

44 ws

253 Sommers, Douglas T. O-750707 2nd. Lt. AC Europeen. (Miss.)

JUN 28 1948 LIST

DUPLICATE

CHECK TYPE REQUIRED <small>(See Instructions attached)</small>		WW II APPLICATION FOR HEADSTONE OR MARKER <small>(Please make out and return in duplicate)</small>		
<input type="checkbox"/> UPRIGHT MARBLE HEADSTONE	ENLISTMENT DATE	SERIAL No.	EMBLEM (Check one)	
<input type="checkbox"/> FLAT MARBLE MARKER	11/16/1940	0-750707	<input checked="" type="checkbox"/> CHRISTIAN	<b>FLAT GRANITE</b> <input type="checkbox"/> HEBREW <input type="checkbox"/> NONE
<input checked="" type="checkbox"/> FLAT GRANITE MARKER	DISCHARGE DATE	PENSION No.	<input type="checkbox"/> NONE	
<input checked="" type="checkbox"/> BRONZE MARKER (NOTE RESTRICTIONS)				
NAME (Last, First, Middle Initial)		STATE	RANK	COMPANY
293 ✓ <u>SOMMERS, DOUGLAS T.</u>		MISS	2 LT.	670 <sup>th</sup> Bomb Sqdn
DATE OF BIRTH (Month, Day, Year)		U. S. REGIMENT, STATE ORGANIZATION, AND DIVISION		
Dec. 5, 1920				
DATE OF DEATH (Month, Day, Year)				
Aug. 6, 1944				
NAME OF CEMETERY		LOCATION (City and State)		
M Hickory Grove		Laurel Miss.		
SHIP TO (I CERTIFY THE APPLICANT FOR THIS STONE HAS MADE ARRANGEMENTS WITH ME TO TRANSPORT THE STONE FROM THE FREIGHT STATION TO THE CEMETERY)		NEAREST FREIGHT STATION (City and State)		
Sumrall Funeral Home 414 Fifth Avenue		Laurel Miss.		
(SIGNATURE OF CONSIGNEE)		POST OFFICE ADDRESS OF CONSIGNEE		
		Laurel Miss.		
DO NOT WRITE HERE		I certify this application is submitted for a stone for the unmarked grave of a veteran.		
FOR VERIFICATION	APR 8 1948	I hereby agree to assume all responsibility for the removal of the stone promptly upon arrival at destination, and properly place it at the decedent's grave at my expense.		
ORDERED		FILE 30 AUG 1948 Edward T. Sommers 4-3-1948 APPLICANT'S SIGNATURE DATE OF APPLICATION		
B/L		ADDRESS (Street, City, State)		
SHIPPED		307 So. 11th Ave Laurel Miss.		

FOR ORD. 20 JUL 1948

OQMG FORM 623  
REV 15 APR 47

IMPORTANT—Complete Reverse Side

16-11453-6 GPO

I HEREBY CERTIFY that the type headstone or marker requested by the applicant will be permitted at the grave.

(Be sure you have noted what type is indicated by applicant on form)

*W.S. Walters*

(Signature of superintendent, sexton, or caretaker)

Date 4/3/1948

16-11453-4

Return to: OFFICE OF THE QUARTERMASTER GENERAL,  
MEMORIAL DIVISION,  
WASHINGTON 25, D. C.

*no bronze  
rows. 4/19/48  
for to apply 5/12/48  
8-10-48  
472-48*

ORIGINAL ORDER

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON 25, D. C.

FLAT GRANITE MARKER

JUL 2 1948

Below you will find a copy of the inscription taken from the OFFICIAL RECORDS as it will appear on the flat granite marker you ordered. CHECK IT CAREFULLY before the marker is manufactured. Check the INSCRIPTION, NAME AND LOCATION OF CEMETERY. Check with CEMETERY OFFICIALS and make sure a government flat granite marker will be allowed at grave. Check NAME AND ADDRESS OF THE PERSON to whom marker is to be shipped. After you have CORRECTED ANY ERRORS, sign and return promptly in the inclosed envelope which requires no postage.

UNTIL YOU RETURN THIS SLIP THE FLAT GRANITE MARKER CANNOT BE ORDERED. DO NOT DELAY-SIGN & RETURN TODAY.

INSCRIPTION: LATIN CROSS

OK ✓ DOUGLAS T SOMMERS / MISSISSIPPI / 2 LIEUT AIR CORPS /  
WORLD WAR II / DEC 5 1920 AUG 6 1944

SHIP TO: SUMRALL FUNERAL HOME  
414 FIFTH AVENUE  
LAUREL  
MISSISSIPPI

R. R. STATION:

FOR:

R. R. STATION:

APPLICANT: D T SOMMERS  
307 SO 11TH AVE  
LAUREL  
MISSISSIPPI

CEMETERY: HICKORY GROVE  
LAUREL  
MISSISSIPPI

EWW bu

QMG FORM  
Rev. 1 NOV. 46 312

APPROVAL AND ACCEPTANCE

D. T. Sommers  
SIGNATURE

1.25

JUL 9 1948

FILE 8  
Green

DM + a

c

60

UNITED STATES GOVERNMENT

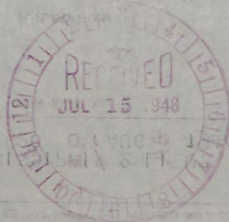
DEPARTMENT OF JUSTICE

*Handwritten signature*

191318181  
UNITED STATES GOVERNMENT  
WASHINGTON, D. C. 20535

191318181  
UNITED STATES GOVERNMENT  
WASHINGTON, D. C. 20535

JUL 15 1948



191318181  
UNITED STATES GOVERNMENT  
WASHINGTON, D. C. 20535

UNITED STATES GOVERNMENT

191318181  
UNITED STATES GOVERNMENT  
WASHINGTON, D. C. 20535

*Faint, mostly illegible text, possibly a list or table of contents.*

*Handwritten initials or mark*

UNITED STATES GOVERNMENT  
WASHINGTON, D. C. 20535

UNITED STATES GOVERNMENT  
WASHINGTON, D. C. 20535

DEPARTMENT OF THE ARMY  
OFFICE OF THE QUARTERMASTER GENERAL

IN REPLY REFER TO AMCMMH 293

Sommers, Douglas T.  
~~SN O-750 707~~

WASHINGTON 25, D. C.

**IMPORTANT**

Address reply and envelope to:  
**THE QUARTERMASTER GENERAL**  
Do NOT include the name of the  
official who signed the communica-  
tion.

18 August 1948

Mr. D. T. Sommers  
307 South 11th Avenue  
Laurel, Mississippi

Dear Mr. Sommers:

Reference is made to the order form covering the auth-  
orized inscription to be cut on a Government flat granite marker  
for the grave of the late Douglas T. Sommers,  
which you signed and returned to this office.

There is inclosed for your further consideration, a new  
order form showing more of the organization in which the veteran  
rendered service. If you still wish the lettering as originally  
shown, the first form should be signed and returned in the self  
addressed envelope attached. In the event you desire the marker  
inscribed as indicated on the second order slip, please sign and  
return it to this office.

Sincerely yours,

3 Incls  
1 order form  
2 order form  
3 env

C. L. RUTH  
Memorial Division

hc

FILE 30 AUG 1948  
*E. J. [unclear]*

CORRESPONDENCE ACTION SLIP

NAME		SERIAL NUMBER	INITIALS	DATE
Sommer, Douglas		0750707	E J W	8/27/48
NAME OF DECEDENT	ADDRESS	IDENTIFYING DATA	LETTER TO: <i>Appl.</i> <i>Re. Change of Org.</i>  FILE 30 AUG 1948 <i>Green</i>	
BRONZE	NO UPRIGHT GRANITE	CONSIGNEE		
DISHONORABLE-DRAFT	NOT PERMANENTLY INTERRED	NOT RECOVERED		
CEMETERY REGULATIONS	AGO	MARINE		
NAVY	COAST GUARD	VETERANS ADMINISTRATION		
STATE PENSION	AUTHORIZED INSCRIPTION	ADDITIONAL INSPECTION		
APPLICATION FOR PROOF	NO AGENT	NO STATION		
DUE TO DISTANCE	UNCLAIMED	BROKEN		
DAMAGED	CERTIFICATE IN LIEU	LOST		
FOREIGN	TRUCK	RESHIPMENT		

DDMG FORM 393  
22 DEC 47

47 25086

*J*

DEPARTMENT OF THE ARMY  
OFFICE OF THE QUARTERMASTER GENERAL

IN REPLY REFER TO **QMGWH 293**

Sommers, Douglas T.  
SN O-750 707

WASHINGTON 25, D. C.

**IMPORTANT**

18 August 1948

Address reply and envelope to:  
**THE QUARTERMASTER GENERAL**  
Do NOT include the name of the  
official who signed the communi-  
cation.

Mr. D. T. Sommers  
307 South 11th Avenue  
Laurel, Mississippi

Dear Mr. Sommers:

Reference is made to the order form covering the auth-  
orized inscription to be cut on a Government flat granite marker  
for the grave of the late Douglas T. Sommers,  
which you signed and returned to this office.

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order form showing more of the organization in which the veteran  
rendered service. If you still wish the lettering as originally  
shown, the first form should be signed and returned in the self  
addressed envelope attached. In the event you desire the marker  
inscribed as indicated on the second order slip, please sign and  
return it to this office.

Sincerely yours,

G. L. RUTH  
Memorial Division

- 3 Incls
- 1 order form
- 2 order form
- 3 env

hc

Aug 18 4 17 PM '48

QCMG M&R EC

*[Handwritten signature]*

70

*JS*

Sumrall Funeral Home

414 FIFTH AVENUE

Laurel, Mississippi

TELEPHONE 40

21 June 1948

*243*

Inre: QMGMH 293  
SOMMERS, Douglas T.  
SN 0-750 707

The Quartermaster General  
Department of the Army  
Washington 25, D.C.

Dear Sir:

In reference to your letter of 24 May 1948 to Mr. D. T. Sommers, 307 South 11th Avenue, Laurel, Mississippi, regarding a flat granite marker for the grave of the late Douglas T. Sommers.

