293 THARP, FREELAND M. 18 136 021 S/SGT EUROP. AR. A. (ARK) 45 al

REQ210081537 WNR-01-09-028-1-024-01-005

Transfer#:W092-70A0001 **Box:**~~10306~~ 9137 **CC:**00

ARR1-1355230235 **Asset#:** AAC1-23791584 **Whole Container:** N

C/F:THARP, FREELAND M.; SN# 18136021 **Created:** 10/08/2015

General Reference Temporary Loan of Records

Standard Customer Pick-up N/A

TO: ESTHER BERUMEN
310 WORCHESTER AVENUE BUILDING 45
JBPHH 96853
P: (808)448-1994 **F:**

9228
9357
9397
9337

DA FORM 1 JAN 56 543 (3 PART)

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

REQUEST FOR RECORDS (AR 345-210)	DATE OF REQUEST	DATE RECORDS MUST BE RETURNED (To be completed by office of record)	NO. A 829841
	17 May 57	18 June 57	TS-333/Rep

1. OFFICE OF RECORD

TECHNICAL SERVICES RECORDS SECTION

a. NAME

b. ADDRESS

DRB, TSCO
219 N. Lee Street
Alexandria, Virginia

MAY 27 1957

105

2. RECORDS REQUESTED (Give File classification, Subject, Date, and Other Identifying Information, or if Military Personnel Records are requested, give Name, Grade, Service Number, Purpose for which records are to be used and check box(es) below)

293- Sharp, Freeland M
18136021

SUSPEND DATE 6/20/57
RETURN TO M & R BR.
OR REQUEST EXTENSION

ALL	201 FILE	HISTORICAL 201	CURRENT 201	ENLISTED RECORD
EFFICIENCY FILE	CURRENT EFFICIENCY	HISTORICAL EFFICIENCY	CLASSIFICATION RECORDS	

3. PERSON REQUESTING RECORDS

a. DURATION OF TIME RECORDS NEEDED (Estimate)

b. LAST NAME - FIRST NAME - MIDDLE INITIAL (Authorized Person): McLaughlin / Posey - Hdt

c. EXTENSION: 54033

d. ADDRESS: 1066 Lemon B

e. SIGNATURE OF AUTHORIZED PERSON

4. SEARCHER'S REPORT

a. UNABLE TO IDENTIFY

b. RECORDS CURRENTLY CHARGED TO (Last name, first name, middle initial)

c. ADDRESS

d. EXTENSION

e. DATE

f. INITIALS

5. RETURN RECORDS TO ADDRESS INDICATED IN ITEM NUMBER 1

a. DATE

b. SIGNATURE OR INITIALS

INSTRUCTIONS

1. All requests must be signed by an individual authorized to withdraw personnel or subject records.
2. Attached unclassified records may be transferred to another person by completing a transfer coupon below and forwarding it to the office of record indicated in item number 1 above.
3. Classified records will not be transferred to another person but will be returned to the office of record for recharge.

CAUTION

THESE RECORDS WILL BE USED FOR OFFICIAL PURPOSES ONLY. DO NOT REMOVE, PERMIT TO BE REMOVED, ADD TO, NOR REVEAL THE CONTENTS TO UNAUTHORIZED PERSONS.

TRANSFER COUPON

NO. A 829841

TO:

NOTE THAT FILE OF

HAS BEEN TRANSFERRED TO (Name)

EXTENSION | DIVISION AND BRANCH

SECTION | BUILDING AND ROOM NO.

DATE | SIGNATURE

DETACHED FROM DA FORM 543, 1 JAN 56

TRANSFER COUPON

NO. A 829841

TO: SUSPEND DATE 6/20/57
RETURN TO M & R BR.
OR REQUEST EXT.

NOTE THAT FILE OF 18136021
293 Sharp, Freeland M

HAS BEEN TRANSFERRED TO (Name) Posey

EXTENSION 77545 | DIVISION AND BRANCH Mem

SECTION Hdqt | BUILDING AND ROOM NO. A 1438

DATE 5/20/57 | SIGNATURE MJ

DETACHED FROM DA FORM 543, 1 JAN 56

DEPARTMENT OF THE ARMY
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON

DEPARTMENTAL RECORDS BRANCH, T.A.G.O.

TECHNICAL SERVICES RECORDS SECTION
DRB, TAGO
219 N. Lee Street
Alexandria, Virginia

23 May 1957

QMGME-H 293
Tharp, Freeland M.
SN 18 136 021

Mr. John Tharp

Pangburn, Arkansas

Dear Mr. Tharp:

Reference is made to your letter of recent date, regarding the furnishing of a Government marker to be placed in a private cemetery in memory of your son, the late Freeland M. Tharp, whose remains are interred in the United States Military Cemetery, Margraten, Holland.

Public Law 871, 80th Congress, authorizes the furnishing of Government headstones and markers for the unmarked graves of those dying in the service and for veterans whose last service terminated honorably. There has been no authority delegated, however, whereby a Government headstone or marker may be furnished for erection in a private cemetery when the remains of the veteran are not interred therein.

When a veteran's final burial takes place in a cemetery under Government control, either in the United States or a foreign country, the grave is permanently marked without any action on the part of the next of kin or the family of the decedent.

Sincerely yours,

C. T. Noll

CARL T. NOLL
Memorial Division

No memorial in post cemetery — el 3/31/57

Pangburn Ark

Quarter Master General
washington. D.C.

Kind Sir
I see in the paper where the
Gov. will furnish a free marker
for a grave in private Cemetary
for the vet, my son was not
brought back in in Holland
but I wondered if I might have
a marker to put in our home
plot for him he ever so thankful
name Freeland madison Tharp
Home address Pangburn
son of John & Kate Tharp
same address.
in the Air Force Staff - Sergeant
Serial No. 18136021.
Sincerely John Tharp
Pangburn Ark

RRE Form #43
20 Sep 48

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

THARP	FREELAND	M	S/SG	18136021
(Last Name)	(First Name)	(Initial)	(Rank)	(ASN)

Subject remains have been permanently interred overseas in the United States Military Cemetery MARGARTEN

STATION FILE

Incl #

FREELAND M THARP
18136021 T42-44 O

RESTRICTED

INVENTORY FORM

24 March 1945
Date

SUBJECT: Inventory of Personal Effects of:

Tharp,	Freeland	M.	Unknown	18136021
(Last Name)	(First Name)	(MI)	(Rank)	(ASN)

TO: Effects Quartermaster, Communications Zone, APO 887 US Army

The above named individual of A. A. F. (Unit) _____ (Organization)

was reported KIA (Status (KIA, MIA, Hosp. etc.)) about 23 March 1945 (Date) 1944.

