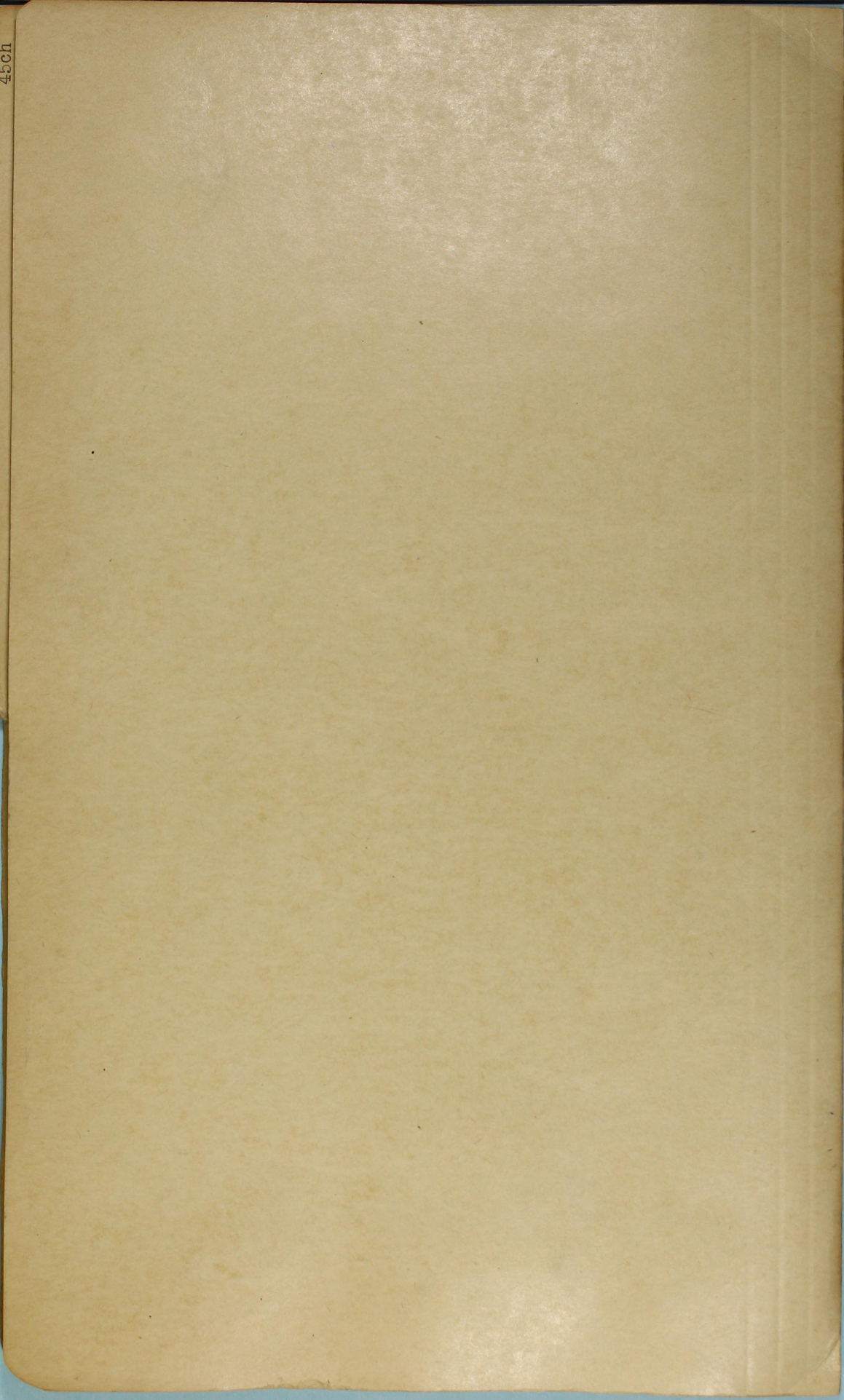


293 WYLIE, ALVIN O. 13, 170, 122 SGT. AC. EUROP. AREA. (PENNA.)
45ch



RRE Form #39
13 Jul 46

Attached hereto correspondence and/or other identifying media of possible archival value, pertaining to:

21
WYLIE Alvin O. SGT 13170122
 (Last Name) (First Name) (Initial) (Rank) (ASG)

Repatriated to the United States: 5 - MAR 1949

STATION FILE

Incl #

ALVIN O WYLIE
 13170122 T43-4 O

RESTRICTED
 INVENTORY OF PERSONAL EFFECTS

US Mil. Cem. #1 Foy, Bel
 26 Feb 45

Date

SUBJECT: Inventory of Personal Effects of;

WYLIE	Alvin	O	Unk	13170122
(Last Name)	(First Name)	(MI)	(Rank)	(ASN)
TO: Effects Quartermaster, Communications Zone, APO 887 US Army				
The above named individual of <u>Unk 416</u> <u>AAF</u>				
(Unit) (Organization)				
was reported <u>deceased</u> about <u>20 Jan</u> 1945				
(Status-Killed, MIA, Hospitalized, etc.) (Date)				
Designated Beneficiary if information readily accessible				
<u>Unk</u>				

INVENTORY OF EFFECTS

- 1 10K Gold HS ring (A.O.W.)
- 1 Photo
- 3 Souv. coins
- No currency

Money in the amount of none has been turned into _____
 Form WDFD 36 enclosed. (Name of Finance Officer
 and symbol number)

Names and addresses of any Banks in which accounts may be carried.

