

1st LT Herbert I. Turner

388 B6, 571 BS

9-17-43 crash in Wales



BEST COPY POSSIBLE
POOR QUALITY ORIGINAL

**INDIVIDUAL DECEASED
PERSONNEL FILE**

FILE COPY

Turner, Herbert

63

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM Disley Crossing, Brockwood, England		TO H.M. Prison, Brixton, London, S.W. 9	
KIND OF CONVEYANCE Rail		NAME OF CONVOYER ROBERT E. MORRISON, Cpl., RA 4413494	
SIGNATURE OF SHIPPER <i>Allen W. Cantrell</i> ALLEN W. CANTRELL, 2nd Lt., Inf	DATE 29/1/48	SIGNATURE OF RECEIVER <i>Edward G. Morrison</i> EDWARD G. MORRISON, Cpl., RA	DATE 7 May 48

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 CAMBRIDGE, ENGLAND	DATE	SIGNATURE OF RECEIVER HENRIK I. LORENSEN (LAIHES)	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

9 February 1949

Mr. Herbert I. Turner
213 Southeast Street
Ocala, Florida

1/Lt. Herbert I. Turner, Jr., ASN O-794 593
Plot D, Row 1, Grave 44
Headstone: Cross
Cambridge U. S. Military Cemetery

Dear Mr. Turner:

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

oev

FEB 11 9 01 AM '49
TOMG MGR BP

PHYSICAL EXAMINATION FOR FLYING

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

FLIGHT SURGEONS FILE
AFTAS
JUL 26 1942

243
1. TURNER, HERBERT I Jr. 2nd Lt. AAF. 0-794593 23 12/12
(Last name) (First name) (Middle name) (Grade and arm or service) (Serial No.) (Age) (Years service)

2. AAB, Ephrata, Wash. Periodic Check Oct. 1942 Passed
(Address) (Purpose of examination) (Date and result last examination)

Pilot Flying time as: Pilot 370; observer -; pilot 200; observer -
(Aeronautical ratings) (Total) (Total) (Last 6 mos.) (Last 6 mos.)

3. Temperature 98.6 Vaccinations: Typhoid series, No. 1 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.)

Usual Childhood Diseases Denies all else

5. Eye: Inspection Normal Nystagmus None

6. Associated parallel movements Normal Pupils: Equality Equal Reaction Normal

7. Visual acuity: R. E., 20/15, correctible to 20/- L. E., 20/15, correctible to 20/-

8. Depth perception (uncorrected) 6 mm. With correction - mm.

9. Heterophoria at 6 meters: Eso 0 Exo 1 R.H. 0 L.H. 0 Prism divergence 3

10. Red lens test Normal Angle convergence: PcB 45 mm. Pd 65 mm. 72°

11. Accommodation: R. 8 D. L. 9 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 Passes Ishihara Plates

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

14. Refraction: R. reads 20/20 with - S. - CAx - L. reads 20/20 with - S. - CAx -

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. - L. -

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
16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16

Indicate: Restorable carious teeth by O; nonrestorable carious teeth by X; missing natural teeth by -.

(b) Remarks, including other defects None

(c) Prosthetic appliances None

(d) Classification: IV

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

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

22. Posture Good Figure Medium Frame Medium
(Excellent, good, fair, bad) (Slender, medium, stocky, obese) (Light, medium, heavy)

23. Height, 70 1/2 inches. Weight, 140 pounds. Chest: Inspiration 35 Expiration 31 Rest 32 1/2 Abdomen 27

24. Skin and lymphatics Normal Endocrine system Normal

25. Bones, joints, muscles Normal Feet Normal

26. Heart Normal

27. Pulse rate, 68 B.P.: S. 110 D. 60 Schneider 8 Pulse immediately after exercise 96

Two minutes after exercise 70 Character Full and Regular

28. Arteries Soft and Compressible Varicose veins None

1 Semiannual appointment as cadet, commission in the Air Corps, commission in Air Corps Reserve, transfer to the Air Corps, or any other special purpose.
2 I, II, III, or IV; see par. 8, AR 40-510.