Designated Beneficiary if information readily accessible Unknown

INVENTORY OF EFFECTS

1 Billfold
1 Key
1 Knife
2 Rings, Finger (High School--gold band)

Money in the amount of $362.27 has been turned into C. B. NORRIS, Major, FD (Name of finance office and symbol number) 211-868 Form WDFD 38 enclosed.

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 _____ (Rail, Truck, etc.) on _____ 194___.

Name Edwin J. Donovan
EDWIN J. DONOVAN
Rank & ASN 1st Lt., QMC 0-1595473
Organization 611th QM Gr. Reg. Co.

Any additional pertinent information:

Encl #2

AG ETO FORM NO. 26

RESTRICTED

AG P BR--400M--27165ABCD--8-44

1 March 1949

S/Sgt. Freeland M. Tharp, ASN 18 136 021
Plot C, Row 15, Grave 16
Headstone: Cross
Margraten U.S. Military Cemetery

Mr. John W. Tharp

Pangburn, Arkansas

Dear Mr. Tharp:

This is to inform you that the remains of your loved one have been permanently interred, as recorded above, side by side with comrades who also gave their lives for their country. Customary military funeral services were conducted over the grave at the time of burial.

After the Department of the Army has completed all final interments, the cemetery will be transferred, as authorized by the Congress, to the care and supervision of the American Battle Monuments Commission. The Commission also will have the responsibility for permanent construction and beautification of the cemetery, including erection of the permanent headstone. The headstone will be inscribed with the name exactly as recorded above, the rank or rating where appropriate, organization, State, and date of death. Any inquiries relative to the type of headstone or the spelling of the name to be inscribed thereon, should be addressed to the American Battle Monuments Commission, Washington 25, D. C. Your letter should include the full name, rank, serial number, grave location, and name of the cemetery.

While interments are in progress, the cemetery will not be open to visitors. You may rest assured that this final interment was conducted with fitting dignity and solemnity and that the grave-site will be carefully and conscientiously maintained in perpetuity by the United States Government.

Sincerely yours,

THOMAS B. LARKIN
Major General
The Quartermaster General

igb

P. B. Dickson 1st BHR

1

USMC: MARGRATEN.
PLOT C: ROW 15: GRAVE 16.
DATE OF BURIAL: 21 DEC.48
VERIFIED BY: [signature]
GRS OFFICER.

BURIED ON:
RIGHT: EDWARD HERRERA, 39143473
LEFT: JERRY L. ODUM, 34977094

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER: 4650 15833

DATE: 15 (DAY) 07 (MONTH) 48 (YEAR)

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH
THARP FREELAND M	18136021	S SG	1	DAY MONTH YEAR

CEMETERY		DISPOSITION OF REMAINS	
MARGRATEN - AACHEN	1	4601 (CODE)	80 (DIST. PT.)

PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
U	9	216	HOLLAND	1

SECTION B — CONSIGNEE AND NEXT OF KIN FLAG SENT: 29 DEC.48.

NAME AND ADDRESS OF CONSIGNEE
MARGRATEN, HOLLAND

NAME AND ADDRESS OF NEXT OF KIN
JOHN W. THARP (FATHER)
PANGBURN, ARKANSAS

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED

IDENTIFICATION TAG ON: ☐ REMAINS ☐ MARKER

ORGANIZATION: USAAF

RELIGION:

IDENTIFICATION VERIFIED BY: NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL:

CONDITION OF REMAINS:

OTHER MEANS OF IDENTIFICATION:

MINOR DISCREPANCIES 1:

REMAINS PREPARED AND PLACED IN CASKET
DATE BY

CASKET SEALED BY:

EMBALMER (*Signature*):

CASKET BOXED AND MARKED
DATE BY

SHIPPING ADDRESS VERIFIED BY:

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

SIGNATURE OF GRS INSPECTOR

NAE
FILE
RECORDS ANNOTATED
DATE MAR 24 1949
[signature]
R & R M.

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

QMC FORM REV 15 MAR 46 1194

FINAL LETTER SENT 1 MAR 1949

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

1

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER	DATE (DAY / MONTH / YEAR)

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH (DAY / MONTH / YEAR)
THARP FREELAND M	18136021	S SG	1	

CEMETERY	DISPOSITION OF REMAINS (CODE / DIST. PT.)

PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
U	9	216	MARGRATEN HOLLAND	

SECTION B — CONSIGNEE AND NEXT OF KIN

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

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
FREELAND M THARP	18136021	S SGT		23 JULY 1948

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY (NAME AND TITLE)
[x] REMAINS [x] MARKER		P	FRITZ J. TOLTZIEN, 1ST.LT.MI

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

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

OTHER MEANS OF IDENTIFICATION: NONE

MINOR DISCREPANCIES *1*: NONE

REMAINS PREPARED AND PLACED IN CASKET

DATE 28 JULY 1948 BY ROY T. PATTERSON, EMBALMER

CASKET SEALED BY	EMBALMER (*Signature*)
ROY T. PATTERSON	Roy T. Patterson ROY T. PATTERSON

CASKET BOXED AND MARKED	TAGS, MARKINGS, PLATES VERIFIED BY:
DATE 28 JULY 48 BY ROBERT E. KREPS, CLERK RECORDER	ROGER N. LETOURNEAU, CAPT.,FA.,

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

R N Letourneau

ROGER N. LETOURNEAU, CAPT.,FA.,

SIGNATURE OF GRS INSPECTOR

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

QMC FORM REV 15 MAR 46 1194 MN

JM

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

2. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

3. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

4. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

BUDGET BUREAU No. 49-R277.

