES REGISTRATION
FORM NO. 1
(Revised 1 Sept. 1943)

AMERICAN

RESTRICTED
REPORT OF BURIAL

TM 10-630 AND AR 30-1815

11 November 1944
Date

<u>Miles</u> Last Name	<u>Richard</u> First	<u>C</u> Initial	<u>2nd Lt.</u> Rank	<u>0-766020</u> Serial No.
<u>668 th Bomb Sq.</u> Unit			<u>416 th BOMB GP.</u> Organization	
<u>3 miles southeast of Fontainebleau, France.</u> Place of Death			<u>10 November 1944</u> Date of Death	
<u>1500 hrs 13 November 1944.</u> Time and Date of Burial			<u>Solers Cemetery # 1</u> Name of Cemetery	
<u>92</u> Grave Number			<u>5</u> Row Number	
<u>D</u> Plot Number			<u>Cross</u> Type of Marker	
<u>Air Plane Crash.</u> Cause of Death			<u>Solers France</u> Name or Coordinates of Location	

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

If No Identification Tags

How were remains identified?

Identified by Medical Officer of his Unit

What means of identification were buried with the body?

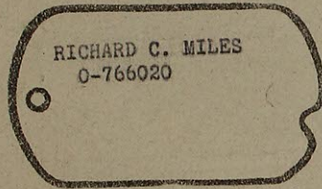
GRS Identification Tag.

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

Who is buried on: Wallace, R Clark 34684039 T/5 Hq. Com.Z. Army Exchange. 93
Deceased's Right: Name Serial No. Rank Organization Grave No.

Deceased's Left: William C Kelley 0-722723 2nd Lt. 415 th Bomb GP. 97
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 Mrs Barbara C Miles
Name

Route # 3 Nampa Idaho ***
Address

Religion Presb y terian ***

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

Sgt. Julius K. Horowitz
Signature of Officer or other person reporting burial
Pennington W. Reesman
Verified by G.R.S. Officer

H.Q. 806. 9/3/44. 5001/8/1.

RESTRICTED

File 3-11-45

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:
- Weight:
- Color of Eyes:
- Color of Hair:
- Race:
- 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.

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

4		4
3		3
2		2
1		1
Thumb		Thumb
Left Hand		Right Hand

TOOTH CHART

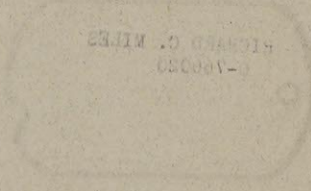
		Deceased's Left							
		8	7	6	5	4	3	2	1
		8	7	6	5	4	3	2	1
		8	7	6	5	4	3	2	1
		8	7	6	5	4	3	2	1
		8	7	6	5	4	3	2	1
		8	7	6	5	4	3	2	1
		8	7	6	5	4	3	2	1
Upper	Lower								

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

Characteristics: _____

Other Data: _____

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



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

REPORT OF DEATH

DATE 12 December 1944
sfm 4632

FULL NAME Miles, Richard C.		ARMY SERIAL NUMBER 0766020	GRADE 2nd Lt.			
HOME ADDRESS Nampa, Idaho		ARM OR SERVICE Air Corps	DATE OF BIRTH 17 July 18			
PLACE OF DEATH European Area	CAUSE OF DEATH Airplane Accident		DATE OF DEATH 10 Nov 44			
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 8 Feb 44	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS			
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Barbara L. Miles, wife, Route #3, Nampa, Idaho						
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) On 1 October 1942, while an enlisted man, he designated as beneficiaries: Mrs. Barbara L. Miles, wife, same as above Mr. Robert L. Miles, son, 419 Locust St., Nampa, Idaho. (No Break In Service)						
INVESTIGATION MADE?	IN LINE OF DUTY	OWN MISCONDUCT	WAS DECEASED ON DUTY STATUS	AUTHORIZED ABSENCE	IN FLYING PAY STATUS	OTHER PAY STATUS (SPECIFY BELOW)
YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
X	X	X	X		X	

ADDITIONAL DATA AND/OR STATEMENT

*44
18
apr 26*

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

BATTLE
 NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR
J. M. ...
DEC 20 1944
ADJUTANT GENERAL

g w

Am

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

JRM:JFH:md

Case No. 322195Date 24 April 1945

SUBJECT: Report of transaction in disposing of the effects of

Richard C. Miles, 0-766020 Late a
(Name of deceased) (Army Serial Number)
Second Lieutenant, Air Corps who died
(Grade) (Organization, Army or Service)
on the 10 day of November 1944 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. None)

c. Decedent owed unliquidated 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 28 March 1945, pursuant to Special Orders 228, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Barbara L. Miles 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. Barbara L. Miles of Route #3, Nampa State of Idaho, is the widow of the above-named decedent and appears to be entitled to receive his or her effects.