I certify that the above items constitute all of the effects, secured by
 me, of the above named individual and that they ~~were~~ forwarded to the Effects
 Depot by Truck on 15 Mar 45 will be
 (Rail, Truck, etc.) (Date)

Name W E Samson
 WILLIAM E SAMSON
 Rank & ASN 1st Lt OMC
 Organization 3043 OMCR CO

Any additional pertinent information:

RESTRICTED

AMERICAN GRAVES REGISTRATION DIVISION
 COLUMBUS GENERAL DISTRIBUTION DEPOT
 COLUMBUS 15, OHIO

SUMMARY SHEET OF CLAIM OR POTENTIAL CLAIM BY FUNERAL DIRECTORS

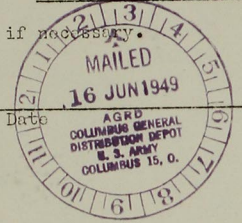
In accordance with letter Office of the Quartermaster General dated 25 August 1948, file QMGMO, Subject: Discrepancies in Permanent 293 Files, the following information is furnished

To be filled in if claim has been received

1. Name and serial number of deceased: _____
2. Name of claimant: _____
3. Amount claimed: _____
4. Amount allowed (if any): _____
5. Purchase order number (if any): _____

To be filled in if a potential claim exists

1. Name of potential claimant: Frank L. Hamkey and Sons, 843 Fifth Ave., New Kensington, Pa. P/B: New Texas, Pa.
2. For transportation of remains of ALVIN O. WYLIE SGT USAAF
 Serial 13170122 from New Kensington Pa. Station
 to New Texas, Pa. and return escort to railhead
 if necessary.

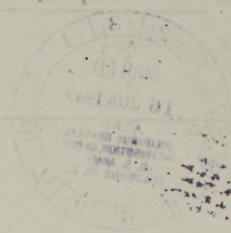


Francis Fappiano (MD)
 FRANCIS FAPPIANO
 Capt, QMG
 OIC, Administrative Branch

FILE

Faint, illegible text on a lined document page.

Handwritten signature or name in blue ink.



COPY WW II

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES <small>(Read Explanation on Reverse Side before completing form)</small>		DATE
NAME OF DECEDENT (Last, First, Middle Initial) Wylie, Alvin O.		TO BE FILLED IN BY CLAIMANT A. <input checked="" type="checkbox"/> INTERMENT EXPENSES (Civilian or Private Cemetery) B. <input type="checkbox"/> TRANSPORTATION EXPENSES (National or Post Cemetery)
BRANCH OF SERVICE Air Corps		
RANK OR GRADE Sgt.	SERIAL NO. 13170122	
INSTRUCTIONS TO PERSONS SIGNING THIS FORM		
<ol style="list-style-type: none"> 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		FILL IN THIS STATEMENT IF BOX "B" IS CHECKED
I certify that the sum of \$ 75.00 was paid by me from personal funds in connection with the interment of the remains of the above-named decedent in the cemetery indicated below:		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)
NAME of Cemetery: Pennsylvan Cemetery		TO: (Name and Location of National or Post Cemetery)
CITY OR COUNTY: Allegheny County		
STATE: Pennsylvania		
RETURN FOUR COPIES TO AMERICAN COFFINS REGISTRATION DIVISION COLUMBUS GENERAL DEPOT COLUMBUS, OHIO		SIGN ORIGINAL ONLY
		SIGNATURE OF CLAIMANT
		ADDRESS (Street number or RFD, City and State)
		RELATIONSHIP TO DECEDENT
REMARKS		
<p>PAID ON VOUCHER 121033 MAY 5 1949 ACCOUNTS OF W. KNOBELOCH, Lt. Col. F. D. SYMBOL NO. 211-943</p>		

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 expenses 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.

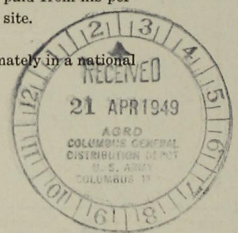
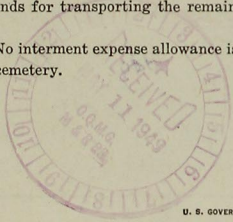
PART B

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 expenses 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 ultimately in a national or post cemetery.