QUEST FOR DISPOSITION OF REMA

L 6/7/48

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

DATE: Phen Poda

S/Sgt Freeland M. Tharp, 18, 136, 021
Plot U, Row 9, Grave 216,
United States Military Cemetery
Margraten, Holland

15 April 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, John W. Tharp (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. Margraten, Holland

☐ 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY

_____ (NAME AND LOCATION OF CEMETERY)

☐ 3. BE RETURNED TO _____ (FOREIGN COUNTRY), THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT _____ (LOCATION OF CEMETERY SELECTED)

☐ 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____ (LOCATION OF NATIONAL CEMETERY SELECTED)

(Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)

☐ YES ☐ NO

THE NAME OF THE DECEASED, THE SERIAL NUMBER AND GRADE ARE CORRECT EXCEPT FOR THE FOLLOWING CHANGES: *(If no corrections are necessary, indicate this fact by inserting the word "NONE" in the space below.)*

None

AK processed 7-23-48

Coded U. Cane
7-21-48

JUL 1948

OQMG FORM 14 NOV 1946 345 MILITARY

Kuczyn

PART I (*Continued*)

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

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

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

OR

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

FULL NAME OF FUNERAL DIRECTOR			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
EXPRESS OFFICE (*Nearest railroad passenger station*)	TELEGRAPH ADDRESS		TELEPHONE No.

IN CASE OF EMERGENCY THE NAME AND ADDRESS OF THE PERSON NEXT IN LINE OF KINSHIP AFTER ME, AS SET FORTH IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," IS:

LAST NAME	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP TO DECEASED
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY

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

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

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

John W. Tharp
(SIGNATURE OF NEXT OF KIN)

(STREET AND NUMBER)

John W. Tharp
(NAME PRINTED OR TYPED)

Pangburn, Arkansas
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 29 day of May, 1948, at city (or town) of Pangburn, county of White, and State (or Territory or District) of Arkansas

Paul King
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

Notary Public
(OFFICIAL TITLE)

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

16—50411-1

PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

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

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

(DATE)

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

(NAME PRINTED OR TYPED) (CITY AND STATE)

PART III

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

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

LAST NAME	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.

U. S. GOVERNMENT PRINTING OFFICE

293

S/Sgt Freeland M. Tharp, 18, 136, 021
~~Plot U, Row 9, Grave 216,~~ 23
United States Military Cemetery
Margraten, Holland

15 April 1948

Mr. John W. Tharp
Route #1
Pangburn, Arkansas

Dear Mr. Tharp:

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,

2 Incls.
CHR 21

THOMAS B. LARKIN
Major General
The Quartermaster General

amt

FILE
Name M. C. Neal
Action N. A.
Acceptance Section
Family Corres. Branch

OFFICE OF THE QUARTERMASTER GENERAL

MEMORIAL DIVISION

SUBJECT: MEM. LOI
MACHINE SECTION, R&R BRANCH, MEMORIAL DIVISION
ROOM 2701, Temporary B Bldg.

293

Date [illegible] 1948

RANK	(NAME) First	Middle	Last	Serial No.
Sgt.	Freeland	M.	Turner	[illegible]

GRAVE LOCATION

Luxembourg
CEMETERY

[illegible] 24
Plot Row Grave

LOI TO BE SENT TO:

Mr.
~~Miss~~
Mrs. John H. Thark
NAME

Route 1.
Street

Authority for LOI:

Mrs. [illegible]
Pat of [illegible]
Ride

Paragould, Ark.
City State

MULLIGAN
5057

OFFICE OF THE QUARTERMASTER GENERAL

MEMORIAL DIVISION

SUBJECT: MEM. LOI
MACHINE SECTION, R&R BRANCH, MEMORIAL DIVISION
ROOM 2701, Temporary B Bldg.

Date 7 Apr 1948

S/Sgt. FREELAND M THARP 18136021
RANK (NAME) First Middle Last Serial No.

GRAVE LOCATION

Margraten
CEMETERY

U 9 216
Plot Row Grave

LOI TO BE SENT TO:

Mr. ~~Miss~~ ~~Mrs.~~ John W. Tharp
NAME

Route 1,
Street

Pangburn, Ark
City State

Authority for LOI:

Wife rem. completed Page 2 of 345. Father N.O.K.

L.O.I. SENT 15 APR 1948 - Father

Coda

MULLIGAN
5057

Capt Mulligan
G.F.

Sent 16 Apr 48
Letter
LOI

BUDGET BUREAU No. 49-R277.

REQUEST FOR DISPOSITION OF REMAINS

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

DATE: 3-9-48
333-P
JMB

S/Sgt. Freeland M. Tharp, 18 136 021
~~Plot U, Row 9, Grave 216,~~
United States Military Cemetery
Margraten, Holland

28 November 1947

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

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

PART I

I, MRS MARY L. THARP "GRUBBS" (PLEASE PRINT OR TYPE NAME OF NEXT OF KIN) *(Please indicate relationship to the deceased by placing an "X" in the proper box.)*

☒ WIDOW ☐ WIDOWER ☐ SON OVER 21 YEARS OLD ☐ DAUGHTER OVER 21 YEARS OLD

☐ FATHER ☐ MOTHER ☐ BROTHER OVER 21 YEARS OLD ☐ SISTER OVER 21 YEARS OLD

☐ RELATIONSHIP OTHER THAN ABOVE (*Specify*) _____

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

☐ 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS.

☐ 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY

_____ (NAME AND LOCATION OF CEMETERY)

☐ 3. BE RETURNED TO _____ (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

Do'ff
16 Apr 48
Corrected
LOI

OQMG FORM 14 NOV 1946 345 MILITARY

PAGE 1

L.O.I. SENT 15 APR 1948 - Father

PART I (*Continued*)

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

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

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

OR

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

FULL NAME OF FUNERAL DIRECTOR			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
EXPRESS OFFICE (*Nearest railroad passenger station*)	TELEGRAPH ADDRESS		TELEPHONE No.

IN CASE OF EMERGENCY THE NAME AND ADDRESS OF THE PERSON NEXT IN LINE OF KINSHIP AFTER ME, AS SET FORTH IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," IS:

LAST NAME	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP TO DECEASED
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY

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

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

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

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

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

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

(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS) _____

(OFFICIAL TITLE) _____

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

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

LAST NAME	FIRST NAME	MIDDLE INITIAL
THARP	MRS. JOHN	W.
RELATIONSHIP TO THE DECEASED: Mother		
NUMBER AND STREET: Route 1.	CITY OR TOWN: PANGBURN	STATE OR COUNTRY: ARKANSAS

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

Mrs Mary L. Tharp Grubbs (SIGNATURE OF NEXT OF KIN)

JANUARY 5, 1948 (DATE)

(STREET AND NUMBER)

MRS MARY L. THARP GRUBBS (NAME PRINTED OR TYPED)

Elmwood, North Carolina (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.