We wish to advise your office that we, The Sumrall Funeral Home of Laurel, Mississippi, will be responsible for the removal of the marker from the freight station and for its delivery to the cemetery for erection at the grave of the decedent.

Sincerely yours,

*J. Noel Sumrall*

J. Noel Sumrall  
SUMRALL FUNERAL HOME

*FILE 28 JUN 1948*  
*R M Fields*  
*Comm Br*  
*NAT*



COMMUNITY DEVELOPMENT BOARD

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Washington, D. C.

MEMORANDUM FOR THE BOARD

Reference is made to the report of the Director of the Office of the Inspector General, dated June 10, 1948, and to the report of the Director of the Office of the Inspector General, dated June 10, 1948, and to the report of the Director of the Office of the Inspector General, dated June 10, 1948.

The Board is advised that the report of the Director of the Office of the Inspector General, dated June 10, 1948, and to the report of the Director of the Office of the Inspector General, dated June 10, 1948, and to the report of the Director of the Office of the Inspector General, dated June 10, 1948.

Very truly yours,

Director of the Office of the Inspector General

FOR THE BOARD

Director of the Office of the Inspector General

DEPARTMENT OF THE ARMY  
////////////////////

QMGMH 293  
Sommers, Douglas T.  
SN O-750 707

24 May 1948

Mr. D. T. Sommers  
307 South 11th Avenue  
Laurel, Mississippi

Dear Mr. Sommers:

Under date of 18 April 1948, this office contacted the Brent Memorial Company, Laurel, Mississippi, to ascertain if they would be responsible for the removal of the flat granite marker requested for the grave of the late Douglas T. Sommers, from the freight station upon its arrival, and for its delivery to the cemetery for erection at the grave of the decedent.

To date no reply has been received from the Brent Memorial Company and it is suggested you contact them regarding this matter, forwarding a statement that they will act in this capacity, or, furnish the name and address of some other person who will act in the capacity of consignee for the stone. The Government is not liable for storage charges which accrue daily when stones are not promptly removed.

The inclosed envelope is for your convenience in replying, and an early answer will enable this office to take further action on your application.

Sincerely yours,

G. L. RUTH  
Memorial Division

1 Incl  
MAY 24 4 38 PM '48  
G. L. RUTH  
MAIL & RECORDS BRANCH  
hc

DEPARTMENT OF THE ARMY  
WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON 25, D. C.

IN REPLY REFER TO: QMGMH 293  
Sommers, Douglas T.  
SN 0-750 707

93

IMPORTANT

19 April 1948

Address reply and envelope to:  
**THE QUARTERMASTER GENERAL**  
Do NOT include the name of the official who signed the communication.

Mr. D. T. Sommers  
307 South 11th Avenue  
Laurel, Mississippi

Dear Mr. Sommers:

Reference is made to your application for a Government bronze marker for the grave of the late Douglas T. Sommers.

You are advised, the authorization for the furnishing of Government bronze markers provides that they be furnished, only, for those cemeteries where stone markers are not acceptable. As Hickory Grove Cemetery has no restrictions concerning the types of headstones and markers for erection therein, it will not be possible to furnish a bronze marker for this veteran's grave.

In view of the above, there is inclosed a form illustrating the various types of headstones and markers now being furnished by the Government and it is suggested you select one of these, other than bronze, for the grave of Douglas T. Sommers.

The envelope is for your convenience in replying and an early answer will be appreciated.

Sincerely yours,

G. L. RUTH  
Memorial Division

- 2 Incls
- 1. illustrations
- 2. env

✓ Please send the Flat Marker of Granite: 24 inches ~~wide~~ long, 12 inches ~~wide~~ 48 wide, and 4 inches thick.

4-21-48

D. T. Sommers

✓ Fil. 27 April 48  
7204 P. T. L. L. L. L.  
MAT  
6204-Br

*Handwritten notes and signatures at the top of the page, including a large signature that appears to be "H. J. ...".*



3. ...  
1. ...  
2. ...

MEMORANDUM FOR THE  
C. I. ...

*Handwritten signature or initials.*

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

WASHINGTON 25 D. C.  
OFFICE OF THE COMMISSIONER GENERAL INVESTIGATION  
MEMORANDUM  
... ..

DEPARTMENT OF THE ARMY  
XXXXXXXXXXXXXXXXXXXX

QMOMH 293  
Sommers, Douglas T.  
SN O-750 707

19 April 1948

Mr. D. T. Sommers  
307 South 11th Avenue  
Laurel, Mississippi

Dear Mr. Sommers:

Reference is made to your application for a Government bronze marker for the grave of the late Douglas T. Sommers.

You are advised, the authorization for the furnishing of Government bronze markers provides that they be furnished, only, for those cemeteries where stone markers are not acceptable. As Hickory Grove Cemetery has no restrictions concerning the types of headstones and markers for erection therein, it will not be possible to furnish a bronze marker for this veteran's grave.

In view of the above, there is inclosed a form illustrating the various types of headstones and markers now being furnished by the Government and it is suggested you select one of these, other than bronze, for the grave of Douglas T. Sommers.

The envelope is for your convenience in replying and an early answer will be appreciated.

Sincerely yours,

G. L. RUTH  
Memorial Division

Apr 19 11 47 AM '48  
MAIL & RECEIPTS  
G.O.M.C.  
Illustrations  
Inc

CORRESPONDENCE ACTION SLIP				
NAME		SERIAL NUMBER	INITIALS	DATE
SOMMERS- Douglas T.		0750707	JPM	4-12-48
NAME OF DECEDENT	ADDRESS	IDENTIFYING DATA	LETTER TO:	
<input checked="" type="checkbox"/> BRONZE	<input type="checkbox"/> NO UPRIGHT GRANITE	<input checked="" type="checkbox"/> CONSIGNEE	App -	
<input type="checkbox"/> DISHONORABLE-DRAFT	<input type="checkbox"/> NOT PERMANENTLY INTERRED	<input type="checkbox"/> NOT RECOVERED	no bronze	
<input type="checkbox"/> CEMETERY REGULATIONS	<input type="checkbox"/> AGO	<input type="checkbox"/> MARINE	no Reg	
<input type="checkbox"/> NAVY	<input type="checkbox"/> COAST GUARD	<input type="checkbox"/> VETERANS ADMINISTRATION	also	
<input type="checkbox"/> STATE PENSION	<input type="checkbox"/> AUTHORIZED INSCRIPTION	<input type="checkbox"/> ADDITIONAL INSPECTION	Consignee	
<input type="checkbox"/> APPLICATION FOR PROOF	<input type="checkbox"/> NO AGENT	<input type="checkbox"/> NO STATION		
<input type="checkbox"/> DUE TO DISTANCE	<input type="checkbox"/> UNCLAIMED	<input type="checkbox"/> BROKEN		
<input type="checkbox"/> DAMAGED	<input type="checkbox"/> CERTIFICATE IN LIEU	<input type="checkbox"/> LOST		
<input type="checkbox"/> FOREIGN	<input type="checkbox"/> TRUCK	<input type="checkbox"/> RESHIPMENT		

FILE 28 JUN 1948  
 R. M. Gills  
 Ann Br

DEPARTMENT OF THE ARMY  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON 25, D. C.

IN REPLY REFER TO

QUICM 293

Sommers, Douglas T.  
SN O-750 707

19 April 1948

Brent Memorial Company  
Laurel, Mississippi

Gentlemen:

This office is in receipt of an application for a Government stone to mark the grave of the late Douglas T. Sommers, who died 6 August 1944.

The applicant has requested the stone be shipped direct to you. Before shipping the stone this office desires to know if arrangements have been made with you by the applicant regarding the removal of the stone and erection at the grave of the decedent.

Upon assurance from you that the stone will be removed promptly from the freight station upon arrival, steps will be taken to place the order with the contractor. Unless such assurance is given the stone will not be ordered, as the Government is not responsible for storage charges which accrue when stones are not promptly removed from freight stations.

Further action toward ordering this stone is suspended until your reply is received.

A return envelope is inclosed for your reply.

Sincerely yours,

G. L. RUTH  
Memorial Division

Apr 19 11 47 AM '48  
MAIL & RECORDS BRANCH  
O.D.M.S.  
Incl  
and

7-2-68

Miss

INSPECTION CHECKLIST

(For use at overseas port, U. S. Port, and Distribution Center)

Name	Rank	Serial Number
Sommers, Douglas T.	2 Lt	0-750707
Source	Consignee	
LA CAMBE ISIGNY	Sumrall Funeral Home 414 - 5th Avenue Laurel, Mississippi	
SHIPPING CASE - General Appearance (Check ONLY Discrepancies)		Condition of Shipping Case (Check One)
		<input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Unsatisfactory
<input checked="" type="checkbox"/> Finish (Exterior) <input type="checkbox"/> Finish (Interior) <input type="checkbox"/> Handles <input type="checkbox"/> Handle Bolts <input type="checkbox"/> Stenciling - Nameplate <input type="checkbox"/> Health Permit Marker <input type="checkbox"/> Health Permit Number		Remarks
		Case Scratched
CASKET - General Appearance (Check ONLY Discrepancies)		Condition of Casket (Check One)
		<input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Unsatisfactory
<input checked="" type="checkbox"/> Finish (Exterior) <input type="checkbox"/> Handles and Fastenings <input type="checkbox"/> Stenciling - Nameplate <input type="checkbox"/> Cam Locks (Sealing) <input type="checkbox"/> Odor or Moisture		Remarks
		Casket Scratched

ROUTED THROUGH

Mortuary Operating Room	Repair Shop <input checked="" type="checkbox"/>
Condition of Remains	Casket Repaired
<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Casket Exchanged
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Shipping Case Repaired
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Shipping Case Exchanged
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Remarks
	Casket Casketed

Time	Date	Signature of Mortician	Time	Date	Signature of Inspector
			3:45	7-20-48	[Signature]
Remarks					

STATION FILE

TDH

*PK2*

**DISINTERMENT DIRECTIVE**

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

3539 03762

DATE

15 10 47  
DAY MONTH YEAR

NAME

SOMMERS DOUGLAS T

SERIAL NUMBER

0-750707

RANK

2 LT

ARM

1

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

LA CAMBE ISIGNY

1

DISPOSITION OF REMAINS

4500 05

CODE DIST. PT.