18104

RECEIPT OF REMAINS

DISTRIBUTION CENTER COLUMBUS GENERAL DEPOT COLUMBUS 15 OHIO

ROUTINE 13 APRIL 1949

REMAINS CONSIGNED TO: FRANK L HANKEY AND SONS
843 FIFTH AVENUE
NEW KENSINGTON PENNSYLVANIA

FROM QMDGG _____ BARDEN

REMAINS OF THE LATE SGT ALVIN O WYLIE ASN 13170122 BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT ON TRAIN NO 932 PENNSYLVANIA RAILROAD LEAVING COLUMBUS 2:25 AM EIGHTEEN APRIL AND DUE TO ARRIVE NEW KENSINGTON PENNSYLVANIA 9:59 AM RAILROAD TIME EIGHTEEN APRIL. REQUEST YOU IMMEDIATELY PASS THIS INFORMATION ON TO NEXT OF KIN. REQUEST FURTHER YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT STATION UPON ARRIVAL AND TRANSPORT REMAINS AND ESCORT TO NEW TEXAS PENNSYLVANIA THE PLACE OF FINAL BURIAL AND RETURN ESCORT TO RAILROAD STATION. YOU SHOULD SUBMIT ITEMIZED STATEMENT IN QUADRUPLICATE PROPERLY CERTIFIED TO THIS DEPOT FOR PAYMENT OF TRANSPORTATION CHARGES ONLY IF ANY FROM NEW KENSINGTON PENNSYLVANIA STATION TO NEW TEXAS.

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

THIS 18th DAY OF April, 1949

W. J. H. H. (Witness Signature)
WITNESS (Escort)

Frank L. Hankey & Sons (Consignee Signature)
CONSIGNEE

FILE
RECORDS ANNOTATED
DATE MAY 7 1949
NAME B A MATTHEWS
S. S. DIV.

REPORT OF TRAINING

Faded header text including fields for name, rank, and organization.

Main body of faded text, likely a narrative report.

REPAIRS
RECORDS BRANCH

APR 29 1 56 PM '49

MEMORIAL DIVISION

UNITED STATES GOVERNMENT
WASHINGTON, D.C.
DAVE J. WALLACE
VTD

OFFICE

GH 7844

1

DISINTERMENT DIRECTIVE

13-58
5

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
1225 02669

DATE
15 07 48
DAY MONTH YEAR

NAME: WYLIE ALVIN O
SERIAL NUMBER: 13170122
RANK: SGT
ARM: 1
DATE OF DEATH: DAY MONTH YEAR

CEMETERY: FOY BASTOGNE
DISPOSITION OF REMAINS: 3200 07
CODE DIST. PT.

PLOT: F ROW: 11 GRAVE: 262 COUNTRY: BELGIUM
CAUSE OF DEATH: 1

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: FRANK L. HANKEY & Sons, 843 FIFTH AVENUE, NEW KENSINGTON, PENNSYLVANIA (F/B NEW TEXAS, PENNSYLVANIA)
NAME AND ADDRESS OF NEXT OF KIN: MRS. MARIE Y. WYLIE (MOTHER), 460 RIVERVIEW DRIVE, 1211 Victoria Ave, NEW KENSINGTON, PENNSYLVANIA

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME: ALVIN O WYLIE
SERIAL NUMBER: 13170122
RANK: SGT
DATE OF DEATH: [blank]
DATE DISTINTERRED: 24 SEPT 1948

IDENTIFICATION TAG ON: REMAINS, MARKER
ORGANIZATION: USAAF
RELIGION: P
IDENTIFICATION VERIFIED BY: JOHN ORAZEN CAPT QMC
NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: UNIFORM
CONDITION OF REMAINS: [Disturbing text redacted]

OTHER MEANS OF IDENTIFICATION: NONE

MINOR DISCREPANCIES: NONE

REMAINS PREPARED AND PLACED IN CASKET: TRANSFER BOX, 30 SEPTEMBER 1948
BY: RICHARD S HOLIVER EMBALMER.

CASKET SEALED BY: RICHARD N CONRAD, EMB. SUPV.
EMBALMER (Signature): RICHARD N CONRAD, EMB. SUPV.

CASKET BOXED AND MARKED: 20/12/48
DATE BY: CHARLES R CARDER, CLERK RECORDER
SHIPPING ADDRESS VERIFIED BY: ALL PLATES MARKINGS & TAGS VERIFIED BY: E.N. HEISEY, 1/LT., QMC.

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

VERNON N HOYT 1/LT INF.

SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC HENRI-CHAPELLE	TO ANTWERP PORT - PIER 140
KIND OF CONVEYANCE TRUCK & RAIL	NAME OF CONVOYER PVT MITCHELL R SKIDMORE RA 45012621
SIGNATURE OF SHIPPER <i>Gustav Hoffman</i> GUSTAV HOFFMAN CAPT INF 10/12/48 0-233702	SIGNATURE OF RECEIVER <i>[Signature]</i> DATE DEC 1948

2. SHIPPED

FROM AGRC ANTWERP BELGIUM	TO USAT HAITI VICTORY
KIND OF CONVEYANCE VC. 2	NAME OF CONVOYER A. S. KIMBERLIN 1st. Lt. INF.
SIGNATURE OF SHIPPER L E Butler Lt Col Inf 1 MAR 1949	SIGNATURE OF RECEIVER <i>[Signature]</i> DATE 1 MAR 1949

3. SHIPPED

FROM	TO NYPE
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER <i>[Signature]</i> W. W. PREISCH LIEUT. COLONEL, TC. DATE MAR 15 1949