16-23341-1

29. Respiratory system Normal
30. X-ray of chest ¹ -
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: Kahn¹ - Wassermann¹ -
 Urinalysis: Reaction - Sp. gr. - Albumin - Sugar - Microscopical -
36. Estimated adaptability for military aeronautics (if unsatisfactory, state reasons) Satisfactory on record
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 -
42. If applicant for appointment: Does he meet physical requirements? Yes Do you recommend acceptance with minor physical defects? - If rejection is recommended, specify cause -

AAB, Ephrata, Wn., March 18, 1943
 (Place) (Date)

Norman W. Gordon Medical Corps.
 NORMAN W. GORDON 1st Lt.
 (Name and grade)

REVIEWED AND APPROVED:

Austin W. Eathis Medical Corps.
 (Senior flight surgeon)
 AUSTIN W. EATHIS Major

William F. Sheeley Medical Corps.
 WILLIAM F. SHEELEY 1st Lt.
 (Name and grade)
Perry D. ERLITZ Dental Corps.
 (Name and grade)
 PERRY D. ERLITZ 1st Lt.
 1st Ind.²

Headquarters _____, 19____
 To the Commanding General, _____
 Remarks and recommendations _____

(Name)

(Grade)

(Organization and arm or service)

& Commanding.

2d Ind.²

_____, 19____ To The Adjutant General.

¹ Required for candidates for commission, Reserve officers reporting for extended active duty, and applicants for flying cadet.
² 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.

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DENTAL IDENTIFICATION RECORD

NAME: *Turner, H.*
RANK: *2nd Lt.*
ORGANIZATION:
AGE:
RACE:
DATE:

FLIGHT SURGEONS FILE
AFIAS
JUL 20 1943

CLASS: *IV*

OCCCLUSION: _____

OTHER CONDITIONS: _____

Use symbols according to Form 79 M.D. for recording prostheses.

FILE
MAY 20 1949
O. W. Rogers
Capt. USA
Identification Branch

		RIGHT								LEFT							
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
TEETH	UPPER		DO	O	O						L		b			LO	
	LOWER		A	A	A						S		H			A	
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
TEETH	UPPER																
	LOWER	O	O	X										O	O	O	-
TEETH	UPPER																
	LOWER	A	H											A	A	A	

(over)

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

1st Lt. Herbert I. Turner, Jr., O 794 593
 Plot K, Row 1, Grave 8,
 United States Military Cemetery
 Brookwood, England

8 September 1947

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

PART I

I, Herbert Ivy Turner,

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

(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

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

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

(NAME AND LOCATION OF CEMETERY)

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

Coded
 # 2445
 7/24/48
 OQMG FORM 345 MILITARY
 16 NOV 1946

16-50411-1

OCT 20

PAGE 1

PART I (Continued)

If on Page 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.

Herbert Ivy Turner 213 So East ST.
(SIGNATURE OF NEXT OF KIN) (STREET AND NUMBER)
Herbert Ivy Turner, Ocala, Fla
(NAME PRINTED OR TYPED) (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 25th day of September, 1947, at city (or town) of Ocala, county of Marion, and State (or Territory or District) of Florida

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

D. A. Lowe
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
 Notary Public
(OFFICIAL TITLE)
 Notary Public, State of Florida at Large
 My commission expires December 17, 1949
 Bonded by American Surety Co. of N. Y.

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.

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

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

ADDITIONAL REMARKS AND INSTRUCTIONS

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

RECORDS BRANCH

SEP 30 5 00 PM '17

MEMORIAL DIVISION

1st Lt. Herbert I. Turner, Jr., O 794 593
Plot K, Row 1, Grave 8,
United States Military Cemetery
Brookwood, England

8 September 1947

Mr. Herbert I. Turner
213 East Street
Ocala, Florida

Dear Mr. Turner:

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.

djn

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

1st Lt. Herbert I. Turner, Jr., O 794 993
 Plot X, Row 1, Grave 8,
 United States Military Cemetery
 Brookwood, England

25 May 1947

DO NOT WRITE ABOVE THIS LINE

A		C	
B		D	

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

PART I

I, _____ (PLEASE 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.)