PLOT

BE

ROW

6

GRAVE

117

COUNTRY

FRANCE

CAUSE OF DEATH

1

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

SUMRALL FUNERAL HOME  
414 - 5TH AVENUE  
LAUREL, MISSISSIPPI

NAME AND ADDRESS OF NEXT OF KIN

MR. DANIEL T. SOMMERS (FATHER)  
525 PARK STREET  
LAUREL, MISSISSIPPI

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SOMMERS, Douglas T.

SERIAL NUMBER

0-750707

RANK

2ndLt.

DATE OF DEATH

3 Aug 44

DATE DISTINTERRED

10 Nov 47

IDENTIFICATION TAG ON

REMAINS  
 MARKER

ORGANIZATION

USAAF

RELIGION

Prot

IDENTIFICATION VERIFIED BY

JOHN H. CLARK, 2ndLt., 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

DATE 21 Nov 47

BY

HENRY F. PERGANDE

CASKET SEALED BY

HENRY F. PERGANDE

EMBALMER (Signature)

*Henry F. Pergande*

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 21 Nov 47

BY

HENRY E. RYDER

JAMES F. NABORS, Major, Inf.

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

*James F. Nabors*  
JAMES F. NABORS, Major, Inf.

SIGNATURE OF GRS INSPECTOR

*Take  
MAT  
2/26/48  
Richardson  
Rt R Bm*

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM USMC LA CAMBE		TO CASKETING POINT A, CHERBOURG	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER JOSEPH GAINBY, CPL.	
SIGNATURE OF SHIPPER <i>W. T. Dailey</i> W. T. DAILEY, CAPT., OMC	DATE 20 Nov 47	SIGNATURE OF RECEIVER <i>James F. Nabors</i> JAMES F. NABORS, Major, Inf.	DATE 20 Nov 47
2. SHIPPED			
FROM CASKETING POINT A, CHERBOURG		TO PORT UNIT, CHERBOURG	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>James F. Nabors</i> JAMES F. NABORS, MAJOR, INF.	DATE	SIGNATURE OF RECEIVER <i>John E. Hendry, Jr.</i> JOHN E. HENDRY, JR., MAJOR, CAC	DATE
3. SHIPPED			
FROM Port Unit Cherbourg		TO NYPE	
KIND OF CONVEYANCE USAT ERIC G. GIBSON		NAME OF CONVOYER ROBERT I. URFFER, Maj OMC	
SIGNATURE OF SHIPPER <i>Everett N. Ciampo</i> EVERETT N. CIAMPO, 1st Lt FA	DATE 2 Jan 48	SIGNATURE OF RECEIVER <i>Robt I Urffer</i>	DATE 2 Jan 48
4. SHIPPED			
FROM		TO NYPE	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>James L. McKinnon</i> JAMES L. MCKINNON COLONEL, T. C.	DATE JAN 22 1948
5. SHIPPED			
FROM NYPE		TO DC # 5	
KIND OF CONVEYANCE TRAIN		NAME OF CONVOYER <i>Pvt. Kenneth E. Bonner</i>	
SIGNATURE OF SHIPPER <i>James L. McKinnon</i> JAMES L. MCKINNON COLONEL, T. C. PORT TRANSPORTATION OFFICER	DATE JAN 25 1948	SIGNATURE OF RECEIVER <i>Kenneth E. Bonner</i> KENNETH E. BONNER (LV1) PORT TRANSPORTATION OFFICER	DATE 1/27/48
6. SHIPPED			
FROM BE 2 113 EVANCE		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

## RECEIPT OF REMAINS

DISTRIBUTION CENTER Atlanta General Distribution Depot  
 Atlanta, Georgia **2-13-48**

DELIVER AND REPORT  
 ANY CHARGES ROUTINE

REMAINS CONSIGNED TO: **SUMRALL FUNERAL HOME  
 LAUREL, MISSISSIPPI**

REMAINS OF THE LATE 2 LT SOMMERS, DOUGLAS T O-750707  
 BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY  
ESCORTEE  
 ON TRAIN NUMBER 11, SOUTHERN RAILROAD  
 LEAVING ATLANTA 11:45 PM 16 FEBRUARY  
 AND DUE TO ARRIVE LAUREL MISS ON SOU # 43 4:19 PM 17 FEBRUARY 1948  
 REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT STATION UPON ARRIVAL AND  
 THAT YOU IMMEDIATELY PASS THIS INFORMATION ON TO NEXT OF KIN.

JOHN H. PRUITT  
 LT. COLONEL, QMC

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

THIS 17th DAY OF February, 1948

James B. Brannon  
 WITNESS (Escort)

John H. Pruitt  
 CONSIGNEE

# /





WI  
U

RR 000

RECEIVED

JAN 19 1 50 PM '46

WESTERN  
UNION

WUF39 QR ATLA

YOUR TELEGRAM THIS AM TO DANIEL T SOMMERS 525 PARK ST  
LAUREL MISS. SIGNED JOHN H PRUITT LT COLONEL QMC. DANIEL T  
SOMMERS SAID TO BE IN KENTWOOD LA. ADDRESS CARE GENERAL DELIVERY.  
EXPECTED BACK IN LAUREL MISS SATURDAY WE HAVE FORWARDED IT  
ON CARE GENERAL DELIVERY POSTOFFICE KENTWOOD LA  
TRAFFIC SERVICE BUREAU ATLA JAN 19.

WESTERN  
UNION

147P.

RN  
N

WESTERN  
UNION

COMMUNICATIONS CENTER  
RECEIVED

JAN 21 8 29 AM '48

27-10 26 NL COLLECT

ATLANTA GEN. DIST. DEPOT

LAUREL MISS JAN 20

WESTERN  
UNION

ATLA GENL DISTRIBUTION DEPOT

ATTN AMN GRAVES REGISTRATION DIV ATLA

IN REGARD TO THE REMAINS OF LATE 2ND LT DOUGLAS T SOMMERS  
SHIP AS PRE INSTRUCTED TO SUMRALL FUNERAL HOME 414 FIFTH  
AVE LAUREL MISSISSIPPI

WESTERN  
UNION

DANIEL T SOMMERS.

RECEIVED AGR  
ATL. GEN. DIST. DEPOT

JAN 21 8 32 AM 1948

U. S. ARMY  
ATLANTA, GEORGIA

30117 1 30117  
 THE FOLLOWING INFORMATION  
 WAS RECEIVED FROM THE  
 OFFICE OF THE ASSISTANT  
 ATTORNEY GENERAL  
 WASHINGTON, D. C.  
 JAN 21 1948  
 RE: [illegible]  
 [illegible]  
 [illegible]

" WW II 9-799  
CLAIM VALID REPATRIATION

# CERTIFICATE

(AR 30-1830)

1. FILL IN EITHER PART A OR PART B; NOT BOTH.
2. USE PART A WHEN INTERMENT IS IN A CIVILIAN OR PRIVATE CEMETERY.
3. USE PART B WHEN REMAINS ARE DELIVERED TO HOME OR OTHER PLACE PRIOR TO BURIAL IN A NATIONAL OR POST CEMETERY.

*George Green*  
GEORGE GREEN  
CAPTAIN, QMC " "

## PART A - CIVILIAN OR PRIVATE CEMETERY

<b>A</b>			
<b>REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES</b>			
<small>(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)</small>			
NAME OF DECEDENT	GRADE	SERIAL NUMBER	COMPONENT
Sommers, Douglas T.	2 Lt	0-750707	Atlanta, Ga. Sta. No. 541 AAF
I certify that the sum of \$ <u>87.00</u> was paid by me from personal funds in connection with the interment of the remains of the above named decedent in the below named cemetery.			
INSERT NAME OF CEMETERY	CITY OR COUNTY	STATE	
Wichory Grove Cemetery	Laurel, Jones County	Mississippi	
<b>INSTRUCTIONS TO PERSON SIGNING THIS FORM</b>			
1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR.			
2. Return <del>four</del> <sup>five</sup> copies to:			
AGR DIVISION ATLANTA GENERAL DISTRIBUTION DEPOT, U. S. ARMY ATLANTA, GEORGIA		SIGNATURE OF CLAIMANT <i>D. T. Sommers</i>	
		ADDRESS OF CLAIMANT (City, Street or RFD, and State) 308 S. 11th Ave., Laurel, Mississippi	
		RELATIONSHIP TO DECEDENT Father	DATE 2/18/1948

## PART B - NATIONAL OR POST CEMETERY

<b>B</b>			
<b>REQUEST FOR REIMBURSEMENT OF TRANSPORTATION EXPENSES</b>			
<small>(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)</small>			
NAME OF DECEDENT	GRADE	SERIAL NUMBER	COMPONENT
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 and to the following places:			
INSERT CITY OR TOWN (OR ADDRESS NOT IN A CITY OR TOWN) FROM WHICH REMAINS WERE SHIPPED	INSERT NAME AND LOCATION OF NATIONAL OR POST CEMETERY TO WHICH REMAINS WERE SHIPPED		
	Atlanta, Ga. <u>29118</u> <u>68848</u>		
<b>INSTRUCTIONS TO PERSON SIGNING THIS FORM</b>			
1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR.			
2. Return four copies to:			
		SIGNATURE OF CLAIMANT <i>Money</i>	
		Accounts of <u>Fl. Dept.</u>	
		ADDRESS OF CLAIMANT (City, Street or RFD, and State) Check No. <u>57704</u>	
		RELATIONSHIP TO DECEDENT	DATE

*Amt. Paid \$75.00*

QMC FORM 1236  
23 OCT 47

REPLACES WD AGO FORM R-5507, QMC FORM R-5048  
AND QMC FORM R-5066, WHICH ARE OBSOLETE.

## EXPLANATION OF PART A - CIVILIAN OR PRIVATE CEMETERY

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.

## EXPLANATION OF PART B - NATIONAL OR POST CEMETERY

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.