4. SHIPPED

FROM NYPE TRAIN	TO PORT TRANSPORTATION OFFICER
KIND OF CONVEYANCE	NAME OF CONVOYER Mc #07
SIGNATURE OF SHIPPER W. W. PREISCH LIEUT. COLONEL, TC. TRANSPORTATION OFFICER MAR 17 1949	SIGNATURE OF RECEIVER <i>[Signature]</i> DATE MAR 21 1949

5. SHIPPED

FROM	TO
KIND OF CONVEYANCE XVS' BEINISAGAVIIV MEM KENSINGION' BEINISAGAVIIV	NAME OF CONVOYER MEM KENSINGION' BEINISAGAVIIV
SIGNATURE OF SHIPPER EBVIK F' HVIKELA 2042	SIGNATURE OF RECEIVER MBS' MYBIE A' MAGIE (MCINER) DATE

6. SHIPPED

FROM S SES BERGIOM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER DATE

7. SHIPPED

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

3 -

CH

MESSAGEFORM

MESSAGE CENTER NO. TRANSMITTING MEANS CRYPTOGRAPH OR CLEAR TEXT

NY 026-R

CALLS	STA. SER. NO.	PRECEDENCE	TRANSMISSION INSTRUCTIONS	ORIGINATOR	DATE-TIME GROUP
<i>change</i>	<i>NR</i>				
ACTION	INFORMATION	EXEMPT	OPERATING SIGNALS	GROUP COUNT	
	WESTERN UNION			GR	

SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM: (Originator)

ACTION TO: **MRS MARIE Y WYLIE**
DLR AND REPORT ANY CHARGES
460 RIVERVIEW DRIVE
NEW KENSINGTON PENNSYLVANIA

INFORMATION TO: FROM QMDCG *19450-c* BARDEN

SECURITY CLASSIFICATION
GOVT PD

PRECEDENCE FOR
ACTION: **DAY LETTER**
INFORMATION:

ORIGINAL MESSAGE

REFERS TO ANOTHER MESSAGE
IDENTIFICATION: CLASSIFICATION:

WE HAVE BEEN ADVISED REMAINS OF THE LATE SERGEANT ALVIN O WYLIE

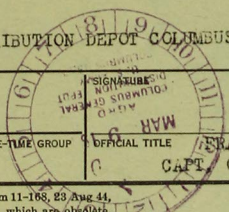
ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED TO FRANK L HANKEY AND SONS

843 FIFTH AVENUE NEW KENSINGTON PENNSYLVANIA

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.

BOYMAN CO COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS OHIO

SECURITY CLASSIFICATION	AUTHORIZATION
ORIGINATING AGENCY	DATE-TIME GROUP
SYMBOL	OFFICIAL TITLE
	FRANCIS FAPPIANO CAPT QMC, Asst AGR Div
	PAGE OF



WD AGO FORM 11-168
 15 JUN 1945 Model 1

This form supersedes WD AGO Form 11-168, 23 Aug 44, and WD AGO Form 801, 12 Mar 43, which are obsolete.
 Rail - Funeral Director Designated

1252P

WU111 52 6 EXTRA DL COLLECT NEWKENS NGTON PENN 10 1121A
BURDEN COLUMBUS GENL DIST DEPOT

MY ORIGINAL PLANS FOR DELIVERY OF REMAINS OF THE LATE SGT
ALVIN O WYLIE TO FRANK L HANKEY AND SONS FUNERAL
DIRECTORS 843 5TH AVE NEW KENSINGTON PENN WILL BE
CARRIED OUT VETERANS OF FOREIGN WARS POST 92 NEW KENSINGTON
PENN WILL CONDUCT MILITARY HONORS

MRS MARIE Y WYLIE 1211 VICTORIA AVE NEW
KENSINGTON PENN

843 5 92 1211

1254P

INSPECTION CHECKLIST

(For use at Distribution Center)

Air Corps

NAME Wylie, Alvin O.		RANK Sgt	SERIAL NUMBER 13170122
SOURCE NY 226R		CONSIGNEE Frank L. Hankey & Sons 843 Fifth Avenue New Kensington, Pennsylvania	
SHIPPING CASE - GENERAL APPEARANCE (CHECK ONLY DISCREPANCIES)		CONDITION OF SHIPPING CASE (CHECK ONE)	
<input type="checkbox"/> SATISFACTORY		<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	
FINISH (EXTERIOR)		REMARKS Repair Molding in Bay	
FINISH (INTERIOR)			
HANDLES			
HAND BOLTS			
STENCILING - NAMEPLATE			
HEALTH PERMIT MARKER			
HEALTH PERMIT NUMBER			
CASKET - GENERAL APPEARANCE (CHECK ONLY DISCREPANCIES)		CONDITION OF CASKET (CHECK ONE)	
<input type="checkbox"/> SATISFACTORY		<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	
FINISH (EXTERIOR)		REMARKS OK	
HANDLES AND FASTENINGS			
STENCILING - NAMEPLATE			
CUP LOCKS (SEALING)			
ODOR OR MOISTURE			
ROUTED THROUGH			
<input type="checkbox"/> MORTUARY OPERATING ROOM		<input type="checkbox"/> MORTUARY REPAIR SHOP	
CONDITION OF REMAINS <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY		CASKET REPAIRS <input type="checkbox"/> YES <input type="checkbox"/> NO	
NECESSARY DISINFECTION (EXPLAIN)		CASKET EXCHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO	
		SHIPPING CASE REPAIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	
		SHIPPING CASE EXCHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO	
REMARKS			