7

1

FILE
10 SEP 47

J. R. [Signature]

DDMG FORM 14 NOV 1945 345 MILITARY

16-60411-1

PAGE 1

New L.O.I. SEP 8 1947

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 _____.

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

(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

(OFFICIAL TITLE)

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.

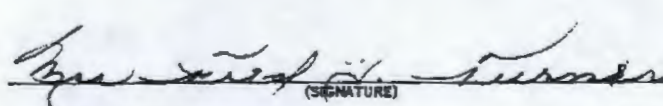
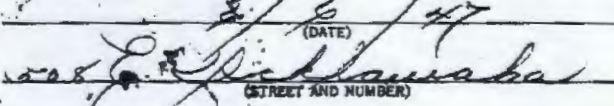

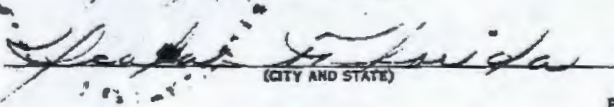
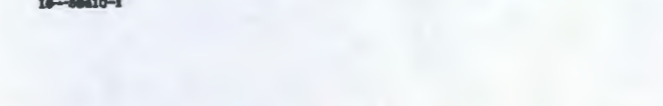

_____ <small>(SIGNATURE OF NEXT OF KIN)</small>	_____ <small>(DATE)</small>
_____ <small>(NAME PRINTED OR TYPED)</small>	_____ <small>(STREET AND NUMBER)</small>
_____ <small>(NAME PRINTED OR TYPED)</small>	_____ <small>(CITY AND STATE)</small>

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 I OF THIS FORM. THE FOLLOWING PERSON, TO THE BEST OF MY KNOWLEDGE, IS THE NEXT OF KIN TO WHOM THIS FORM SHOULD BE DIRECTED.

LAST NAME <i>Turner, Sr.</i>	FIRST NAME <i>Herbert</i>	MIDDLE INITIAL <i>Ray</i>
RELATIONSHIP TO THE DECEASED <i>Father</i>		
NUMBER AND STREET <i>60 Ocala Post Office</i>	CITY OR TOWN <i>Ocala</i>	STATE OR COUNTRY <i>Fla.</i>
<i>505 E. Ochlawaha</i>	<i>Ocala</i>	<i>Florida</i>

 _____ <small>(SIGNATURE)</small>	 _____ <small>(DATE)</small>
 _____ <small>(NAME PRINTED OR TYPED)</small>	 _____ <small>(STREET AND NUMBER)</small>
 _____ <small>(NAME PRINTED OR TYPED)</small>	 _____ <small>(CITY AND STATE)</small>

ADDITIONAL REMARKS AND INSTRUCTIONS

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



1st Lt. Herbert I. Turner, Jr., O 794 593
Plot E, Row 1, Grave 8,
United States Military Cemetery
Brookwood, England

15 May 1947

Mrs. Lee Turner
213 East Street
Ocala, Florida

Dear Mrs. Turner:

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.

lsh

9/10/47

QMG 293

Turner, Herbert I., Jr.

A.B.N. O 794 593

7 February 1947

Mrs. Lee Turner
213 East Street
Ocala, Florida

Dear Mrs. Turner:

Enclosed herewith is a picture of the United States Military Cemetery Brookwood, England, in which your husband, the late First Lieutenant Herbert I. Turner, Jr., is buried.

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

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

Sincerely yours,

1 Incl
Photograph

G. A. HORKAN
Brigadier General, GAC
Assistant

26

1378

ORDER 114.6
Graves Registration
(European, U.S. Area)

27 JAN 1947

SUBJECT: Burial Records

TO: Commanding Officer
American Graves Registration Command
European Theater Area
APO NY, c/o Postmaster
New York, New York

1. Request the burial reports and grave markers for the following deceased, interred at the United States Military Cemetery, Brookwood, England, be changed to read as follows:

NAME	RANK/ GRADE	SERIAL NO.	PLOT	ROW	GRAVE
Liotta, Charles	2nd Lt	O 783 281	E	8	12
Marsden, George E.	N/Sgt	23 508 148	T	10	11
McGrady, Lee V., Jr.	S/Sgt	17 086 184	O	6	28
McMasters, John W.	Pfc	13 047 883	E	9	1
Stoner, Billie L.	S/Sgt	18 084 160	E	8	28
Stevens, William H., Jr.	Sgt	6 918 788	E	1	4
Turner, Herbert L., Jr.	1st Lt	O 784 283	E	1	8

2. The records of this office have been reverified with the records of The Adjutant General, War Department, and have been found to be correct as indicated above.