OQMG FORM 381
11 MAR 47

NOTICE OF CHANGE IN ADDRESS

NAME OF DECEASED	RANK	SERIAL NUMBER
S/Sgt. Freeland M. Tharp	S/Sgt	18136021

NAME OF NEXT OF KIN	RELATIONSHIP
MRS MARY L. Tharp GRUBBS	Widow

OLD ADDRESS
1300 Jefferson Street
Charlotte, North Carolina

NEW ADDRESS
Elmwood
North Carolina.

REMARKS
Have Recently Married Again.

U. S. GOVERNMENT PRINTING OFFICE 16—51932-1

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

OFFICIAL BUSSINESS

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.

Thos. Ireland M. Dept
ASF 16136 021

S/Sgt. Freeland M. Tharp, 18 136 021
Plot U, Row 9, Grave 216,
United States Military Cemetery
Margraten, Holland

28 November 1947

Mrs. Mary L. Tharp
1300 Jefferson Street
Charlotte, North Carolina

Dear Mrs. Tharp:

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

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

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

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

Sincerely,

Incls.

THOMAS B. LARKIN
Major General
The Quartermaster General

csb

Tam

1 November 1946

Mrs. Mary L. Tharp
1300 Jefferson Street
Charlotte, North Carolina

Dear Mrs. Tharp:

The War Department is most desirous that you be furnished information regarding the burial location of your husband, the late Staff Sergeant Freeland M. Tharp, A.S.N. 18 136 021.

343
to

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Margraten, Holland, plot U, row 9, grave 216. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

This cemetery is located ten miles west of Aachen, Germany, and is under the constant care and supervision of United States military personnel.

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

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

pdj

24

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

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

Tharp,	Freeland	M.	S/Sgt	18136021
Last Name	First	Initial	Rank	Serial No.

Date: 24 March 1945
Case: 229

Unit: AAF
Organization: 416 Bomb Gp H

Huls, Germany	23 March 1945	KIA
Place of Death	Date of Death	Cause of Death

1350 24 March 1945	U.S. Mil. Cem., Margraten, Holland	VK 645482
Time and Date of Burial	Name of Cemetery	Name or Coordinates of Location

216	9	U	Wooden Cross
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:	Filby, Charles R.	6781577	T/5	Hdqrs C 561 FA Bn.	215
	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	Jones, Maurice M.	37478636	Unknown	Co. I 406 Inf.	217
	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 Unknown
Name

Address

Religion P

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

Signature of Officer or other person reporting burial
EDWIN J. DONOVAN
1st. Lt., QMC GRS Officer
611 QM GR. Regt

Verified by G.R.S. Officer

TRUE
JUL 26 1948

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.

Left Hand — 4, 3, 2, 1, Thumb

Right Hand — 4, 3, 2, 1, Thumb

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

TOOTH CHART

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

Deceased's Right — 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 X̄

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.

AG P BR HQ SOS 22560

SENSITIVE SURFACE - HANDLE EDGES ONLY

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

REPORT OF DEATH DATE 27 Apr 45

FULL NAME	ARMY SERIAL NUMBER	GRADE
Tharp, Freeland M.	18 136 021	S/Sgt
HOME ADDRESS	**ARM OR SERVICE**	**DATE OF BIRTH**
Pangburn, Arkansas	AC	26 Jan 1923

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
European Area	Killed in action	23 Mar 45

STATION OF DECEASED	DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE FOR PAY PURPOSES		
European Area	23 Jun 43	YEARS	MONTHS	DAYS

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)
Mrs. Mary L. Tharp, wife, 1300 Jefferson St., Charlotte, North Carolina

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)
Mrs. Mary L. Tharp, wife, same (Not designated)
John W. Tharp father, Rt #1 Pangburn, Arkanaas
Kate R. Tharp, mother, same as above

INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
										X			

ADDITIONAL DATA AND/OR STATEMENT

[X] BATTLE [ ] NON-BATTLE

The individual named in this report of death is held by the War Dept to have been in a missing in action status from 23 Mar 45 until such absence was terminated on 16 Apr 45, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a commander in the European Area.

FILE
MAY 15 1945

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

BY ORDER OF THE SECRETARY OF WAR:

ADJUTANT GENERAL

WD AGO FORM 52-1
1 FEBRUARY 1945

THIS FORM SUPERSEDES WD AGO FORM 52-1, 1 DECEMBER 1944, WHICH MAY BE USED UNTIL EXISTING STOCKS ARE EXHAUSTED.

478,319

SENSITIVE SURFACE - HANDLE EDGES ONLY

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

REPORT OF DEATH DATE 27 Apr 45

FULL NAME	ARMY SERIAL NUMBER	GRADE
Tharp, Freeland M.	18 136 021	S/Sgt
HOME ADDRESS	**ARM OR SERVICE**	**DATE OF BIRTH**
Pangburn, Arkansas	AC	26 Jan 1923

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
European Area	Killed in action	23 Mar 45

STATION OF DECEASED	DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE FOR PAY PURPOSES		
European Area	23 Jun 43	YEARS	MONTHS	DAYS

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)
Mrs. Mary L. Tharp, wife, ~~1300 Jefferson St., Charlotte, North Carolina~~
address changed Rt 1 Salisbury N.C.

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)
Mrs. Mary L. Tharp, wife, same (Not designated)
John W. Tharp father, Rt #1 Pangburn, Arkanaas
Kate R. Tharp, mother, same as above

INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
										X			

ADDITIONAL DATA AND/OR STATEMENT

[X] BATTLE [ ] NON-BATTLE

The individual named in this report of death is held by the War Dept to have been in a missing in action status from 23 Mar 45 until such absence was terminated on 16 Apr 45, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a commander in the European Area.

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G. A. O.	VET. ADMIN.	A. G. 201 FILE

BY ORDER OF THE SECRETARY OF WAR:
John M. Ottaway
ADJUTANT GENERAL

WD AGO FORM 52-1
1 FEBRUARY 1945

THIS FORM SUPERSEDES WD AGO FORM 52-1, 1 DECEMBER 1944, WHICH MAY BE USED UNTIL EXISTING STOCKS ARE EXHAUSTED.