W
4
3

TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTOR
			1020	7/49	<i>[Signature]</i>

REMARKS

[Signature]

Page 103

REQUEST FOR DISPOSITION OF REMAINS *L-2-17*

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

DATE:

Sgt Alvin O. Wylie, 13 170 122
Plot F, Row 11, Grave 262,
United States Military Cemetery
Foy, Belgium

5 January 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, Mrs. Marie Y. Wylie

(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

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

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

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

Plum Creek Cemetery, New Texas, Pennsylvania
(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

*sub proc
JUN 26 1948*

dmw
Corred H. Janna
7-6-48

8 JUN 1948

H. Fisher

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 Wylie	FIRST NAME Marie	MIDDLE INITIAL Y
NUMBER AND STREET 460 Riverview Drive	CITY OR TOWN New Kensington	COUNTY OR PROVINCE Westmoreland
EXPRESS OFFICE (Nearest railroad passenger station) New Kensington, Pa.	TELEGRAPH ADDRESS New Kensington, Pa.	STATE OR TERRITORY OF U. S. A., OR COUNTRY Penna.
		TELEPHONE No. 940

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 (Frank L. Hankey) FRANK L. HANKEY			
NUMBER AND STREET 843 5th Avenue	CITY OR TOWN New Kensington	COUNTY OR PROVINCE Westmoreland	STATE OR TERRITORY OF U. S. A., OR COUNTRY Penna.
EXPRESS OFFICE (Nearest railroad passenger station) New Kensington	TELEGRAPH ADDRESS 843 5th Ave., New Kensington, Pa.	TELEPHONE No. 7 (7)	
NEW KENSINGTON PA 843-5AVE			

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 Wylie	FIRST NAME Merle	MIDDLE INITIAL M	RELATIONSHIP TO DECEASED Brother
NUMBER AND STREET 460 Riverview Drive	CITY OR TOWN New Kensington	COUNTY OR PROVINCE Westmoreland	STATE OR TERRITORY OF U. S. A., OR COUNTRY Penna.

REMARKS OR ADDITIONAL INSTRUCTIONS (For additional space use page 4.)

AS EXPLAINED IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," I AM THE NEXT OF KIN AND THE INDIVIDUAL AUTHORIZED TO DIRECT THE DISPOSITION OF THE SAID REMAINS.

I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in the foregoing document are full and true to the best of my knowledge and belief.

Mrs. Marie Y. Wylie
(SIGNATURE OF NEXT OF KIN) 460 Riverview Drive, New Kensington, Pa.
(STREET AND NUMBER)
Mrs. Marie Y. Wylie New Kensington, Pennsylvania
(NAME PRINTED OR TYPED) (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 10th day of January, 1948, at city (or town) of New Kensington, county of Westmoreland, and State (or Territory or District) of Pennsylvania

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

BARNET SAKULSKY, Notary Public
MY COMMISSION EXPIRES MAY 1, 1948

Barnet Sakulsky
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Notary Public
(OFFICIAL TITLE)

If you are the next of kin and you

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

LAST NAME
RELATIONSHIP TO THE DECEASED
NUMBER AND STREET

WHOM I UNDERSTAND SHALL HAVE

(SIGNATURE OF _____)

(NAME PRINTED _____)

If you are NOT the next of kin aut

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

LAST NAME
RELATIONSHIP TO THE DECEASED
NUMBER AND STREET

(SIGNATURE OF _____)

(NAME PRINTED _____)

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.

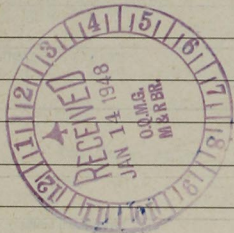
LAST NAME	FIRST NAME	MIDDLE INITIAL
RELATIONSHIP TO THE DECEASED		
NUMBER AND STREET	CITY OR TOWN	STATE OR COUNTRY

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

ADDITIONAL REMARKS AND INSTRUCTIONS

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

Lined area for additional remarks and instructions.



243
 Sgt Alvin O. Wylie, 13 170 122
 Plot F, Row 11, Grave 262,
 United States Military Cemetery
 Foy, Belgium *ms*

5 January 1946

Mrs. Marie Y. Wylie
 460 Riverview Drive
 New Kensington, Pennsylvania

Dear Mrs. Wylie:

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 L.A. 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.

how

Jan 5 12 28 PM '46
 O. D. H. C.
 MAIL & RECORDS BRANCH

SPQYG 293
Wylie, Alvin O.
S.N. 13170122

September 27, 1945

Mrs. Marie Y. Wylie
460 Riverview Drive
New Kensington, Pennsylvania

Dear Mrs. Wylie:

Receipt is acknowledged of your letter requesting information concerning your son, the late Sergeant Alvin O. Wylie.