DDMG FORM 381  
11 MAR 47

NOTICE OF CHANGE IN ADDRESS

NAME OF DECEASED <i>Theodore Sommer</i>	RANK <i>Lieut.</i>	SERIAL NUMBER <i>0-750907</i>
--	-----------------------	----------------------------------

NAME OF NEXT OF KIN <i>Don J Sommer</i>	RELATIONSHIP <i>Father</i>
--	-------------------------------

OLD ADDRESS  
*525 Park St*

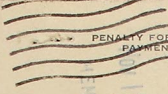
NEW ADDRESS  
*307 South 11th Avenue*

REMARKS  
*Telephone no. changed from 1705-J to 2481-6*

*NAT-111663  
X-120483*

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON 25, D. C. 5  
OFFICIAL BUSINESS

RECEIVED  
SEP 19 1947  
MISS



PENALTY FOR PRIVATE USE TO AVOID  
PAYMENT OF POSTAGE, \$300  
(GPO)

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

RECEIVED  
SEP 19 1947  
OFFICE OF THE QUARTERMASTER GENERAL  
MEMORIAL DIVISION  
WASHINGTON 25, D. C.

MB

*Sullivan*

### REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

2nd Lt. Douglas T. Somers, O 759 707  
Plot BE, Row C, Grave 117,  
United States Military Cemetery  
La Combe, France

31 July 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, DANIEL THEODORE SOMERS (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  
Hickory Grove Cemetery, Laurel, Mississippi  
(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

*RR processed 10/15/47  
Coded 9 Oct 47 Benoit*

OCT 2

SK

**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 Sunrall Funeral Home Laurel, Mississippi			
NUMBER AND STREET 414 - 5th Ave.	CITY OR TOWN Laurel	COUNTY OR PROVINCE Jones County	STATE OR TERRITORY OF U. S. A., OR COUNTRY Mississippi
EXPRESS OFFICE (Nearest railroad passenger station) Laurel, Mississippi	TELEGRAPH ADDRESS Laurel, Mississippi	TELEPHONE No. 1702-J	

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 SOMMERS	FIRST NAME Dannie	MIDDLE INITIAL R.	RELATIONSHIP TO DECEASED Brother
NUMBER AND STREET 1512 N. 4th Ave	CITY OR TOWN Laurel	COUNTY OR PROVINCE Jones County	STATE OR TERRITORY OF U. S. A., OR COUNTRY Mississippi

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.

Daniel T. Sommers (SIGNATURE OF NEXT OF KIN)  
 Daniel T. Sommers (NAME PRINTED OR TYPED)  
 525 Park St. Laurel, Mississippi (STREET AND NUMBER)  
 Laurel, Mississippi (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 30 day of Aug., 1947 at city (or town) of Laurel, county of Jones, and State (or Territory or District) of Miss.  
 My Commission Expires November 9, 1950

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

E. J. [Signature] (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)  
 Notary Public (OFFICIAL TITLE)

If you are the next of kin and you desire

I, THE \_\_\_\_\_ NAMED IN PART I OF THIS FORM, DO HEREBY DECLARE THAT I AM THE NEXT EXISTING PERSON IN THE ORDER OF KINSHIP WHO SHOULD BE DIRECTED.

LAST NAME
RELATIONSHIP TO THE DECEASED
NUMBER AND STREET

WHOM I UNDERSTAND SHALL HAVE THE RIGHT TO RECEIVE THE REMAINS.

(SIGNATURE OF NEXT OF KIN)

(NAME PRINTED OR TYPED)

If you are NOT the next of kin authorized to direct the disposition of the remains, this is to notify you that I am not the next of kin named on page 1 of this form. The following person should be directed.

THIS IS TO NOTIFY YOU THAT I AM NOT THE NEXT OF KIN NAMED ON PAGE 1 OF THIS FORM. THE FOLLOWING PERSON SHOULD BE DIRECTED.

LAST NAME
RELATIONSHIP TO THE DECEASED
NUMBER AND STREET

(SIGNATURE)

(NAME PRINTED OR TYPED)

**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)

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

\_\_\_\_\_ (DATE)

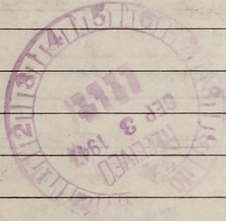
\_\_\_\_\_ (SIGNATURE) \_\_\_\_\_ (STREET AND NUMBER)

\_\_\_\_\_ (NAME PRINTED OR TYPED) \_\_\_\_\_ (CITY AND STATE)

**ADDITIONAL REMARKS AND INSTRUCTIONS**

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

Lined area for additional remarks and instructions.



2nd Lt. Douglas T. Sommers, O 759 707  
 Plot BE, Row 6, Grave 117,  
 United States Military Cemetery  
 La Cambe, France

31 July 1947

Mr. Dan T. Sommers  
 525 Park Street  
 Laurel, Mississippi

Dear Mr. Sommers:

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.

mjl

UC 12 1 58 PM '47

U. S. M. C.  
 MAIL & RECORDS BRANCH

25 November 1946

Mr. Dan T. Scmmers  
525 Park Street  
Laurel, Mississippi

Dear Mr. Sommers:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Second Lieutenant Douglas T. Scmmers, A.S.N. O 750 707.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery La Cambe, plot BE, row 6, grave 117. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

This cemetery is located seventeen miles north of St. Lo, France, and is under the constant care and supervision of United States military personnel.

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

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN  
Major General  
The Quartermaster General

ypa

NOV 26 10 45 AM '46  
MAILS RECORDS BRANCH

REGISTER OF DENTAL PATIENTS AT

FAAF Florence S. C.

(1) SURNAME		(2) CHRISTIAN NAME	
Sommers, Douglas T.		0-750707	
(3) RANK	(4) COMPANY	(5) REGIMENT OR STAFF CORPS	
2nd Lt	650th	411th Bomb Gp.	
(6) AGE, YEARS	(7) RACE	(8) NATIVITY	(9) SERVICE, YEARS
22		Miss	3 8/12

DENTAL IDENTIFICATION RECORD									
------------------------------	--	--	--	--	--	--	--	--	--

(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS									
--	--	--	--	--	--	--	--	--	--

(12) RESULTS AND REMARKS									
--------------------------	--	--	--	--	--	--	--	--	--

D.C. Corbitt 1st tDC

Dental Corps, U. S. A.

**\*REPORT OF DENTAL SURVEY**

**UPPER TEETH**

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

**LOWER TEETH**

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

CLASS FD

Occlusion N: Calculus: Slight, Medium, Heavy

Periodontoclasia none

Dental foci suspected: Yes     No    

Other conditions none

Date 10/25/1943  
DC Cochrane  
Dental Corps, U. S. A.

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

Teeth replaced by denture (horizontal line) 

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

Teeth replaced by fixed bridge (oval to include abutments) 

X		
---	--	--

PHYSICAL EXAMINATION FOR FLYING

(See AR 40-100, 40-105, 40-110)

cq

1. SOMMERS DOUGLAS THEODORE 2nd Lt. A.C. 0-750707 21 3 5/12  
(Last name) (First name) (Middle initial) (Grade and arm or service) (Serial No.) (Age) (Years service)

2. LJAAP; La Junta, Colo. Return to Flying Status 6/43--Qualified  
(Address) (Purpose of examination)<sup>1</sup> (Date and result last examination)

Pilot Flying time as: Pilot 240; observer 50; pilot 240; observer 50  
(Aeronautical ratings) (Total) (Total) (Last 6 mos.) (Last 6 mos.)

3. Temperature 98.6 Vaccinations: Typhoid series, No. 2 Last 1942; smallpox 1942; reaction immune  
(Date)

4. Medical history.  
 (In the case of applicant include family. Has he ever had epilepsy, enuresis, headaches, dizziness, vertigo, fainting, stammering, tic, somnambulism, pavor nocturnus, migraine, insomnia, phobias, anxiety trends, irritability, apathy, elation, depression, sensory disturbances, amnesia, spasms, unconsciousness, repeated episodes of alcoholism, encephalitis, pneumonia, syphilis, renal calculi, tuberculosis, asthma, hay fever, repeated colds, mastoiditis, sinusitis, tonsillitis, arthritis in any form, malaria, severe injuries, major operations, or other pertinent history? Explain fully.)  
Measles, 1925; no sequelae. Fracture left 1st toe, 1934; normal recovery. Hospitalized 8/22/43. Diagnosis: acute aero otitis media. DNIF 8/26/43. Condition at discharge: cured.  
Denies all other medical-surgical history.

5. Eye: Inspection normal Nystagmus none

6. Associated parallel movements normal Pupils: Equality equal Reaction normal to L&A

7. Visual acuity: R. E., 20/ 20, correctible to 20/ -- L. E., 20/ 20, correctible to 20/ --

8. Depth perception (uncorrected) 2 mm. With correction -- mm.

9. Heterophoria at 6 meters: Eso 2 Exo 0 R. H. 0 L. H. 0 Prism divergence 4

10. Red lens test normal Angle convergence: PcB 50 mm. Pd 68 mm. -- °

11. Accommodation: R. 10 1/2 D. L. 11 D. Addition required for 50 cm. R. -- L. --  
(Jaeger type): Right J. 1-13, correctible to J. --; Left J. 1-13, correctible to J. --

12. Color vision normal to A. O. C. plates

13. Field of vision (form): R. normal L. normal Ophthalmoscopic: R. normal L. normal

14. Refraction: R. reads 20/20 with not S. done Ax -- ° L. reads 20/20 with not S. done Ax -- °

15. Ear: History of ear trouble denies

16. External ear: R. normal L. normal Membrana tympani: R. normal L. normal

17. Hearing (whisper): R. 20 /20. L. 20 /20. Audiometer (percent loss): R. not done L. not done

18. Nares normal Tonsils normal

19. Teeth:  
 (a) Right (Examinee's) Left  
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8  
X 15 14 13 12 11 10 9 9 10 11 12 13 14 15 X  
Indicate: Restorable carious teeth by O; nonrestorable carious teeth by /; missing natural teeth by X. X is physically qualified for return to flying status.