FOR THE ADJUTANT GENERAL:

MARTIN G. SILBY
Major, MG
Asst-AG

QMS 293

Turner, Herbert I., Jr.

A.S.N. 0-794-593

3 July 1946

Mrs. Lee Turner
213 East Street
Ocala, Florida

Dear Mrs. Turner:

The War Department is most desirous that you be furnished information regarding the burial location of your husband, the late First Lieutenant Herbert I. Turner, Jr., A.S.N. 0-794 593.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Brookwood plot K, row 1, grave 8.

This cemetery is located thirty miles southwest of London, England, 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 your feasible wishes 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 you with full information and solicit your detailed desires.

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

enc

CC: Copy to Air Corps

EX

NOTE: The data on this side will not be accomplished by the Officer initiating the report in cases where the remains are to be shipped to Brookwood American Military Cemetery for burial. In such cases the officer, or non-commissioned officer, accompanying the body to Brookwood will sign here as custodian in transit and will deliver all 4 copies to the U.S. Officer in Charge of Burials, or to the U.S. Superintendent at Brookwood Cemetery, who will fill in this side of the form and verify same by his signature:

1st Lt W.F. Sheeley MC 390 Bomb Sq
(Signature, Rank, Organization of the custodian in transit)

In all OTHER cases, in N. Ireland, England, Scotland, and Wales, the following data will be supplied and verified by the Officer initiating the report.

Burial: 1400 21 Sept. 1943 Protestant Military Funeral
(Time, Date, and Type Religious Service Performed)

*Cemetery in which Buried: Brookwood American Military Cemetery
(Name and Number)

Grave in which Buried: Plot No.: K Row No.: 1 Grave No.: 8

Kind of Marker: Temporary Wooden Cross

*Disposition of Identification Tags: (a) Buried with the Body: One

(b) Attached to Marker: One

Bodies Buried on Either Side:

Right: Stanley B. Mason, S/Sgt. 13022083, 571Bmb. Sq. No. 9
(Name, Serial No., Rank, Organization, and Grave No.)

Left: Swen A. Zetterberg, S/Sgt. 16123193, 571B. Sq. No. 7
(Name, Serial No., Rank, Organization, and Grave No.)

Clifford W. ... Ch. ... Edwards Capt. ...
Signature of Officer Reporting Verified by G.R.S. Officer

*Sketch here if in isolated grave

117 1941 JUL 88

PREPARE IN QUADRUPLICATE (4):
1 COPY FORCE GRS, ORIGINAL AND TWO COPIES TO CHIEF, GRS

EQ. 508.—27-10-42/400m/3807

WAR DEPARTMENT.
IE ADJUTANT GENERAL'S OFFICE
WASHINGTON
REPORT OF DEATH

DATE 13 Oct. 1943
Mullen/cm 4628

FULL NAME TURNER JR., HERBERT I.		ARMY SERIAL NO. W-14 523
GRADE 1ST LT.	ARM OR SERVICE Air Corps	DATE OF BIRTH 14 Jan. 1920
HOME ADDRESS Ocala, Florida		
DATE OF DEATH 16 Sept. 43	PLACE OF DEATH European Area	CAUSE OF DEATH Killed in action
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP, & ADDRESS) Herbert I. Turner (father) 213 East St., Ocala, Fla.		
BENEFICIARY (NAME, RELATIONSHIP, & ADDRESS) Lee Turner (wife) 213 East St., Ocala, Fla. Mary Andes Turner (Mother) 213 East St., Ocala, Fla.		