(Signature of Summary Court Officer)

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

322195 *mf*

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

REPORT OF DEATH

DATE 12 December 1944
sfm 4632

FULL NAME Miles, Richard C.		ARMY SERIAL NUMBER 0766020	GRADE 2nd Lt.			
HOME ADDRESS Nampa, Idaho		ARM OR SERVICE Air Corps	DATE OF BIRTH 17 July 18			
PLACE OF DEATH European Area	CAUSE OF DEATH Airplane Accident		DATE OF DEATH 10 Nov 44			
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 8 Feb 44	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS			
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Barbara L. Miles, wife, Route #3, Nampa, Idaho						
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) On 1 October 1942, while an enlisted man, he designated as beneficiaries: Mrs. Barbara L. Miles, wife, same as above Mr. Robert L. Miles, son, 419 Locust St., Nampa, Idaho. (No Break In Service)						
INVESTIGATION MADE?	IN LINE OF DUTY	OWN MISCONDUCT	WAS DECEASED ON DUTY STATUS	AUTHORIZED ABSENCE	IN FLYING PAY STATUS	OTHER PAY STATUS (SPECIFY BELOW)
YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
	X	X	X		X	

EFFECTS BUREAU RECEIVED DEC 21 1944

ADDITIONAL DATA AND/OR STATEMENT

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

BATTLE
 NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR
J. M. ...
ADJUTANT GENERAL

322195

DSJ:LD:sh
May 22, 1946

Dear Mrs. Miles:

The Army Effects Bureau has received some additional property of your husband, Lieutenant Richard C. Miles.

9

This property consisting of a flight record is being sent you.

60

If, for some reason, the property has not reached you at the expiration of thirty days from the date of this letter, please notify me so tracer can be instituted.

67

Yours very truly,

D. S. JOHNSTON
2nd Lt., OMC
Chief, Adm. Division

AMOUNT OF CHECK	NOTE	DISCREPANCY IN	INCLOSE VALUABLES	RECIPIENT FROM
ACCOUNT NUMBER	NAME		SHIP VALUABLES	CASUALTY REPORT
	SERIAL NUMBER	VALUABLES SHIPPED BY (clerk)		INVENTORY
	RANK			FORM 20
<p>Mrs. Barbara L. Miles Route #3 2nd Lt. Richard C. Miles Nampa, Idaho O-766020 322 195-D</p>				LETTER
				NO. & TYPE OF CONTAINER
				ENVELOPE
				CARTONS
				PACKAGE
				FOOT LOCKER
				SPECIAL INSTRUCTIONS
				REMOVE GI
				SHIP BLOODSTAINED
				SHIP DAMAGED
REMOVE BL'DSTAINED				
REMOVE DAMAGED				
FILMS REMOVED				
DIARY REMOVED				
L. D. nwidie:ls SUMMARY COURT DATA			DATE ACTION TAKEN	5-21
DATE OF FINDING	APPLICANT		MAIL REVIEWER (initials)	g
REMARKS				SHIPPED
				FRANKED
				EXPRESS
				FREIGHT
				DATE SHIPPED
				MAY 24 1946
				SHIPPING CLERK
				ROUTING
				ACCOUNTING BRANCH
				WAREHOUSE
	FILE			
ORDER FOR ACTION				

EFF OM FORM 14
10 OCT 1945

MILES, RICHARD C.		LT	6020	
BAY	PALLET	BOX	LY	TYPE PKG
			7842	F. R.