(b) Remarks, including other defects none

(c) Prosthetic appliances none (d) Classification <sup>2</sup> IV

20. History of swing, train, air, or sea sickness denies

21. Barany chair (when indicated with results) not done

22. Posture fair Figure slender Frame light  
(Excellent, good, fair, bad) (Slender, medium, stocky, obese) (Assess on 1-5 scale)

23. Height, 70 1/2 inches. Weight, 150 pounds. Chest: Inspiration 37 Expiration 34 Rest 35. Abdomen 29

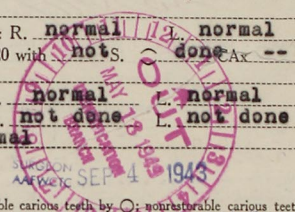
24. Skin and lymphatics normal Endocrine system normal

25. Bones, joints, muscles normal Feet normal

26. Heart normal

27. Pulse rate, 76-80 B. P.: S. 118-110 68-68 Schneider 14 Pulse immediately after exercise 68  
 Two minutes after exercise 80 Character normal

28. Arteries normal Varicose veins none



FILE  
 MAY 18 1949  
 Identification Branch

<sup>1</sup> Semiannual, appointment as cadet, commission in the Air Corps, commission in Air Corps Reserve, transfer to the Air Corps for any other special purpose.  
<sup>2</sup> I, II, III, or IV; see par. 3, AR 40-110.  
 W. D., A. G. O. Form No. 64 (May 23, 1941) c16-2231-1

- 29. Respiratory system **normal**
- 30. X-ray of chest <sup>1</sup> **not done**
- 31. Abdominal viscera **normal**
- 32. Hernia **none** Hemorrhoids **none**
- 33. Genito-urinary system **normal**
- 34. Nervous system: Reflexes, gait, coordination, musculature, tension, tremor, and other pertinent tests **normal**
- 35. Laboratory procedures: Kahn **not done** Wassermann **--**  
 Urinalysis: Reaction **acid** Sp. gr. **1.022** Albumin **neg.** Sugar **neg.** Microscopical **neg.**
- 36. Estimated adaptability for military aeronautics (if unsatisfactory, state reasons) **satisfactory**

INVESTIGATION  
 CAPT. G. M. ROSS  
 12 18 1943

37. Remarks on conditions not sufficiently described **none**

- 38. Is the examinee physically qualified for flying duty? **yes** If yes, in what class? **I**  
 If disqualified, indicate defects by paragraph number **--**
- 39. Have defects been waived by The Adjutant General? **--** If yes, give date **--**  
 If no, is waiver recommended? **--** Is request for waiver attached? **--**
- 40. Is the examinee incapacitated for active service? **no** If yes, indicate defect by paragraph number **--**
- 41. Corrective measures or other action recommended **none**
- 42. If applicant for appointment: Does he meet physical requirements? **--** Do you recommend acceptance with minor physical defects? **--** If rejection is recommended, specify cause

Examinee states he is  
 not drawing a pension,  
 disability allowance,  
 compensation or retired  
 pay from U. S. Gov't.

**LJAAF; La Junta, Aug. 30, 1943**  
(Place) Colo. (Date)

*David Morgan*  
**DAVID MORGAN, Major** Dental Corps  
*Clifford B. Taylor*  
**CLIFFORD B. TAYLOR, Captain** Medical Corps.  
*Arnold Black*  
**ARNOLD BLACK, 1st Lt., A.M.E.** Medical Corps.  
*Edward J. Winter*  
**EDWARD J. WINTER, 1st Lt., A.M.E.** Medical Corps.  
 1st Ind.<sup>2</sup>

REVIEWED AND APPROVED:  
*Merrill O. Dart*  
**MERRILL O. DART, Major** Medical Corps.  
(Senior flight surgeon)

Headquarters \_\_\_\_\_, 19\_\_\_\_  
 To the Commanding General,  
 Remarks and recommendations \_\_\_\_\_

(Name) (Grade) (Organization and arm or service)  
 \_\_\_\_\_  
 Commanding.

2d Ind.<sup>2</sup>  
 \_\_\_\_\_, 19\_\_\_\_ To The Adjutant General.

<sup>1</sup> Required for candidates for commission, Reserve officers reporting for extended active duty, and applicants for flying cadet.  
<sup>2</sup> State action taken on recommendation of the board. If incapacitated for active service, state whether action by retiring board is recommended.

NOTE.—Use typewriter if practicable. Attach additional plain sheets if required.

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

**RESTRICTED**  
**REPORT OF BURIAL**  
TM 10-630 AND AR 30-1815

29755  
6 August 44

193  
Sommers, Douglas T. 2d Lt  
Last Name First Initial Rank  
416 Bomb Gp Co  
Unit Organization  
6 August 44  
Place of Death Date of Death  
Fractured skull  
Cause of Death  
1000 6 August 44 LaCamba 558-881  
Time and Date of Burial Name of Cemetery Name or Coordinates of Location  
117 6 BE Stake  
Grave Number Row Number Plot Number Type of Marker

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

If No Identification Tags  
How were remains identified?

What means of identification were buried with the body?

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

Who is buried on:

Deceased's Right: Johnson, John L. 17110843 118  
Name Serial No. Rank Organization Grave No.  
Deceased's Left: Rusicki, Mathew 32773130 116  
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 Name  
Address  
Religion

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

- 3 Keys 25 Pounds, English
- 1 Knife
- 1 Fountain pen
- 1 Bracelet Effects QM, Comm Zone.
- 1 Bar
- 2 Insignias
- 1 Ration card

NICHOLAS J. SLOANE  
L. Q.M.C.  
Graves Registration Officer  
Signature of Officer or other person reporting burial  
Nicholas Sloane  
Verified by G.R.S. Officer

DMH/B

File  
NOV 2 3 1944  
EK.

**IF DECEASED UNIDENTIFIED**

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

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

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

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

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**TOOTH CHART**

Deceased's Right										Deceased's Left																					
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	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 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 8 Sept 1944  
MI/jca/4626

FULL NAME <u>Sommers, Douglas T.</u>		ARMY SERIAL NUMBER <u>O-750 707</u>	GRADE <u>2nd Lt.</u>				
HOME ADDRESS <u>Laurel, Mississippi</u>		ARM OR SERVICE <u>AC</u>	DATE OF BIRTH <u>5 Dec 1920</u>				
PLACE OF DEATH <u>European Area</u>	CAUSE OF DEATH <u>Killed in action</u>		DATE OF DEATH <u>6 Aug 1944</u>				
STATION OF DECEASED <u>European Area</u>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <u>28 Jul 1943</u>	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS				
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <u>Mr. Dan T. Sommers, father, 525 Park St., Laurel, Miss.</u>							
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <u>On 20 &amp; November 1940 while an enlisted man <del>had</del> he designated as his beneficiaries, Mrs. Bertha Sommers, mother, 111 S. 14th Ave., Laurel, Miss. and Mr. Dan T. Sommers, father, of the above address. No break in service.</u>							
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	YES NO
					<u>X</u>		

ADDITIONAL DATA AND/OR STATEMENT

COPIES FURNISHED:			<input checked="" type="checkbox"/> BATTLE	BY ORDER OF THE SECRETARY OF WAR:  <i>Howell</i> ADJUTANT GENERAL
S. G. O.	F. B. I.	F. O. U. S. A.	<input type="checkbox"/> NON-BATTLE	
2. O. Q. M. G.	O. F. D.	ARMY EFFECTS BUREAU		
G. A. O.	VET. ADMIN.	CASUALTY BRANCH FILE A. G. 201 FILE		

*mb*

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

202481

REPORT OF DEATH

DATE 8 Sept 1944  
MI/jca/4626

FULL NAME <b>Sommers, Douglas T.</b>		ARMY SERIAL NUMBER <b>0-750 707</b>	GRADE <b>2nd Lt.</b>				
HOME ADDRESS <b>Laurel, Mississippi</b>		ARM OR SERVICE <b>AG</b>	DATE OF BIRTH <b>5 Dec 1920</b>				
PLACE OF DEATH <b>European Area</b>	CAUSE OF DEATH <b>Killed in action</b>		DATE OF DEATH <b>6 Aug 1944</b>				
STATION OF DECEASED <b>European Area</b>	DATE OF ENTRY ON CURRENT ACTIVE SERVICE <b>28 Jul 1943</b>	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS					
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <b>Mr. Dan T. Sommers, father, 525 Park St., Laurel, Miss.</b>							
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <b>On 20 &amp; November 1940 while an enlisted man <del>himself</del> he designated as his beneficiaries, Mrs. Bertha Sommers, mother, 111 S. 14th Ave., Laurel, Miss. and <del>deceased</del> Mr. Dan T. Sommers, father, of the above address. No break in service.</b>							
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	YES NO
					X		

ADDITIONAL DATA AND/OR STATEMENT



COPIES FURNISHED:			<input checked="" type="checkbox"/> BATTLE	BY ORDER OF THE SECRETARY OF WAR:  <i>[Signature]</i> ADJUTANT GENERAL
B. G. O.	F. B. I.	F. O. U. S. A.	<input type="checkbox"/> NON-BATTLE	
2. O. Q. M. G.	O. F. D.	ARMY EFFECTS BUREAU CASUALTY BRANCH FILE		
G. A. O.	VET. ADMIN.	A. G. 201 FILE		

202,431

RTB:LK:rt  
August 9, 1945

Mr. Dan T. Sommers  
525 Park Street  
Laurel, Mississippi

Dear Mr. Sommers:

The Army Effects Bureau has received additional property of your son, Lieutenant Douglas T. Sommers, consisting of funds in the amount of \$100.86. A check for this sum is inclosed.

As previously indicated, such property is forwarded for distribution in accordance with the laws of the state of the soldier's legal residence.

Sincerely,

C. B. QUINN  
2nd Lt., QMC  
Chief, Files Branch

1 Incl--Check

ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mr. Dan T. Sommers  
525 Park Street  
Laurel, Mississippi

Effects of:  
Name 2nd Lt. Douglas T. Sommers

ASO-750707

Case No. 202481-D

Wt.