478319

1104

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

BATTLE CASUALTY REPORT

AR 201	NAME: THARP FREELAND M ASN 18 136 021	GRADE: S/SGT HUS	DATE CAS. REPORT RECEIVED: 9 APRIL 1945
NAME AND ADDRESS OF N.A.	MRS MARY L THARP 1300 JEFFERSON STREET CHARLOTTE NORTH CAROLINA		DATE TELEGRAM SENT: 10 APRIL 1945

THE INDIVIDUAL NAMED BELOW DESIGNATED THE ABOVE PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON. THE RELATIONSHIP, IF ANY, IS SHOWN BELOW. IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT OF KIN OR RELATIVE DESIGNATED TO BE PAID SIX MONTHS' PAY GRATUITY IN CASE OF DEATH.

RELATIONSHIP HUSBAND

GRADE	NAME	SERIAL NUMBER	ARM OR SERVICE	REPORTING THEATRE	P OR A STATUS	SHIPMENT NUMBER
S SG	THARP FREELAND M	18136021	AC	ETO	H	694

TYPE OF CASUALTY	PLACE OF CASUALTY	DATE OF CASUALTY DAY	MONTH	YEAR	CASUALTY CODE
MISSING IN ACTION HAS BEEN OVER GERMANY SINCE		23	MAR	45	9

IF FURTHER DETAILS OR OTHER INFORMATION ARE RECEIVED YOU WILL BE PROMPTLY NOTIFIED

REMARKS: NO

[ ] CORRECTED COPY

ACTION BY PROCESSING AND VERIFICATION SECTION. REPORT VERIFIED ✓ FORM 43 ✓ AR 201 REC'D ✓
CASUALTY SHEET(S) ATTACHED ____ BE CHARGED TO ____ DATE ____
PREVIOUSLY REPORTED: NO ____ YES ____ (AS INDICATED BELOW)

FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	N.A. NOTIFIED

FORWARDED TO: ____ ALLEG. DEPR. ____ DEATHS ____ WOUNDED ____ MISSING ____ RETURNS ____ CORRECTIONS ____ (1 & 2) ____ CHANGE ____ (3 & 4) ____ NON DEL. ✓

MILITARY NOT VERIFIED ____ NO FORM 43 ____ NO CAS. SH. REQ. ✓ CHECKED BY ____ REVIEWED BY ____

DISTRIBUTION "A" [ ] 36 COPIES
(ALL TYPES OF CASUALTIES PERTAINING TO MILITARY PERSONNEL, EXCEPT WOUNDED.)
COPIES FURNISHED. SEE CASUALTY BRANCH MEMORANDUM NO. 46, 1944.

DISTRIBUTION "B" [ ] ____ COPIES
(ALL WOUNDED MILITARY PERSONNEL AND ALL TYPES OF CASUALTIES PERTAINING TO CIVILIANS WHO ARE W. D. EMPLOYEES, EMPLOYEES OF W. D. CONTRACTORS AND OTHERS SUBJECT TO MILITARY LAW.)
COPIES FURNISHED. SEE CASUALTY BRANCH MEMORANDUM NO. 46, 1944.

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

MESSAGEFORM

File No. _____ Date _____

Office of Origin _____
(Division) (Branch) (Section)

Address _____

TO:

PRECEDENCE							
TWX		TEL		RAD		ESSENTIAL MILITARY MAIL	
Urgent						Air Mail	
Priority						Special Delivery	
Routine						Ordinary	
Deferred						Registered	
Week end							

Any message not "X'd" for precedence will be sent "Deferred."

Initial

Message:

xxxxxxxxxxxxxxxx

478319

CLR/AD/ar
13 August 1946

Mrs. Mary L. Tharp
Route #1
Olin, North Carolina

Dear Mrs. Tharp:

Thank you for confirming your address in connection with a flight record belonging to your husband, Staff Sergeant Freeland M. Tharp.

The record is being forwarded to you.

Yours very truly,

C. L. RUMFIELD
2nd Lt, QMC
Asst. Effects Quartermaster

attn
B. Frieze

AMOUNT OF CHECK	NOTE DISCREPANCY IN	INCLOSE VALUABLES	RECIPIENT FROM
	NAME	SHIP VALUABLES	CASUALTY REPORT
ACCOUNT NUMBER	SERIAL NUMBER	VALUABLES SHIPPED BY (clerk)	INVENTORY
	RANK		FORM 20
			X LETTER

Mrs. Mary L. Tharp
Route #1
Olin, North Carolina

S/Sgt. Freeland M. Tharp

18136021

478319

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

SPECIAL INSTRUCTIONS	
	REMOVE GI
	SHIP BLOODSTAINED
	SHIP DAMAGED
	REMOVE BL'DSTAINED
	REMOVE DAMAGED
	FILMS REMOVED
	DIARY REMOVED

CLR/AD/ar

SUMMARY COURT DATA

DATE OF FINDING	APPLICANT

DATE ACTION TAKEN: 8-14-46

MAIL REVIEWER (initials): eva

REMARKS

	SHIPPED
	FRANKED
	EXPRESS
	FREIGHT

DATE SHIPPED: AUG 15 1946

SHIPPING CLERK: JMK

ROUTING	
	ACCOUNTING BRANCH
1	WAREHOUSE
2	FILE

ORDER FOR ACTION

EFF QM FORM 14
10 OCT 1945

478319

EFFECTS INVENTORY
ARMY EFFECTS BUREAU

ATTACHMENTS	
	INBOUND INVENTORY
	G. R. OR SUB GR LABEL
	WILL OR POWER OF ATTY.
1	TALLY IN FORM 43 ✓

STATUS	
	DECEASED
	MISSING
	P. O. W.
	ABANDONED
	UNKNOWN

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

CONTAINERS ADDRESSED TO

none

INFORMATION

none
Rechecked

NAME AND STATUS VARIATIONS

1 page F/record shows Tharp, Freeland

CROSS REFERENCE

	CHECK	REC'D BY	NUMBER		BUREAU CHECK
	MONEY ORDER				TRANSMIT ORIGINAL
	BOND		SYMBOL		ORIG. REG. MAIL
	TRAV. CHECK				TO G. A. O.
	FOREIGN CURRENCY		AMOUNT		MUTILATED
	U. S. CURRENCY				TO ISSUING AGENCY

DATE

BANK OR PLACE OF ISSUE

PAYEE

REMITTER OR DRAWER

TALLY NO.	ORIG. NO. OF PKGS.	EXAMINING DATE	BOX NO.	SHEET ___ OF ___ SHEETS
516 ✓		11-July-46		

NAME	A. S. N.
FREELAND M. THARP ✓	18136021

ORGANIZATION	RANK	CASE NO.
87th Bomb. Sq. (L) 46th Grp.	SGT ✓	

WAREHOUSE SPACE	EXAMINED BY	
107	Jordan	DIARY REMOVED
	PACKED BY L. Smith	PHOTO FILM REMOVED
		MOTION PICTURE FILM REMOVED