Out -
Boeing

322,1952

ATTACHMENTS		EFFECTS INVENTORY		STATUS	
<input type="checkbox"/> INBOUND INVENTORY		ARMY EFFECTS BUREAU		<input type="checkbox"/> DECEASED	
<input type="checkbox"/> G. R. OR SUB GR LABEL				<input type="checkbox"/> MISSING	
<input type="checkbox"/> WILL OR POWER OF ATTY.				<input type="checkbox"/> P. O. W.	
<input checked="" type="checkbox"/> TALLY IN FORM 43				<input type="checkbox"/> ABANDONED	
				<input type="checkbox"/> UNKNOWN	
BAGS, CLOTH OR TRAVEL BELT, MONEY (NO MONEY) BILLFOLD (NO MONEY) BOOKS BRACELET, IDENT. CAMERAS CLOTHING MISC. ARTICLES RELIGIOUS ARTICLES RIBBONS, DECORATION SHORT SNORTER SOUVENIR MONEY SOUVENIRS TESTAMENTS TOWELS & WASHCLOTHS U. S. MONEY (AMOUNT) WATCH WINGS	BELT BOOKS, ADDRESS BOOKS, PILOT LOG BRUSHES CASE CLOTH, WASH COATS FOOTLOCKER FOOTWEAR, PR. GLASSES GLOVES, PR. HANDKERCHIEFS HEADWEAR JACKETS KITS KNIVES LETTERS LIGHTERS	OVERCOATS PAPERS, PERSONAL PENCIL, MECHANICAL PEN, FOUNTAIN PHOTOS PIPES RINGS SCARFS SHIRTS SOCKS, PR. STATIONERY TIES TOBACCO TOILET ARTICLES TOWELS TROUSERS, PR. TRUNKS, PR. UNDERWEAR	1 22-222 ✓ 7-2-22 ✓		
CONTAINERS ADDRESSED TO			INFORMATION		
none BU			none Rechecked-		
NAME AND STATUS VARIATIONS			CROSS REFERENCE		
<input type="checkbox"/> CHECK	<input type="checkbox"/> REC'D BY	NUMBER		<input type="checkbox"/> BUREAU CHECK	
<input type="checkbox"/> MONEY ORDER		SYMBOL		<input type="checkbox"/> TRANSMIT ORIGINAL	
<input type="checkbox"/> BOND		AMOUNT		<input type="checkbox"/> ORIG. REG. MAIL	
<input type="checkbox"/> TRAV. CHECK		DATE		<input type="checkbox"/> TO G. A. O.	
<input type="checkbox"/> FOREIGN CURRENCY		BANK OR PLACE OF ISSUE		<input type="checkbox"/> MUTILATED	
<input type="checkbox"/> U. S. CURRENCY		PAYEE		<input type="checkbox"/> TO ISSUING AGENCY	
WAREHOUSE SPACE		EXAMINED BY		DIARY REMOVED	
14H		PACKED BY		PHOTO FILM REMOVED	
PACKAGE DESCRIPTION		INSPECTED BY		MOTION PICTURE FILM REMOVED	
# envelope		STORED BY		SHIPPED	
				DATE	BY WHOM
				MAY 24 1946	



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

IN REPLY REFER TO 322195

JRM:VB:jm
May 4, 1945

Mrs. Barbara L. Miles
Route #3
Nampa, Idaho

Dear Mrs. Miles:

The Army Effects Bureau has received some additional property of your husband, Second Lieutenant Richard C. Miles.

These effects, contained in one carton, 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

cc

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:
Effects of: 2nd Lt. Richard C. Miles
Name O-766020
ASN 322195 D
Case No.
Wt.

Mrs. Barbara L. Miles
Route #3
Nampa, Idaho

DATE 2 May 1945

Virginia Schreder
FCR: Effects Quartermaster

REMARKS: JRM:VB:cr

 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.

Carto
REMARKS:

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

[Signature]
Shipping Clerk

NAME

MILES, R. C. 0-766020

BAY	PALLET	BOX	TALLY
	21		6975

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
D.B.		

Eff. QM Form 43

PACKAGE DESCRIPTION <i>#2 ch</i>	ARMY EFFECTS BUREAU INVENTORY 322195 <i>ms</i>	DECEASED <input checked="" type="checkbox"/> MISSING <input type="checkbox"/> P.O.W. <input type="checkbox"/> ABANDONED <input type="checkbox"/> TALLY NO. <i>6975</i>
NAME <i>Richard C. Miles</i>	A.S.N. <i>0706020</i> RANK <i>2nd Lt</i>	INV. DATE <i>13 Mar 45</i> ORIG. NO. OF PKGS. <i>1</i> BOX NO. SHEET OF <i>1</i> SHEETS ORGANIZATION <i>A.C.</i>