August 9, 1945

DATE Kauer:djd

*B. Bradshaw*  
FOR: Effects Quartermaster

REMARKS:

Inclose Bureau Check  
Acct. No. 151180  
Amount \$100.86 *due*  
 Inclose "Valuables" item  
 Ship "Valuables" item(s)

Remove G.I.  
 Note discrepancy in am  
 Films removed  
 Diary removed  
 Laundry removed

116412 emh

ROUTING:

Accounting Branch *ew*  
 Warehouse Division  
 Files Branch, Adm. Div.

151180

202481

August 13 45

Den T. Sommers

100.86

One Hundred and 86/100

REMARKS

Franked \_\_\_\_\_  
Est. Exp. Chgs. \_\_\_\_\_  
Est. Frt. Chgs. \_\_\_\_\_  
No. of package \_\_\_\_\_

EFT. OM Form 14 (26 Dec 44)

Shipping Clerk

ARMY EFFECTS BUREAU  
INVENTORY

*Ha*  
*207481*

CASE NO. \_\_\_\_\_

TYPED BY \_\_\_\_\_  
                  *dk*

DATE \_\_\_\_\_  
                  *7/3/45*

STATUS \_\_\_\_\_  
                  *KIA*

NAME \_\_\_\_\_  
                  *Douglas T. Sommers*

A.S.N. \_\_\_\_\_  
                  *0-750757*

RANK \_\_\_\_\_  
                  *Unk*

ORGANIZATION \_\_\_\_\_  
                  *-*

AMOUNT \_\_\_\_\_  
                  *100.86*

ACCOUNT NO. \_\_\_\_\_  
                  *15180-28*  
                  *PAID-Check No. 116412*

LIST NO. \_\_\_\_\_  
                  *F 271-4*

REMARKS \_\_\_\_\_

ACCOUNTING INVENTORY



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

IN REPLY REFER TO 202,461

JRM:KB:wp  
April 20, 1945

Mr Dan T. Sommers  
525 Park Street  
Laurel, Mississippi

Dear Mr. Sommers:

The Army Effects Bureau has received some additional property of your son, Second Lieutenant Douglas T. Sommers.

These effects, contained in two cartons, 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

24  
83.

ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mr. Dan T. Sommers  
525 Park Street  
Laurel, Mississippi

SHIP TO:  
2nd Lt. Douglas T. Sommers

Effects of:  
Name **0-750707**  
ASN **202481 D**  
Case No.  
Wt.

DATE 20 April 1945  
JRM:KB:bh

*Kathryn Bell*  
FOR: Effects Quartermaster

REMARKS:

<input type="checkbox"/> Inclose Bureau Check	<input type="checkbox"/> Remove G.I.
<input type="checkbox"/> Acct. No. _____	<input type="checkbox"/> Note discrepancy in _____
<input type="checkbox"/> Amount _____	<input type="checkbox"/> Films removed
<input type="checkbox"/> Inclose "Valuables" item	<input type="checkbox"/> Diary removed
<input type="checkbox"/> Ship "Valuables" item(s)	<input type="checkbox"/> Laundry removed

ROUTING:

<input type="checkbox"/> Accounting Branch
<input checked="" type="checkbox"/> 1 Warehouse Division
<input checked="" type="checkbox"/> 2 File Branch, Adm. Div.

*No/ Carter inv 1-30-45*  
*✓ 2-5-45*

REMARKS:

**FRANKED**  
 Franked \_\_\_\_\_  
 Est. Exp. Chgs. \_\_\_\_\_  
 Est. Frt. Chgs. **APR 28 1945**  
 No. of packages 2

*[Signature]*  
Shipping Clerk

SHEET 1 OF 1 SHEETS		ARMY EFFECTS BUREAU INVENTORY		DECEASED	<input checked="" type="checkbox"/>
BOX NUMBER	464 PA-62	ORIGINAL NUMBER OF PACKAGES	1	MISSING	<input type="checkbox"/>
TALLY NUMBER	65157	INVENTORY DATE	2-5-45	P O W	<input type="checkbox"/>
EFFECTS OF	DOUGLAS	CASE NUMBER	202,481	ABANDONED	<input type="checkbox"/>
A.S.N.	0-750707	ORGANIZATION	670th Bomb. Sq (L) 416th Bomb. Gp (L)	RANK	2nd Lt.
PACKAGES DESCRIPTION #1 cation					

CLOTHING	PERSONAL ITEMS	CONTAINERS
2 BELT	1 BRACELET, IDENTIFICATION	BAGS, CLOTH
BELT, MONEY (NO MONEY)	BRUSHES	BAGS, TRAVEL
CLOTH, WASH	CAMERAS	BILLFOLD (NO MONEY) w/c
COATS	GLASSES	CASE
5 FOOTWEAR, PR.	KNIVES	FOOTLOCKER
1 GLOVES, PR.	LIGHTERS <i>repartite</i>	KIT, SEWING
X HANKERCHIEFS	MISC. INSIGNIA	KIT, TOILET
HEADWEAR	MISC. ITEMS	KIT, WRITING
JACKETS	PEN, FOUNTAIN	PAPERS AND MISC.
OVERCOATS	PENCIL, MECHANICAL	BOOKS
SCARFS	PIPES	BOOKS, ADDRESS
8 SHIRTS	RELIGIOUS ARTICLES	BOOKS, NOTE
X SOCKS, PR.	RIBBONS, DECORATION	BOOKS, PILOT LOG
X TIES	RINGS	DIARY (REMOVED FOR DURATION)
X TOWELS	TOBACCO	FILMS
1 TROUSERS, PR.	X TOILET ARTICLES	LETTERS
TRUNKS, PR.	WATCH	PAPERS, PERSONAL
X UNDERWEAR	WINGS	PHOTOS
1 pr. Pajamas		SHOE SHINE ARTICLES
1 Check Book		SHORT SNORTER
1 Coat Liner		SOUVENIRS
		SOUVENIR MONEY
		X STATIONERY
		TESTAMENTS
		U.S. MONEY (AMOUNT)

*Done*

REMARKS: Father  
Mr. Gary T. Sommers  
525 Park Street  
Laurel, Mississippi.

ATTACHMENTS: FORM #54  
FORM #100  
2 - Certificates  
1 Inventory

C.A.T.	none	WEIGHT	GI REMOVED
WAREHOUSE SPACE	159X	DATE SHIPPED	X SHORTAGE ON REVERSE
INVENTORIED BY	M. Kelvie	APR 28 1945	IDENT. TAGS REMOVED
PACKED BY	King	X #43 OR ADDITIONAL	DIARY REMOVED
STORIED BY	JA		LOCKED STORAGE
CHECKED BY	B		LAUNDRY REMOVED
			FILM REMOVED

ADDITIONAL REMARKS

SHORTAGES

- 1 Bath Robe.
- 1 Short Coat.
- 1 Pink Shirt.
- 1. Pink Pants
- 1. Blouse
- 1. pr. Green Pants
- 1. Green Shirt.
- 1. Trench Coat.
- 1. Garrison Cap.
- 1. Flight Cap.

U S GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

U. S. M. C. # 8668

Unit. # 2.36

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

*McKelvie*  
INVENTORY CLERK

*LaFevre*  
SUPERVISOR

G. I. REMOVED

SHEET 1 OF 11 SHEETS	ARMY EFFECTS BUREAU INVENTORY		DECEASED <input checked="" type="checkbox"/>
BOX NUMBER	ORIGINAL NUMBER OF PACKAGES		MISSING <input type="checkbox"/>
TALLY NUMBER 6815 ✓	INVENTORY DATE 30-JAN-45	CASE NUMBER 202,481 m	P.O.W. <input type="checkbox"/>
EFFECTS OF DOUGLAS T. SOMMERS ✓	RANK 2 <sup>nd</sup> LT. ✓		ABANDONED <input type="checkbox"/>
A.S.N. 0-750707 ✓	ORGANIZATION Unknown		

CLOTHING		PERSONAL ITEMS	CONTAINERS
<input type="checkbox"/>	BELT	<input type="checkbox"/>	BRACELET, IDENTIFICATION
<input type="checkbox"/>	BELT, MONEY (NO MONEY)	<input type="checkbox"/>	BRUSHES
<input type="checkbox"/>	CLOTH, WASH	<input type="checkbox"/>	CAMERAS
1	COATS <i>3 suits w/ jackets</i>	<input type="checkbox"/>	GLASSES
<input type="checkbox"/>	FOOTWEAR, PR.	<input type="checkbox"/>	KNIVES
<input type="checkbox"/>	GLOVES, PR.	<input type="checkbox"/>	LIGHTERS
<input type="checkbox"/>	HANDKERCHIEFS	<input type="checkbox"/>	MISC. INSIGNIA
2	HEADWEAR <i>2 w/ visor - 1 hat</i>	<input type="checkbox"/>	MISC. ITEMS
<input type="checkbox"/>	JACKETS	<input type="checkbox"/>	PEN, FOUNTAIN
3	OVERCOATS <i>4 long, 1 trench</i>	<input type="checkbox"/>	PENCIL, MECHANICAL
<input type="checkbox"/>	SCARFS	<input type="checkbox"/>	PIPES
7	SHIRTS ✓	<input type="checkbox"/>	RELIGIOUS ARTICLES
<input type="checkbox"/>	SOCKS, PR.	<input type="checkbox"/>	RIBBONS, DECORATION
X	TIES ✓	<input type="checkbox"/>	RINGS
<input type="checkbox"/>	TOWELS	<input type="checkbox"/>	TOBACCO
3	TROUSERS, PR. ✓	<input type="checkbox"/>	TOILET ARTICLES
<input type="checkbox"/>	TRUNKS, PR.	<input type="checkbox"/>	WATCH
<input type="checkbox"/>	UNDERWEAR	<input type="checkbox"/>	WINGS
			BAGS, CLOTH
			BAGS, TRAVEL
			BILLFOLD (NO MONEY)
			CASE
			FOOTLOCKER
			KIT, SEWING
			KIT, TOILET
			KIT, WRITING
			PAPERS AND MISC.
			BOOKS
			BOOKS, ADDRESS
			BOOKS, NOTE
			BOOKS, PILOT LOG
			DIARY (REMOVED FOR DURATION)
			FILMS
			LETTERS
			PAPERS, PERSONAL
			PHOTOS
			SHOE SHINE ARTICLES
			SHORT SNORTER
			SOUVENIRS
			SOUVENIR MONEY
			STATIONERY
			TESTAMENTS
			U.S. MONEY (AMOUNT)

*Date set*

REMARKS: Mr. Dan T. Sommers  
525 Park St.  
Laurel, Miss.