At the outbreak of the war, it became necessary to adopt the policy that the remains of our American dead overseas should not be returned to the United States until after the cessation of hostilities.

Now that Japan has been defeated, immediate plans are being formulated with a view to returning to the next of kin the remains of their loved ones. This sacred duty will be carried out by the Government at its expense and insofar as practicable in accordance with the expressed wishes of the legal next of kin, who will be notified well in advance of the actual return of the remains. The mission as a whole is world wide in scope and of necessity time consuming, but you may rest assured that this office fully appreciates your desire and will do everything in its power to fulfill them at the earliest possible date.

The official report of interment received in this office shows that the remains of your son were interred at United States Military Cemetery, Foy, Belgium, Plot F, Row 11, Grave 262. This cemetery is located four miles northeast of Bastogne and twenty miles southeast of Marche, both in Belgium.

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

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

M. V. TURNER
Colonel, QMC
Assistat

SEP 27 1945
MAIL & RECORDS BRANCH

SEP 27 1945
09 PM '45
GENERAL DIVISION

August 25, 1945
460 Riverview Drive
New Kensington, Pa.

Graves Registration Bureau
Washington D.C.

Gentlemen;

297
I received a telegram January 10, 1945 from the War Department that my son Alvin C. Wylie 13170122 668th Bomb Sqdn (L) 416th Bomb Gp (L) was reported missing December 25th 1944 and on March 19, 1945 I received a telegram from the War Department that he was reported killed December 25, 1944 and later received word that he is buried at the United States Military Cemetery No.1 Foy, Belgium.

I want to bring him home for burial in our family cemetery lot as soon as possible, please advise me the procedure to follow.

Sincerely

Mrs Marie Wylie

RECEIVED
SEP 1 1945
GRAVES REGISTRATION BUREAU
WASHINGTON D.C.



MEMORIAL DIVISION
AUG 29 1 51 PM '45

GRAVES REGISTRATION SECTION
AUG 29 4 13 PM '45
MEMORIAL DIVISION

REPORT OF BURIAL IF DECEASED UNIDENTIFIED

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

4	Height:	Laundry Marks:
3	Weight:	Number of Rifle:
2	Color of Eyes:	Wear Glasses?
1	Color of Hair:	Is Tooth Chart Attached?
Thumbs	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.

Position of Identification Tags: buried with body? Yes No Attached to Marker? Yes No

What means of identification were buried with the body?
Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.

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

Deceased's Right	Who is buried on Deceased's Right:
Deceased's Left	Who is buried on Deceased's Left:

TOOTH CHART

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

Indicate: missing natural teeth by X; crowns by C; fillings by F; Bridges by B; Linking anchor teeth; replacements by artificial teeth X

Characterize:

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.

Emergency Address: _____

Address: _____

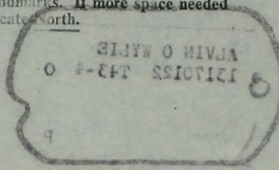
Religion: _____

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

Signature: _____

Date: _____

Printed by: _____



WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH

dic/3831 DATE 26 March 1945.

FULL NAME WYLIE, ALVIN O.		ARMY SERIAL NUMBER 13170122		GRADE SGT	
HOME ADDRESS New Kensington, Pennsylvania		ARM OR SERVICE AC		DATE OF BIRTH 3 Jan 24	
PLACE OF DEATH European Area		CAUSE OF DEATH Killed in action		DATE OF DEATH 25 Dec 44	
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 8 Dec 42		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS	
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Marie Y. Wylie, mother, 460 Riverview Drive, New Kensington, Penna.					
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Marie Y. Wylie, mother, same as above., Mr. Merle M. Wylie, same as above, brother/					
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT	
YES	NO	YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS	
YES	NO	YES	NO	YES	NO
				X	
OTHER PAY STATUS (SPECIFY BELOW)					
YES	NO				

ADDITIONAL DATA AND/OR STATEMENT

BATTLE NON-BATTLE

The individual named in this report of death is held by the War Department to have been in a missing in action status from 25 December 1944, until such absence was terminated on 19 March 1945, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a commander in the European Area.

6 APR 1945

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

BY ORDER OF THE SECRETARY OF WAR:
John M. O'Keefe
ADJUTANT GENERAL

350,347
\$

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

REPORT OF DEATH

djc/3831 DATE 26 March 1948.

FULL NAME WYLIE, ALVIN O.		ARMY SERIAL NUMBER 13170122		GRADE SGT	
HOME ADDRESS New Kensington, Pennsylvania		ARM OR SERVICE AO		DATE OF BIRTH 3 Jan 24	
PLACE OF DEATH European Area		CAUSE OF DEATH Killed in action		DATE OF DEATH 25 Dec 44	
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 8 Dec 42		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS	
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Marie Y. Wylie, mother, 460 Riverview Drive, New Kensington, Penn.					
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Marie Y. Wylie, mother, same as above., Mr. Merle M. Wylie, same as above, brother.					
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT	
YES	NO	YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS	
YES	NO	YES	NO	YES	NO
				X	
OTHER PAY STATUS (SPECIFY BELOW) YES NO					

ADDITIONAL DATA AND/OR STATEMENT

BATTLE NON-BATTLE

The individual named in this report of death is held by the War Department to have been in a missing in action status from 25 December 1944, until such absence was terminated on 19 March 1945, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a commander in the European Area.