PACKAGE DESCRIPTION	WEIGHT	INSPECTED BY	SHIPPED DATE	BY WHOM
# 1 Env.		B	AUG 15 1946	MK
		STORED BY		

EFF. QM FORM 11 (15 JUNE 45) 100M LA RUE. K. C. 7-9-45

GE

ADDITIONAL REMARKS

REMOVALS (*other than G. I.*)	DAMAGES (*List type of damage-extent*)

SHORTAGES

U. S. GOV'T CHECK SHORT

	NUMBER
	DATE
	SYMBOL
	AMOUNT

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

INVENTORY CLERK

SUPERVISOR

G. I. REMOVED

THARP, FREELAND M. T 6021

Y	PALLET	BOX	TALLY		TYPE PKG.
			516		F.R.

8/13/46

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

S-1 Sept 46
CHE/AD/mf
1 August 1946

IN REPLY REFER TO 478319

Mrs. Mary L. Tharp
Route #1
Olin, North Carolina

Dear Mrs. Tharp:

The Army Effects Bureau has received some additional property of your husband, Staff Sergeant Freeland M. Tharp, consisting of a flight record.

It is my intention to forward this property to you; however, in view of the lapse of time since our previous correspondence, I shall appreciate it if you will first confirm your address.

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

Yours very truly,

C. H. Essert

C. H. ESSERT
Administrative Assistant
Army Effects Bureau

1 Incl--
Envelope

Dear Sir:
I am the widow of Freeland M. Tharp. The address is correct, is still the same.
Yours Truly,
Mrs Mary Larene Tharp.

478319

RTB:BT:wp
October 3, 1945

Mrs. Mary L. Tharp
Route 1
Olin, North Carolina

Dear Mrs. Tharp:

The Army Effects Bureau has received some additional property of your husband, Staff Sergeant Freeland M. Tharp.

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,

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

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO: Mrs. Mary L. Tharp
Route 1
Olin, North Carolina

Effects of: S/Sgt. Freeland M. Tharp
Name
ASN 18136021
Case No. 478319 D
Wt.

DATE 3 October 1945
RTB:BT:ms

Wiewted
FOR: Effects Quartermaster

REMARKS:

_____ Inclose Bureau Check
Acct. No._____
Amount_____
_____ Inclose "Valuables" item
_____ Ship "Valuables" item(s)

_____ Remove G.I.
_____ Note discrepancy in_____
X Films removed
_____ Diary removed
_____ Laundry removed

ROUTING:

_____ Accounting Branch
1 Warehouse Division
2 Files Branch, Adm. Div.

REMARKS: Ship damaged property

Franked ✓
Est. Exp. Chgs. OCT 9 1945
Est. Frt. Chgs.
No. of packages 1

Shipping Clerk

Eff. QM Form 14 (26 Dec 44)

478319½

ATTACHMENTS	
X	INBOUND INVENTORY
	G. R. OR SUB GR LABEL
	WILL OR POWER OF ATTY.
1	TALLY IN FORM 48

EFFECTS INVENTORY
ARMY EFFECTS BUREAU

STATUS	
DECEASED	
MISSING	
P. O. W.	
ABANDONED	
UNKNOWN	

	BAGS, CLOTH OR TRAVEL		BELT		OVERCOATS	1	Electric Razor.
	BELT, MONEY (NO MONEY)		BOOKS, ADDRESS		PAPERS, PERSONAL		
	BILLFOLD (NO MONEY)		BOOKS, PILOT LOG		PENCIL, MECHANICAL		
	BOOKS		BRUSHES		PEN, FOUNTAIN		
	BRACELET, IDENT.		CASE		PHOTOS		
	CAMERAS		CLOTH, WASH		PIPES		
X	CLOTHING		COATS		RINGS		
X	MISC. ARTICLES		FOOTLOCKER		SCARFS		
	RELIGIOUS ARTICLES		FOOTWEAR, PR.		SHIRTS		
	RIBBONS, DECORATION		GLASSES		SOCKS, PR.		
	SHORT SNORTER		GLOVES, PR.		STATIONERY		
	SOUVENIR MONEY		HANDKERCHIEFS		TIES		
	SOUVENIRS		HEADWEAR		TOBACCO		
	TESTAMENTS		JACKETS		TOILET ARTICLES		
	TOWELS & WASHCLOTHS		KITS		TOWELS		
.10¢	U. S. MONEY (AMOUNT)		KNIVES		TROUSERS, PR.		
	WATCH		LETTERS		TRUNKS, PR.		
	WINGS		LIGHTERS		UNDERWEAR		

CONTAINERS ADDRESSED TO

None.

INFORMATION

Mrs. Freeland Tharp (wife)
1300 Jefferson St.
Charlotte, 2. N. Carolina.

DAMAGED

NAME AND STATUS VARIATIONS

Form #43 shows name as F. M. Tharp. Inventory & Effects show name as Freeland M. Tharp.

CROSS REFERENCE

		REC'D BY			
	CHECK		NUMBER		BUREAU CHECK
	MONEY ORDER				TRANSMIT ORIGINAL
	BOND		SYMBOL		ORIG. REG. MAIL
	TRAV. CHECK				TO G. A. O.
	FOREIGN CURRENCY		AMOUNT		MUTILATED
	U. S. CURRENCY				TO ISSUING AGENCY

DATE

BANK OR PLACE OF ISSUE

PAYEE

REMITTER OR DRAWER

TALLY NO.	ORIG. NO. OF PKGS.	EXAMINING DATE	BOX NO.	SHEET ___ OF ___ SHEETS
		24th Sept. 1945.		

NAME: FREELAND M. THARP.

A. S. N.: 18136021

ORGANIZATION:

RANK: S/Sgt.

CASE NO.:

WAREHOUSE SPACE: 966 X

EXAMINED BY: Algrey & Dick.

PACKED BY: Deuch

INSPECTED BY:

STORED BY:

	DIARY REMOVED
2	PHOTO FILM REMOVED
	MOTION PICTURE FILM REMOVED

PACKAGE DESCRIPTION: #1 ctn

WEIGHT: 30#

SHIPPED

DATE: OCT 9 1945

BY WHOM:

EFF. QM FORM 11 (15 JUNE 45) 100M LA RUE, K. C. 7-9-45

ADDITIONAL REMARKS

REMOVALS (other than G. I.)	DAMAGES (List type of damage-extent)
	10 souvenir coins have hole through sides, as if to put on string.