ATTACHMENTS: FORM #54 FORM #100  
*1 Tag ✓*

C.A.T. Mr. Dan T. Sommers 525 Park St. Laurel, Miss.	WEIGHT	GI REMOVED
	STORED BY <i>ST</i>	SHORTAGE ON REVERSE
DATE SHIPPED APR 28 1945		IDENT. TAGS REMOVED
WAREHOUSE SPACE 1501 X	CHECKED BY <i>B</i>	DIARY REMOVED
INVENTORIED BY <i>Crawford</i>		LOCKED STORAGE
PACKED BY <i>Crawford</i>	X #45 OR ADDITIONAL	LAUNDRY REMOVED
		FILM REMOVED

*Jan*



2/LT

DOUGLAS T. SOMMERS

0-750707

DECEASED

U.S.A.

NAM

SOMMERS, DOUGLAS T. LT

BAY	PALLET	BOX	TALLY
25	23		<del>6515</del> 6515

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
BOX		

Eff. QM Form 48

NAME **SOMERS, DOUGLAS T.** I.D.

BAY	PALLET	BOX	TALLY
	<b>62</b>	<b>464</b>	<b>6515</b>
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
<b>B.BAG</b>			

Eff. QM Form 48



(3 copies to Effects Q.M. ETOUSA, 1 copy in box with effects, 1 copy retained)

12 August 1944  
Date

670th Bomb Sq (L), 416th Bomb Gp (L), APO 140, New York  
(Organization and A.P.O. Number)

SUBJECT: Transmittal of Inventory of Personal Effects.

TO : Effects Quartermaster, ETOUSA, Depot G-14, A.P.O. 507,  
U.S. Army.

Transmitted herewith in accordance with Adm. Cir. #80, dated 25 Oct. 1943, Hq, SOS, ETOUSA, is Inventory of effects concerning subject named below.

<u>Sommers,</u>	<u>Douglas</u>	<u>T.</u>	<u>2d Lt</u>	<u>O-750707</u>	
(Last Name)	(First Name)	(MI)	(Rank)	(ASN)	(Control No)
					(For use of
					Effects QM
					ETOUSA)

Organization 670th Bomb Sq (L), 416th Bomb Gp (L)  
(Unit - - - - Not Branch or Service)

\*Status. (Deceased, ~~Missing on active duty, deceased~~) on the Sixth  
day of August 1944.

Designated Beneficiary (With address) Mr. Dan T. Sommers (Father)  
525 Park Street,  
Laurel, Mississippi

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

U.S.M.O. # <u>8668</u>	Amt \$ <u>2.36</u>	U.S.M.O. # <u>None</u>	Amt \$ <u>None</u>
U.S.M.O. # <u>None</u>	Amt \$ <u>None</u>	U.S.M.O. # <u>None</u>	Amt \$ <u>None</u>

U.S. Official Check # None Amt. \_\_\_\_\_ Bank \_\_\_\_\_  
(Name and Branch)

#Bank Accounts None

#Debtors None

#Creditors None

#Inclosed is None

(Will, Power of Attorney, War Bond, Travelers Checks.  
Describe fully)

\*Strike out words not applicable.  
#Negative report where applicable.

## Inventory of Effects

1 Cigarette Lighter ✓  
 1 Bracelet ✓  
 1 Insignia, Cap ✓

1 Personal 201 File ✓  
 1 Pkg Bank Statements ✓  
 1 Pkg Letters ✓  
 1 Hair Brush ✓  
 1 Pkg Toilet articles ✓  
 1 Bath Robe ○  
 1 Short Coat ○  
 1 Pink Shirt ○  
 1 Pink Pants ○  
 1 Blouse ○  
 1 Pr Green Pants ○  
 1 Green Shirt ○  
 1 Gabardine Shirt ✓  
 1 Trench Coat ○  
 1 Garrison Cap ○  
 1 Bill Fold ✓  
 1 Gabardine Pants ✓  
 3 Ties ✓  
 2 Belts & Buckles ✓

1 Pr Pilot's Wings ✓  
 1 Fountain Pen ✓

6 Khaki shirts ✓  
 1 O D Shirt ✓  
 1 Flight Cap ○  
 3 Pr shoes ✓  
 1 Pocket Knife ✓  
 2 pr house shoes ✓  
 1 pr leather gloves ✓  
 1 pr Pajamas ✓  
 10 Pr shorts ✓  
 5 Undershirts ✓  
 12 Handkerchiefs ✓  
 12 pr socks ✓  
 7 towels ✓  
 1 Picture, Folder ✓  
 1 Box Writing Paper ✓  
 1 Sewing Kit ✓  
 2 Gillette Razors ✓

I certify that the foregoing inventory comprises all of subjects effects and that effects were shipped to Effects QM, Stanley Warehouse Division, U S Forces, Liverpool, England, by delivering \_\_\_\_\_

\_\_\_\_\_ on \_\_\_\_\_ 1944

JOSEPH A. HAUBRICH,  
 1st Lt, Air Corps,  
 Personnel Officer.

Summary Court-Martial  
 ARMY SERVICE FORCES  
 KANSAS CITY QUARTERMASTER DEPOT Case No. 202481 ✓  
 601 Hardesty Avenue Date 4 April 1945 ✓  
 Kansas City 1, Missouri

JRM:IB:ssh

SUBJECT: Report of transactions in disposing of the effects of

Douglas T. Sommers ✓, O-750707 ✓ late a  
 (Name of deceased) (Army Serial Number)  
Second Lieutenant ✓, Air Corps ✓ who died  
 (Grade) (Organization, Army or Service)  
 on the 6 day of August, 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 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 24 March 1945, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of Dan T. Sommers ✓

Mrs. Ruth Wilkinson 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, Dan T. Sommers ✓ of (Name of person found entitled)  
525 Park Street ✓, Laurel, ✓ State of (Number, Street or Avenue) (City, Town or Village)  
Mississippi ✓, is the Father ✓ of the (Relationship or Capacity)

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

*BT*

202481 ✓

JRM:IB:ssh ✓  
April 4, 1945Mr. Dan T. Sommers ✓  
525 Park Street ✓  
Laurel, Mississippi ✓

Dear Mr. Sommers:

Thank you for the information furnished the Army Effects Bureau in connection with the personal effects of your son, Second Lieutenant Douglas T. Sommers. ✓

I am inclosing a check for \$2.36, representing funds which belonged to him. The remainder of the property is 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 officer's legal residence.

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

Sincerely yours,

A. G. SCHUMACHER  
1st Lt. Q.M.C.  
Asst. Chief, Admin. Division1 Incl--  
Check

84

M

ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mr. Dan T. Sommers

SHIP TO:

525 Park Street

Effects of:  
Name

2nd Lt. Douglas T. Sommers

Laurel, Mississippi

ASN

0-750707

Order No.

202481-D

Wt.

DATE: 4 April 1945

JRM:IB:ssh

*Bruce Taylor*  
FOO: Effects Quartermaster

REMARKS:

Inclose Bureau Check  
Acct. No. 53527  
Amount \$2.36  
Inclose "Valuables" item  
Ship "Valuables" item(s)

Remove G.I.  
Note discrepancy in \_\_\_\_\_  
Films removed  
Diary removed  
Laundry removed

ROUTING:

- 1 Accounting Branch *ew*
- 2 Warehouse Division
- 3 Files Branch, Adm. Div.

53527

59270 emh

202481

April 6

45

Den T. Sommers

2.36

Two and 36/100

REMARKS:

*1 pkg*  
Franked **FRANKED APR 9 1945**  
Est. Exp. Chgs. \_\_\_\_\_  
Est. Frt. Chgs. \_\_\_\_\_  
No. of packages \_\_\_\_\_

*mk*  
Shipping Clerk



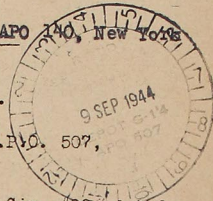
(3 copies to Effects QM, ETOUSA, 1 copy in box with effects, 1 copy retained)

12 August 1944  
Date

670th Bombardment Squadron (L), 416th Bomb Gp (L), APO 140, New York  
(Organization and A.P.O. Number)

SUBJECT: Transmittal of Inventory of Personal Effects.

TO : Effects Quartermaster, ETOUSA, Depot G-14, A.P.O. 507,  
U.S. Army.



Transmitted herewith in accordance with Adm. Cir. #80, dated 25 Oct. 1943, Hq, SOS, ETOUSA, is Inventory of effects concerning subject named below.

<u>Sommers</u>	<u>Douglas</u>	<u>T.</u>	<u>2d Lt</u>	<u>O-750707</u>	<u>28184</u>
(Last Name)	(First Name)	(MI)	(Rank)	(ASN)	(Control No)
					(For use of Effects QM ETOUSA)

Organization 670th Bombardment Squadron (L), 416th Bomb Gp (L)  
(Unit - - - - Not Branch or Service)

\*Status. (Deceased, ~~Missing in Action~~, ~~Prisoner of War~~) on the sixth  
day of August 19 44.

Designated Beneficiary (With address) Mr. Dan T. Sommers (Father)  
525 Park Street,  
Laurel, Mississippi

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

U.S.M.O. # <u>8668</u> ✓	Amt \$ <u>2.36</u> ✓	U.S.M.O. # <u>None</u>	Amt \$ <u>None</u>
U.S.M.O. # <u>None</u>	Amt \$ <u>None</u>	U.S.M.O. # <u>None</u>	Amt \$ <u>None</u>

U.S. Official Check # None Amt. \_\_\_\_\_ Bank \_\_\_\_\_  
(Name and Branch)

#Bank Accounts None

#Debtors None

#Creditors None

#Inclosed is None

(Will, Power of Attorney, War Bond, Travelers Checks.  
Describe fully)

\*Strike out words not applicable.  
#Negative report where applicable.