<input checked="" type="checkbox"/> BELT	<input type="checkbox"/> TOWELS & WASHCLOTHS	<input checked="" type="checkbox"/> WINGS
<input checked="" type="checkbox"/> BELT, MONEY (NO MONEY)	<input type="checkbox"/> CLOTHING	<input checked="" type="checkbox"/> BAGS, CLOTH OR TRAVEL
<input type="checkbox"/> CLOTH, WASH	<input type="checkbox"/> WALLET, IDENT.	<input type="checkbox"/> BILLFOLD, (NO MONEY)
<i>2</i> <input checked="" type="checkbox"/> COATS <i>with bags</i>	<input type="checkbox"/> BRUSHES	<input type="checkbox"/> CASE
<i>2</i> <input checked="" type="checkbox"/> FOOTWEAR, PR	<input type="checkbox"/> CAMERAS	<input type="checkbox"/> FOOTLOCKER
<input checked="" type="checkbox"/> GLOVES, PR	<input type="checkbox"/> GLASSES	<input checked="" type="checkbox"/> KIT, GEN. TLT. OR WRITING
<input checked="" type="checkbox"/> HANKERCHIEFS	<input type="checkbox"/> KNIVES	<input type="checkbox"/> BOOKS
<input type="checkbox"/> HEADWEAR	<input type="checkbox"/> LIGHTERS	<input type="checkbox"/> BOOKS, ADDRESS
<input checked="" type="checkbox"/> JACKETS	<input type="checkbox"/> MISC. INSIGNIA	<input type="checkbox"/> BOOKS, PILOT LOG
<input checked="" type="checkbox"/> OVERCOATS	<input type="checkbox"/> PEN, FOUNTAIN	<input checked="" type="checkbox"/> DIARY (REMOVED FOR DUR)
<input type="checkbox"/> SCARFS	<input checked="" type="checkbox"/> PENCIL, MECHANICAL	<input type="checkbox"/> FILMS
<i>16</i> <input checked="" type="checkbox"/> SHIRTS	<input type="checkbox"/> PIPES	<input type="checkbox"/> LETTERS
<input checked="" type="checkbox"/> SOCKS, PR	<input type="checkbox"/> RELIGIOUS ARTICLES	<input type="checkbox"/> PAPERS, PERSONAL
<input checked="" type="checkbox"/> TIES	<input type="checkbox"/> RIBBONS, DECORATIVE	<input type="checkbox"/> PHOTOS
<input checked="" type="checkbox"/> TOWELS	<input type="checkbox"/> RINGS	<input checked="" type="checkbox"/> SHOE SHINE ARTICLES
<i>10</i> <input checked="" type="checkbox"/> TROUSERS, PR	<input type="checkbox"/> TOBACCO	<input checked="" type="checkbox"/> SHORT SNORTER
<input checked="" type="checkbox"/> TRUNKS, PR	<input type="checkbox"/> TOILET ARTICLES	<input type="checkbox"/> SOUVENIRS
<input checked="" type="checkbox"/> UNDERWEAR	<input type="checkbox"/> WATCH	<input type="checkbox"/> SOUVENIR MONEY
		<input type="checkbox"/> STATIONERY
		<input type="checkbox"/> TESTAMENTS
		<input type="checkbox"/> U.S. MONEY (AMOUNT)

*full
from*

REMARKS *no information rechecked* ATTACHMENTS FORM #54 FORM #100

C.A.T. <i>none</i>	WEIGHT	G.I. REMOVED
WAREHOUSE SPACE <i>1837X</i>	STORED BY <i>MS</i>	SHORTAGE ON REVERSE
INVENTORIED BY <i>Muchmore</i>	DATE SHIPPED <i>MAY 9 1945</i>	IDENT. TAGS REMOVED
PACKED BY <i>Kochinski</i>	CHECKED BY <i>[Signature]</i>	DIARY REMOVED
	<input checked="" type="checkbox"/> #43 OR ADDITIONAL	LOCKED STORAGE
		LAUNDRY REMOVED
		FILM REMOVED



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

IN REPLY REFER TO 322195 ✓

JRM:JBS:sh ✓
April 3, 1945

End

Dear Mrs. Miles: ✓

The Army Effects Bureau has received from overseas some personal effects of your husband, Lieutenant Richard C. Miles. ✓

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, ✓

HARRY NIEMIEC ✓
2nd Lt. Q.M.C. ✓
Chief, Correspondence Branch ✓

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mrs. Barbara L. Miles

Effects of:
Name 2nd Lt. Richard C. Miles

Route # 3

ASH 0-766,020

Nampa, Idaho

Case No. 322,195 D

WT.