SHORTAGES

1 ea. Good Conduct Medal
1 Handkerchief.

U. S. GOV'T CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

Alfrey & Dick.
INVENTORY CLERK

Curley
SUPERVISOR

G. I. REMOVED

NAME THARP, F. M. SGT 6021

BAY	PALLET	BOX	TALLY
56	4		2390

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
BOX		

Eff. QM Form 43

INVENTORY OF EFFECTS

(See AR 600-550)

THARP, FREELAND M. 18136021
(Last name) (First name) (Middle initial) (Army serial number)

late a SI/SGT 670TH BOMB SQ (L)
(Grade) (Organization or arm or service)

MIA
~~who died on~~ the 23 day of MARCH, 19 45

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

NUMBER	ARTICLES	*PACKAGE NUMBER
2 PKS.	LETTERS	
2 EA.	ROLLS FILM	
1 EA.	TESTAMENT	
1 EA.	ADDRESS BOOK	
1 EA.	FOLDER OF CARDS	
1 EA.	ELECTRIC RAZOR	
1 PR.	WINGS	
1 EA.	GOOD CONDUCT MEDAL	
1 EA.	BRACELET	
15 EA.	AIRMAIL STAMPS	
	PICTURES & LARGE FRAME	
2 EA.	WALLETS	
1 EA.	ENV. W/MONEY ORDER RECEIPTS	
1 EA.	10 SHILLING NOTE, SOUV.	
1 EA.	20 FR. NOTE, BELGIUM, SOUV.	
1 EA.	BAG, ZIPPER	
1 EA.	BOX COINS, SOUVENIRS	

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

CLASS II—Other effects

NUMBER	ARTICLES
6 EA.	SEWING KITS
2 EA.	SHAVING BRUSHES
1 EA.	SHOE BRUSH
8 EA.	TOWELS, BATH
3 EA.	WASH CLOTHS
19 EA.	HANDKERCHIEFS
2 EA.	UNDERSHIRTS, COTTON
3 PR.	DRAWERS, COTTON
1 EA.	BELT
6 PR.	SOCKS

16—21164

W.D., A.G.O. Form No. 54
July 1, 1933

CLASS II—Continued

NUMBER	ARTICLES
1 EA.	CARTON RAZOR BLADES
1 EA.	LAUNDRY BAG
1 EA.	SCARF, WOOL
1 EA.	SHAVING BAG, W/CONTENTS
1 PR.	SHORTS
2 EA.	KNIFES
1 PR.	SCISSORS
1 EA.	TOOTH BRUSH
1 EA.	SOAP BOX
1 PR.	WOODEN SLIPPERS
1 PK.	STATIONERY
1 PR.	TENNIS SHOES
1 EA.	BOX, FLASHLIGHT BULBS
~~1 EA.~~	~~BOX, SOUVENIRS, COINS~~
1 EA.	BAG, BUTTONS
	Money { Specie ___ $ ___ / Notes ___ $ ___

I CERTIFY that the foregoing inventory comprises all the effects of the deceased whose name appears on the first page hereof, and that *the effects were delivered to EFFECTS QM, PERSONAL EFFECTS
(Give name and degree of relationship; if legal representative
& BAGGAGE, APO 513, US ARMY.
or beneficiary named by the deceased, so state)

~~*the effects of this ward have been forwarded to the Adjutant General and those of this ward have been sold.~~

Collins H. Ferris

COLLINS H. FERRIS,
MAJOR, AIR CORPS,
COMMANDING.

APO 140, US ARMY
(Station)

4 APRIL, 1945
(Date)

*Strike out words not applicable.

16—21164

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

IN REPLY REFER TO 478319

RTB:BT:mw
September 18, 1945

Mrs. Mary L. Tharp
Route #1
Olin, North Carolina

Dear Mrs. Tharp:

Thank you for the information furnished the Army Effects Bureau in connection with the personal effects of your husband, Staff Sergeant Freeland M. Tharp.

I am inclosing a check for $375.84, 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 soldier's legal residence.

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

Sincerely yours,

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

1 Incl—
Check

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mrs. Mary L. Tharp
Route #1
Olin, North Carolina

Effects of:
Name S/Sgt. Freeland M. Tharp
ASN 18136021
Case No. 478319 D
Wt.

DATE 18 September 1945
RTB: BT: mw

Schreiber
FOR: Effects Quartermaster

REMARKS:

13.57
362.27
375.84

X Inclose Bureau Check
Acct. No. 159960 - 134749
Amount $13.57 - $362.27 ($375.84)
Inclose "Valuables" item
Ship "Valuables" item(s)

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

144594 df

ROUTING:
1 Accounting Branch
2 Warehouse Division
3 Files Branch, Adm. Div.

159960-$13.57
134749-$362.27

478319

September 18 45

Mary L. Tharp 375.84

Three Hundred Seventy-Five and 84/100

REMARKS:

Franked
Est. Exp. Chgs.
Est. Frt. Chgs.
No. of packages 1

SEP 20 1945

Shipping Clerk

Eff. QM Form 14 (26 Dec 44)

478,319

ATTACHMENTS	
X	INBOUND INVENTORY
X	G. R. OR SUB GR LABEL
	WILL OR POWER OF ATTY.
X	TALLY IN FORM 43

EFFECTS INVENTORY
ARMY EFFECTS BUREAU

STATUS	
DECEASED	X
MISSING	
P. O. W.	
ABANDONED	
UNKNOWN	

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

CONTAINERS ADDRESSED TO

none

INFORMATION

none
re-checked

NAME AND STATUS VARIATIONS

CROSS REFERENCE

		REC'D BY			
	CHECK		NUMBER		BUREAU CHECK
	MONEY ORDER				TRANSMIT ORIGINAL
	BOND		SYMBOL		ORIG. REG. MAIL
	TRAV. CHECK				TO G. A. O.
	FOREIGN CURRENCY		AMOUNT		MUTILATED
	U. S. CURRENCY				TO ISSUING AGENCY

DATE

BANK OR PLACE OF ISSUE

PAYEE

REMITTER OR DRAWER

TALLY NO.	ORIG. NO. OF PKGS.	EXAMINING DATE	BOX NO.	SHEET 1 OF 1 SHEETS
387	1	07 Aug 45	42	

NAME Freeland M. Tharp	A. S. N. 18134021
ORGANIZATION A.A.F.	RANK / CASE NO.