COPIES FURNISHED:

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

BY ORDER OF THE SECRETARY OF WAR.
John M. O'Keefe
ADJUTANT GENERAL

350347

DSJ:GC:ems
April 1, 1946*ee
4
1*

Dear Mrs. Wylie:

The Army Effects Bureau has received some additional property of your son, Sergeant Alvin O. Wylie.

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 soldier's legal residence.

Sincerely yours,

/

D. S. JOHNSTON
2nd Lt., QMG
Assistant

AMOUNT OF CHECK	NOTE DISCREPANCY IN	INCLOSE	ABLES	RECIPIENT FROM
ACCOUNT NUMBER	NAME	SHIP VALUABLES		CASUALTY REPORT
	SERIAL NUMBER	VALUABLES SHIPPED BY (Clerk)		INVENTORY
	RANK			FORM 20
<p>Sgt Alvin O. Wylie 13 170 122 350,347 D</p> <p>Mrs. Marie Y. Wylie 460 Riverview Drive New Kensington, Pennsylvania</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				
DSJ:GC:ns	SUMMARY COURT DATA		DATE ACTION TAKEN	
DATE OF FINDING	APPLICANT		1 Apr. 46	
REMARKS			MAIL REVIEWER (initials)	
			ee	
			SHIPPED	
			FRANKED	
			EXPRESS	
			FREIGHT	
			DATE SHIPPED	
			APR 3 1946	
			SHIPPING CLERK	
			JMK	
ROUTING				
ACCOUNTING BRANCH				
WAREHOUSE				
FILE				
ORDER FOR ACTION				

EFF QM FORM 14
10 OCT 1945

WYLIE, ALVIN O.		SGT	0122	
BAY	PALLET	BOX	TALLY	TYPE
			7230	PKC

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

JRM:JPH:mmw
 Case No. 350347
 Date 30 August 1945

SUBJECT: Report of transaction in disposing of the effects of

Alvin O. Wylie 13170122 late a
 (Name of deceased) (Army Serial Number)
Sgt AC who died
 (Grade) (Organization, Army or Service)
 on the 25 day of Dec, 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., 229 Hq., KQQM 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. _____)
- c. Decedent owed undisputed local creditors the sum of \$ none which has been paid by the Summary Court-Martial from funds of decedent. (See inclosed receipt _____, Incl. _____)
- d. Disposition of decedent's effects (less money paid creditors, if any) has been made by the Summary Court-Martial by transmittal through the Quartermaster Corps, at Government expense to person found entitled (See Summary Court-Martial FINDING below).

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 28 August 1945, pursuant to Special Orders 228, Headquarters KQQM Depot, dated 25 September 1945, the application or affidavit of Mrs. Marie Y. Wylie 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. Marie Y. Wylie of 460 Riverview Drive, New Kensington State of Pennsylvania is the mother 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, GMC
 (Name, Rank, Organization)
 SUMMARY COURT MARTIAL

350347

RTB:JFH:mw
August 30, 1945

REGISTERED MAIL

Mrs. Marie Y. Wylie
460 Riverview Drive
New Kensington, Pennsylvania

Dear Mrs. Wylie:

Thank you for the information furnished the Army Effects Bureau in connection with personal effects belonging to your son, Sergeant Alvin O. Wylie. I am returning the Will which you so kindly submitted to this Bureau for examination.

These effects are being forwarded to you in one package.

If, by any chance, the property has not reached you at the expiration of thirty days from this date, please notify me and tracer will be instituted.

The action of this Bureau in transmitting personal effects does not, of itself, vest title in the recipient. Such property is forwarded for distribution according to the laws of the state of the soldier's legal residence.

I wish to express my sympathy in the loss of your son.

Sincerely yours,

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

Incl--
Will

350,347

ATTACHMENTS		STATUS	
<input checked="" type="checkbox"/>	INBOUND INVENTORY	<input checked="" type="checkbox"/>	DECEASED
<input checked="" 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

**EFFECTS INVENTORY
ARMY EFFECTS BUREAU**

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

CONTAINERS ADDRESSED TO		INFORMATION	
<i>None</i>		<i>None</i>	
NAME AND STATUS VARIATIONS		CROSS REFERENCE	
		<i>Rechecked</i>	

DAMAGED

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

TALLY NO. <i>77</i>	ORIG. NO. OF PKGS. <i>1</i>	EXAMINING DATE <i>9 Aug 1945</i>	BOX NO. <i>37</i>	SHEET <i>1</i>
NAME <i>Alvin O Wylie</i>			A. S. N. <i>13170122</i>	OF <i>1</i> SHEETS
ORGANIZATION			RANK	CASE NO. <i>350347</i>
WAREHOUSE SPACE <i>2382</i>	EXAMINED BY <i>Shields</i>	DIARY REMOVED <i>NC</i>		
PACKED BY <i>W. W. W.</i>	INSPECTED BY <i>W. W. W.</i>	PHOTO FILM REMOVED		
PACKAGE DESCRIPTION <i>H. 1. 1. 1.</i>	STORED BY <i>W. W. W.</i>	MOTION PICTURE FILM REMOVED		
WEIGHT	DATE <i>SEP 8 1945</i>	SHIPPED	BY WHOM <i>ms</i>	