DATE March 29, 1945 SP fl

M. Gorham
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:

17 footlocker
Fracked FRACKED
Est. Exp. Chgs. _____
Est. Frt. Chgs. _____
No. of packages 1

APR 12 1945

MAR 30 1945

Eff. QM Form 14 (26 Dec 44)

HML
Shipping Clerk

PACKAGE DESCRIPTION <i>#1771 Luchera</i>		ARMY EFFECTS BUREAU INVENTORY		DECEASED <input checked="" type="checkbox"/>
				MISSING <input type="checkbox"/>
				P.O.W. <input type="checkbox"/>
				ABANDONED <input type="checkbox"/>
				TALLY NO. <i>6972</i>
				INV. DATE <i>8 MAR 1945</i>
				ORIG. NO. OF PKGS. <i>1</i>
				BOX NO.
				SHEET OF <i>1</i> SHEETS
				ORGANIZATION <i>668 Bomb Sq 416 Bom B Co</i>

NAME *RICHARD C. MILES* ✓
A.S.N. *0-766020* ✓ RANK *LT.* ✓

322,195
0015

<input type="checkbox"/> BELT	<input checked="" type="checkbox"/> TOWELS & WASHCLOTHS	<input type="checkbox"/> WINGS
<input checked="" type="checkbox"/> BELT, MONEY (NO MONEY)	<input checked="" type="checkbox"/> CLOTHING	<input checked="" type="checkbox"/> BAGS, CLOTH OR T'AVEL
<input type="checkbox"/> CLOTH, WASH	<input type="checkbox"/> BRACELET, IDENT.	<input checked="" type="checkbox"/> BILLFOLD, (NO MONEY)
<input type="checkbox"/> COATS	<input type="checkbox"/> BRUSHES	<input type="checkbox"/> CASE
<input type="checkbox"/> FOOTWEAR, PR	<input checked="" type="checkbox"/> CAMERAS <i>1</i>	<input type="checkbox"/> FOOTLOCKER
<input type="checkbox"/> GLOVES, PR	<input type="checkbox"/> GLASSES	<input checked="" type="checkbox"/> KIT, SEW, TLT, OR WRITING
<input type="checkbox"/> HANDKERCHIEFS	<input type="checkbox"/> KNIVES	<input type="checkbox"/> BOOKS
<input type="checkbox"/> HEADWEAR	<input type="checkbox"/> LIGHTERS	<input type="checkbox"/> BOOKS, ADDRESS
<input type="checkbox"/> JACKETS	<input checked="" type="checkbox"/> MISC. INSTRUMENTS	<input type="checkbox"/> BOOKS, ILOT LOG
<input type="checkbox"/> OVERCOATS	<input type="checkbox"/> PEN, FOUNTAIN	<input checked="" type="checkbox"/> DIARY (REMOVED FOR DUR)
<input type="checkbox"/> SCARFS	<input type="checkbox"/> PENCIL, MECHANICAL	<input checked="" type="checkbox"/> FILMS <i>3</i>
<input type="checkbox"/> SHIRTS	<input type="checkbox"/> PIPES	<input type="checkbox"/> LETTERS
<input type="checkbox"/> SOCKS, PR	<input checked="" type="checkbox"/> RELIGIOUS ARTICLES	<input type="checkbox"/> PAPERS, PERSONAL
<input type="checkbox"/> TIES	<input checked="" 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 checked="" type="checkbox"/> SHORT SNORTER
<input type="checkbox"/> TRUNKS, PR.	<input type="checkbox"/> TOILET ARTICLES	<input checked="" type="checkbox"/> SOUVENIRS
<input type="checkbox"/> UNDERWEAR	<input type="checkbox"/> WATCH	<input checked="" type="checkbox"/> SOUVENIR MONEY
		<input type="checkbox"/> STATIONERY
		<input checked="" type="checkbox"/> TESTAMENTS
		<input checked="" type="checkbox"/> U.S. MONEY (AMOUNT)