Date SEP 11 1944  
Receipt is acknowledged of Class II  
Assets as shown on basic communication.  
EFFECTS QM. (OVER)

(1 Incl)  
Incl 1

INVENTORY OF EFFECTS

1 Cigarette Lighter	1 Pr Pilot's wings
1 Bracelet	1 Fountain Pen
1 Insignia, Cap	
1 Personal 201-File	6 Khaki shirts
1 Pkg Bank Statements	1 OD shirt
1 Pkg Letters	1 Flight Cap
1 Hair Brush	3 Pr Shoes
1 Pkg Toilet articles	1 Pocket knife
1 Bath Robe	2 Pr House shoes
1 Short Coat	1 Pr leather gloves
1 Pink Shirt	1 Pr Pajamas
1 Pink Pants	10 Pr shorts
1 Blouse	5 Undershirts
1 Pr Green Pants	12 Handkerchiefs
1 Green Shirt	12 Pr socks
1 Gabardine Shirt	7 Towels
1 Trench Coat	1 Picture Folder
1 Garrison Cap	1 Box Writing Paper
1 Bill Fold	1 Sewing Kit
1 Gabardine Pants	2 Gillet Razors
3 Ties	
2 Belts & Buckles	

I certify that the foregoing inventory comprised all of subjects effects and that effects were shipped to Effects QM, Stanley Warehouse Division, U S Forces, Liverpool, England, by delivering by Govt M7

on SEP 3 1944

*Joseph A. Haubrich*  
 JOSEPH A. HAUBRICH,  
 1st Lt, Air Corps,  
 Personnel Officer.

SHEET 1 OF 1 SHEETS		ARMY EFFECTS BUREAU INVENTORY		DECEASED	<input checked="" type="checkbox"/>
BOX NUMBER 12		ORIGINAL NUMBER OF PACKAGES		MISSING	
TALLY NUMBER 5811		INVENTORY DATE 14 Feb. 1945		P.O.W.	
EFFECTS OF DOUGLAS T. SOMMERS		CASE NUMBER 202,481		ABANDONED	
R.S.N. 0-75075-7		ORGANIZATION 32d Ser. exp.			
PACKAGE DESCRIPTION #1 pkg					
CLOTHING		PERSONAL ITEMS		CONTAINERS	
BELT	<input checked="" type="checkbox"/>	BRACELET, IDENTIFICATION	<input checked="" type="checkbox"/>	BAGS, CLOTH	
BELT, MONEY (NO MONEY)		BRUSHES		BAGS, TRAVEL	
CLOTH, WASH		CAMERAS		BILLFOLD (NO MONEY)	
COATS		GLASSES		CASE, _____	
FOOTWEAR, PR.	<input checked="" type="checkbox"/>	KNIVES		FOOTLOCKER	
GLOVES, PR.		LIGHTERS		KIT, SEWING	
HANDKERCHIEFS	<input checked="" type="checkbox"/>	MISC. INSIGNIA		KIT, TOILET	
HEADWEAR	<input checked="" type="checkbox"/>	MISC. ITEMS		KIT, WRITING	
JACKETS		PEN, FOUNTAIN		PAPEES AND MISC.	
OVERCOATS	<input checked="" type="checkbox"/>	PENCIL, MECHANICAL		BOOKS	
SCARFS		PIPES		BOOKS, ADDRESS	
SHIRTS		RELIGIOUS ARTICLES		BOOKS, NOTE	
SOCKS, PR.		RIBBONS, DECORATION		BOOKS, PILOT LOG	
TIES		RINGS		DIARY (REMOVED FOR DURATION)	
TOWELS		TOBACCO		FILMS	
TROUSERS, PR.		TOILET ARTICLES		LETTERS	
TRUNKS, PR.		WATCH		PAPERS, PERSONAL	
UNDERWEAR	<input checked="" type="checkbox"/>	WINGS		PHOTOS	
				SHOE SHINE ARTICLES	
				SHORT SNORTER	
				SOUVENIRS	
				SOUVENIR MONEY	
				STATIONERY	
				TESTAMENTS	
				U.S. MONEY (AMOUNT)	

REMARKS: no information rechecked

ATTACHMENTS:  FORM #54  FORM #100  
 1 U.S. R. Label

\* Broken.  
 FEB 27 1945  
 C.A.T. none

WAREHOUSE SPACE 1067	STORED BY [Signature]	WEIGHT	GI REMOVED
INVENTORIED BY [Signature]	DATE SHIPPED APR 8 1945		<input checked="" type="checkbox"/> SHORTAGE ON REVERSE
PACKED BY [Signature]	CHECKED BY [Signature]		IDENT. TAGS REMOVED
			DIARY REMOVED
			LOCKED STORAGE
			LAUNDRY REMOVED
			FILM REMOVED




**PBE G-117R-6**  
**INVENTORY OF EFFECTS**  
 (See AR 600-559)

**Sommers, Douglas T. O-750757**  
 (Last name) (First name) (Middle initial) (Army serial number)

late a \_\_\_\_\_  
 (Grade) (Organization or arm or service)

who died on the 6th day of August 19 44

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

NUMBER	ARTICLES	*PACKAGE NUMBER
3	Keys ✓	
1	Knife ✓	
1	Fountain Pen ✓	
1	Bracelet ✓	
1	Bar 	
2	Insignias ✓	
1	Ration card ✓	

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

**CLASS II**—Other effects

NUMBER	ARTICLES

*See 260*



~~XXXXXXXXXX~~ 119- BE

Serial No. 0-750707 Name DOUGLAS, I. S. SOMMERS

Grade..... Rank 3d LT

Organization 32d SER GP

Address.....

Nearest Relative.....

Address.....

Killed in Action YES Died of Disease.....

Date 6 AUG 1944 Hospital.....

Battle Area FRANCE Information.....

Place of Burial LA CAMBE CEMETERY

Point of Coordination.....

Description of Body.....

Members Missing.....

Signed.....



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

JRM:NM:bfh  
March 17 1945

202481

IN REPLY REFER TO \_\_\_\_\_

IMMEDIATE ACTION

Mrs. Bertha Sommers  
111 S. 14th Avenue  
Laurel, Mississippi

Dear Mrs. Sommers:

The Army Effects Bureau has received from overseas some personal property of your son, Lieutenant Douglas T. Sommers.

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 you 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.

It is noted that Lieutenant Sommer's father resides at a different address from yours. Under the 112th Article of War, the father precedes the mother in receiving the son's effects, providing he has not abandoned support of the family. Therefore it will be necessary that you advise whether Mr. Dan T. Sommers has abandoned support of the family.

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

Yours very truly,

F. A. ECKHARDT  
Captain QMC  
Assistant

1 Incl--Envelope

Dan T. Sommers  
525 Park Steet  
Laurel, Mississippi

Refer to 202481

March 20 1945

Army Effects Bureau  
Kansas City Quartermaster Depot  
601 Hardesty Avenue  
Kansas City 1 Missouri

Wish to advise that Mrs. Bertha Sommers  
the Mother of Lt. Douglas T. Sommers and  
the Wife of Dan T. Sommers has died and  
no longer live our former address was  
111 S. 14th Avenue our present address  
525 Park Street Laurel, Mississippi

Lieutenant Douglas T. Sommers was not  
married and has no widow or family  
Dan T. Sommers the father of Lieutenant  
Sommers resides at 525 Park Street and  
has not abandoned support of the family

Yours very truly

*Dan T. Sommers*

Dan T. Sommers



KANSAS CITY, MO.

MAR 22 1945

Faint, illegible text, likely a letter or document, visible through the paper.



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

IN REPLY REFER TO: \_\_\_\_\_ 202481 M ✓

(S-2-2-45)  
JRM:NM:ee  
January 2, 1945

Mrs. Ruth Wilkinson ✓  
525 Park St. ✓  
Laurel, Mississippi ✓

Dear Mrs. Wilkinson: ✓

This will acknowledge receipt of your recent letter inquiring about personal effects of your brother, Lieutenant Douglas T. Sommers. ✓

I am sorry to report that, to date, we have received no information regarding your brother's Will. The only property marked as belonging to Lieutenant Sommers received here at this writing is a small amount of money. ✓

In order to make proper disposition of this money, as well as additional property which we may expect to receive at a later date, I shall appreciate your furnishing us with certain information concerning your brother's family. I should like to know if he was married and, if so, the name and address of his widow. ✓

Under the 112th Article of War, a father precedes a mother in receiving effects unless he has abandoned support of the family. Our records indicate that the address of Lieutenant Sommer's father differs from that of his mother. Will you, therefore, please advise us if Mr. Dan T. Sommers has abandoned the support of his family. ✓

In the event an Administrator has been appointed by the Court to handle your brother's estate, I shall appreciate your forwarding the original or a certified copy of the Letters of Administration. Any original papers submitted will be promptly returned.

For your convenience, I am inclosing an addressed envelope which requires no postage.

Yours very truly,

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

1 Incl-- ✓  
Envelope

202,481  
Dec. 6, 1944 *End*

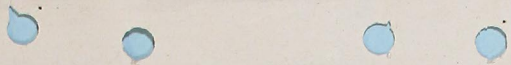
The Effects Quartermaster  
 Kansas City Quartermaster Depot  
 Kansas City, Missouri *File me*

Gentlemen:

It was suggested by Lt. R. B. Stevens, Kinshel Dept. that I write you and maybe you could help me locate the Will of my brother Lt. Douglas T. Sommers O-750707, 670<sup>th</sup> Bomb Sq. W. - 416<sup>th</sup> Bomb Group, A.P.D. #140, % Postmaster, New York, N. Y., who was killed in action, Aug. 6<sup>th</sup> in France. I know he had made a Last Will and Testimony for he wrote a letter to me stating so. We have been unable to locate this Will as yet and thought maybe it could be with his personal belongings. He has several business matters that need to be settled and until this Will is found it is impossible to do so.

If you can give me any information it will be greatly appreciated.

Yours truly,  
 Mrs. Ruth Wilkerson  
 525 Park St.  
 Laurel, Miss.



MISSOURI  
KANSAS CITY, MO.  
DEC - 0 01 1964