NAME WYLIE, ALVIN O 0122

BAY	PALLET	BOX	TALLY
	5	37	77

TYPE OF PKG.	WHSE. SPACE	INVENTORED
GRB		

Eff. QM Form 48

ALVIN O WYLIE
13170122 T43-4 O

RESTRICTED
INVENTORY OF PERSONAL EFFECTS

US Mil. Cem. #1 Foy, Bel

26 Feb 45
Date

P

SUBJECT: Inventory of Personal Effects of;

WYLIE	Alvin	O	Unk	13170122
(Last Name)	(First Name)	(MI)	(Rank)	(ASN)
TO: Effects Quartermaster, Communications Zone, APO 887 US Army				
The above named individual of Unk (Unit) AAF (Organization)				
was reported deceased about 20 Jan 1945				
(Status-Killed, MIA, Hospitalized, etc.) (Date)				
Designated Beneficiary if information readily accessible				
Unk				

INVENTORY OF EFFECTS

- 1 10K Gold HS ring (A.O.W.)
- 1 Photo
- 3 Souv. coins
- No currency

Money in the amount of none has been turned into
Form WD'D 38 enclosed. (Name of Finance Officer
and symbol number)

Names and addresses of any Banks in which accounts may be carried.

I certify that the above items constitute all of the effects, secured by
me, of the above named individual and that they were forwarded to the Effects
Depot by Truck on 15 Mar 45 will be
(Rail, Truck, etc.) (Date)

Name William E Samson
 Rank & ASN William E Samson
1st Lt. OMC
 Organization 3043 QMGR CO

Any additional pertinent information:

RESTRICTED

30

Serial No. 13170122 Name Wylie ALVIN O
 Grade rank Rank
 Organization A.A.F.
 Address _____
 Nearest Relative rank
 Address _____
 Killed in Action yes Died of Disease _____
 Date _____ Hospital _____
 Battle Area _____ Information _____
 Place of Burial U.S. Mil. Cem. #1
 Point of Coordination 4 by rail
 Description of Body _____
 Members Missing _____

 Signed J/S Joseph Gaiser
F-11-262

In re: 350347
(S-9-20-45)
RTB;GC;mw

460 Riverview Drive,
New Kensington, Pa.
August 23, 1945.

SHIPMENT CLERK
Kansas City Quartermaster Depot,
Army Effects Bureau,
601 Hardesty Avenue,
Kansas City, Missouri.

Attention: Harry Niemiec, 2nd. Lt., QMC
Chief, Correspondence Branch

Dear Sir: I have received your letter of August 20, 1945,
in regard to the personal effects of my son, Sgt. Alvin O. Wylie.

In reply to your letter, I submit the following
information:

My son was not married.

His father's name is Merle K. Wylie, and lives
at 1232 Taylor Avenue, New Kensington, Pa. His father and I
were divorced in 1931, and I have had my son, Sgt. Alvin O. Wylie,
in my care and custody every since.

My son, Alvin O. Wylie, left a will, ~~attached~~
~~correct copy of~~ which I am enclosing, herewith. This will was
not probated and will not be probated as my son left no
estate which would require the probating of the will.

Please send all of my son's property to me,
including the photograph which you mention in your letter.
Thanking you for your kindness in this matter, I am

Sincerely yours,

Mrs Marie Y. Wylie

350347 ✓

(5-9-20-45) ✓
RTB:GC:mw
August 20, 1945Mrs. Marie Y. Wylie ✓
460 Riverview Drive ✓
New Kensington, Pennsylvania ✓

Dear Mrs. Wylie:

The Army Effects Bureau has received from overseas some personal property of your son, Sergeant Alvin O. Wylie.

To make proper disposition of this property, it is necessary that we have certain information regarding your son's family. I would like to know whether he was married and, if so, the name and address of his widow. Also the name and address of his father, if he is living.

If your son left a Will which has been probated, please furnish the original or a certified copy of the Letters Testamentary. Any papers submitted will be returned to you as soon as possible.

I regret to advise that included among your son's effects is a photo which is badly bent and appears to be burned. Please say whether you want this item sent with the remainder of the property. In the event you are found to be the proper recipient. It is our desire to refrain from sending any article which would be distressing, yet, at the same time, we do not feel justified in removing the item without your consent.

Unless your reply in this regard is received here within fifteen days from date of this letter, it will be assumed that the article mentioned is acceptable.

Please mail your reply in the inclosed self-addressed envelope which needs no postage, as this will accelerate delivery of the property.

Sincerely yours,

HARRY NIEMIEC ✓
2nd Lt., QMC
Chief, Correspondence Branch1 Incl--
Envelope

JH