fill in

REMARKS *no information* ATTACHMENTS FORM #54 FORM #100

Rechecked + found
R. C. Miles
1306 A. 26th St
none Boise Idaho

C.A.T.	WEIGHT	G.I. REMOVED
WAREHOUSE SPACE <i>1440X</i>	STORED BY <i>JEM</i>	<input checked="" type="checkbox"/> SHORTAGE ON REVERSE
INVENTORIED BY <i>Shelton</i>	DATE SHIPPED <i>MAR 30 1945</i>	<input checked="" type="checkbox"/> IDENT. TAGS REMOVED
PACKED BY <i>Andrews</i>	CHECKED BY <i>B</i>	<input type="checkbox"/> DIARY REMOVED
	<input checked="" type="checkbox"/> #3 OR ADDITIONAL	<input type="checkbox"/> LOCKED STORAGE
		<input type="checkbox"/> LAUNDRY REMOVED
		<input type="checkbox"/> FILM REMOVED

ADDITIONAL REMARKS

SHORTAGES

U.S. GOVT. CHECK SHORT

2 Blues Summer & winter
 1 pants green
 2 pants Pink
 1 pants gaberdine
 6 pants summer
 10 shirt Sun Tan
 3 shirts Halberdine
 1 shirt D.D.
 1 shirt Green
 2 pr. Shoes
 1 cap Garrison winter
 1 cap Garrison summer
 1 cap Garrison Summer
 1 pr. glasses
 1 pair of pants
 1 sweat suit
 1 Dress wool
 8 Handkerchiefs
 1 Windup shirt wool
 25 pr Socks
 7 Shorts
 6 ties

NUMBER
 DATE
 SYMBOL
 AMOUNT

1 million Case

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

J. Stettin
 INVENTORY CLERK

R. Grube
 SUPERVISOR

G. I. REMOVE

NAME

~~MIKE~~ MILES, RICHARD C. LT.

BAY	PALLET	BOX	TALLY
	6		6972
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
F.L.			

Eff. QM Form 43

INVENTORY OF EFFECTS

(See AR 600-550)

Miles Richard C O 766 020

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

late a 2d Lt 553th Bomb Sq (L)

(Grade) (Organization or arm or service)

who died on the 10 day of Nov, 1944

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

NUMBER	ARTICLES	*PACKAGE NUMBER
1	Alarm Clock	
1	Billfold	
1	Fountain Pen	
1	Folder with Pictures	
1	Camera & Case (35mm)	
3	Rolls Film (35mm)	
1	Electric Razor	
1	Sunglasses	
7	2d Lt Bagg	
1	Eagle Cap Insignia	
3	Air Corps Insignia (Bag & Prop)	
4	U.S. Insignia	
1	Pilots Wings	
4	Gold Uniform Buttons	
1	Brass Buckle	
1	Bible	
1	Flashlight	

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

CLASS II—Other effects

NUMBER	ARTICLES
1	Top Coat
1	Field Jacket
1	Blouse (winter) 12
1	Blouse (summer) 0
1	Trousers (green) 0
2	Trousers (pink) 12
1	Trousers (gaberdine) 0
6	Trousers (Sun-Tan) 0
10	Shirts (Sun-Tan) 0
3	Shirts (Gaberdine) 0

CLASS II—Continued

NUMBER	ARTICLES
1	Shirt (Wool-O.D.) 0
1	Shirt (Wool) 3 0
1	Shirt (Pink) 0
1	Pr Shoes (Low Cut) 2
1	Cap (Garrison Winter) 1
1	Cap (Garrison Overcoat) 0
1	Cap (Pink Overcoat) 0
1	Cap (Garrison Summer) 0
1	Cap (Khaki Overcoat) 0
1	Pr Glove (Wool) 0
6	Towels
1	Perfume 0
1	Sweat Suit 0
1	Brokers Vest 0
23	Undershirts (Cotton) ✓
15	Handkerchiefs 0
1	Undershirt (Wool) 0
25	Pr Socks 0
7	Shorts (Cotton) 0
6	Ties
1	Pillow Case 0
Money	Specie \$ _____
	Notes \$ _____

I CERTIFY that the foregoing inventory comprises all the effects of the deceased whose name appears on the first page hereof, and that *the effects were delivered

to _____
 (Give name and degree of relationship; if legal representative

or beneficiary named by the deceased, so state)

*the effects of class I have been forwarded to The Adjutant General and those of class II have been sold.

 CITY _____

 (Station)

_____, 19____
 (Date)

*Strike out words not applicable.