WAREHOUSE SPACE 503	EXAMINED BY McConnell	DIARY REMOVED
	PACKED BY Smith & Russell	PHOTO FILM REMOVED
PACKAGE DESCRIPTION: #1 pkg	WEIGHT	MOTION PICTURE FILM REMOVED
	INSPECTED BY	SHIPPED — DATE: SEP 20 1945 — BY WHOM
	STORED BY	

EFF. QM FORM 11 (15 JUNE 45) 100M LARUE, K. C. 7-9-45

ADDITIONAL REMARKS

REMOVALS (*other than G. I.*)	DAMAGES (*List type of damage-ext*

SHORTAGES

$ 362.27
Sym # 211-868
Form 38

U. S. GOV'T CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

McConnell
INVENTORY CLERK

Smart
SUPERVISOR

G. I. REMOVED

NAME THARP, FREELAND M --- 5021
~~KREEKANEX~~

BAY	PALLET	BOX	TALLY
	5	42	

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
GRB		

Eff. QM Form 43

FREELAND M THARP
18136021 T42-44 O

RESTRICTED

INVENTORY FORM

24 March 1945
Date

SUBJECT: Inventory of Personal Effects of:

Tharp,	Freeland	M.	Unknown	18136021
(Last Name)	(First Name)	(MI)	(Rank)	(ASN)

TO: Effects Quartermaster, Communications Zone, APO 887 US Army

The above named individual of A. A. F. (Unit) (Organization)

was reported KIA (Status (KIA, MIA, Hosp. etc.)) about 23 March 1945 (Date) 1944.

Designated Beneficiary if information readily accessible Unknown

INVENTORY OF EFFECTS

1 Billfold
1 Key
1 Knife
2 Rings, Finger (High School--gold band)

Money in the amount of $362.27 has been turned into C. B. NORRIS, Major, FD (Name of finance office and symbol number) 211-868 Form WDFD 38 enclosed.

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 _____ (Rail, Truck, etc.) on _____ 194___.

Name EDWIN J. DONOVAN
Rank & ASN 1st Lt., QMC 0-1595473
Organization 611th QM Gr. Reg. Co.

Any additional pertinent information:

AG ETO FORM NO. 26 RESTRICTED AG P BR--400M--27165ABCD--8-44

ARMY EFFECTS BUREAU
ACCOUNTING INVENTORY

CASE NO.
478319 LS.

TYPED BY
dp

DATE
8-14-45

STATUS
MIA

file
[illegible]

NAME
Freeland M. Tharp

A.S.N.
18136021

RANK
Sgt.

ORGANIZATION

CONSIGNOR
Q-290

AMOUNT
13.57

ACCOUNT NO. 159960 le ②

PAID-Check No. 1445947

LIST NO.
F-303

CHECK DESCRIPTION:
INCLUDED IN ONE U.S. TREASURER'S CHECK
NEGOTIABLE BY EOM

#

DATED

SYMBOL

AMOUNT

REMARKS:
L/T to sec. file

Eff. QM Form 11A (17 July 45)

ARMY EFFECTS BUREAU
INVENTORY

CASE NO. 478319

TYPED BY jf

DATE 7/11/45

STATUS dec

NAME Freeland M. Tharp

A.S.N. 18136021

RANK -

ORGANIZATION

AMOUNT 362.27 ACCOUNT NO. 134749 EE

LIST NO. 1357 / 375.84 / F-262

file wb 7-24

PAID-Check No. 144594

REMARKS

ACCOUNTING INVENTORY

Eff. QM Form 11a (10 Feb 45)

UG-216

Serial No. 18136021 Name Freeland M. H. R.P.
Grade ..... Rank .....
Organization A.A.F
Address .....
Nearest Relative .....
Address .....
Killed in Action Yes Died of Disease .....
Date 23 Mar. 45 Hospital .....
Battle Area Julo, Ger. Information .....
Place of Burial U. S. Mil. Cem. Margraten Holland.
Point of Coordination .....
Description of Body .....
Members Missing .....

Signed .....

F 437

Sept. 4 1945

Dear Sirs:

In regard to your letter saying you had certain funds belonging to my husband.

I'm the legal widow of S/Sgt Freeland M. Tharp, my address has been changed from 1300 Jefferson St, Charlotte, N.C. To Olin, N.C. Route 1. of which I want the things sent.

Yours very Truly,
Mrs Mary L. Tharp
Olin, North Carolina
Route #1.

478319
S/Sgt Freeland M. Tharp.

(S-9-3-45)
RTB:AC:cl
August 22, 1945

478319

Mrs. Mary L. Tharp
1300 Jefferson Street
Charlotte, North Carolina

Dear Mrs. Tharp:

The Army Effects Bureau has received certain funds belonging to your husband, Staff Sergeant Freeland M. Tharp.

This is the only property of your husband received here to date; however, money ordinarily is transmitted to this Bureau by mail, in advance of other personal effects.

In making application for these funds, it is necessary only that you confirm your address, stating that you are the legal widow of Sergeant Tharp.

For your convenience in replying, there is inclosed a self-addressed envelope which needs no postage.

Yours very truly,

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

1 Incl--
Envelope

JRM:BT:mw

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

Case No. 478319

Date 14 September 1945

SUBJECT: Report of transaction in disposing of the effects of

Freeland M. Tharp, 18136021 late a
(Name of deceased) (Army Serial Number)

S/Sgt., Air Corps who died
(Grade) (Organization, Army or Service)

on the 23 day of March, 1945, at European Area

TO : The Adjutant General, War Department, Washington 25, D.C.

1. Complying with A.W. 112, a Summary Court-Martial, convened at Kansas City Mo. Pursuant to S.O., 228 Hq., KCQM Depot, dated 25 September 1943, for the purpose of disposing of the effects of the above-named soldier, or person subject to military law, reports that:

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

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

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 12 September 1945, pursuant to Special Orders 228, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Mary L. Tharp 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. Mary L. Tharp of
(Name of person found entitled)

Route #1, Olin State of
(Number, Street or Avenue) (City, Town or Village)

North Carolina, is the Widow 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, QMC
(Name, Rank, Organization)
SUMMARY COURT MARTIAL

Eff. QM Form 75