BY ORDER OF THE SECRETARY OF WAR:

THIS COPY FOR THE Q. M. G. (CONFIDENTIAL)

(OVER) **DANIEL J. REIDY.**

ADJUTANT GENERAL

100-7-43
10/11/43
RK

ADDITIONAL DATA: (CONFIDENTIAL)

STATION OF DECEASED

London, England

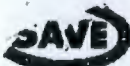
OCT 14 5 48 PM '70

RECEIVED

REPORT OF DEATH

DATE

NAME OF DECEASED



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

IN REPLY REFER TO: 32135

JRM:NM:cms
February 15, 1945

Mrs. Lee Turner
213 East Street
Ocala, Florida

Dear Mrs. Turner:

The Army Effects Bureau has received some additional property of your husband, First Lieutenant Herbert I. Turner, Jr.

These effects, contained in one carton, are being forwarded to you. If delivery is not made within thirty days from this date, please notify me so that tracer action may be instituted.

As previously indicated, personal property is transmitted by this Bureau for distribution according to the laws of the state of the officer's legal residence.

Extending every sympathy, I am

Sincerely yours,

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

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO: *1st Lt. Herbert I. Turner*
111 East Street
Gallia, Florida

Effects of:

Name 1st Lt. Herbert I. Turner, Jr.

ASN 0-794693

Case No. 32435 D

Wt.

Date February 9, 1945

JEM:NM:wb
REMARKS:

10 Mc Museum
FOR: Effects Quartermaster

☐ Inclose Bureau Check
☐ Acct. NO. _____
☐ Amount _____
☐ Inclose *Valuable* _____
☐ Ship *Valuable* _____

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

ROUTING:

☐ Accounting Branch
☐ Warehouse Division
☐ Files Branch, Adm. Div.

1 ctn
REMARKS:

Franked
Est. Exp. Chgs. _____
Est. Frt. Chgs. _____
No. of Packages _____

FEB 12 1945

FEB 16 1945

mk
Shipping Clerk

Eff. QM Form 14 (26 Dec. 44)

FEB 10 1945

(Rev. 1-22-64-540)

late a 1st Lt 1st. Bomb Sq (H)
(Grade) (Organization or arm or service)

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

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

NUMBER	ARTICLES
2	Trousers, green ✓✓
1	Trousers, pink ✓✓
1	Shirt, green ✓✓
2	Shirts, OD ✓✓
1	r. Shoes ✓✓

[illegible]

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 Sta. 11 Station 153 to be delivered to
(Give name and degree of relationship; if legal representative

Effects of Depot G-14 Liverpool through
or beneficiary named by the deceased, as state)
and Advanced Depot.

Mr. K. I. Turner (FATHER)
212 East Street, Ocala, Florida

153

(Station)

5 February, 1964
(Date)

*Strike out words not applicable.

Hq SOS 10-42/50M/1677

SHEET <u>1</u> OF <u>1</u> SHEETS		ARMY EFFECTS BUREAU INVENTORY		DECEASED <input checked="" type="checkbox"/> MISSING <input type="checkbox"/> P O W <input type="checkbox"/> ABANDONED <input type="checkbox"/>	
BOX NUMBER		ORIGINAL NUMBER OF PACKAGES <u>1</u>			
TALLY NUMBER <u>6515</u> ✓		INVENTORY DATE <u>31-Jan-44</u>		CASE NUMBER <u>32435</u>	
EFFECTS OF <u>Herbert I Turner</u> ✓		RANK <u>1st Lt.</u> ✓			
A.S.N. <u>0-794593</u> ✓		ORGANIZATION <u>571st Bomb sq. 390th Bomb gp.</u>			
PACKAGE DESCRIPTION <u>#1 4 anton</u>					
CLOTHING		PERSONAL ITEMS		CONTAINERS	
BELT BELT, MONEY (NO MONEY) CLOTH, WASH COATS FOOTWEAR, PR. GLOVES, PR. HANDKERCHIEFS ✓ HEADWEAR JACKETS OVERCOATS SCARFS SHIRTS ✓ SOCKS, PR. ✓ TIES TOWELS ✓ TROUSERS, PR. TRUNKS, PR. UNDERWEAR ✓		BRACELET, IDENTIFICATION BRUSHES CAMERAS GLASSES KNIVES LIGHTERS MISC. INSIGNIA MISC. ITEMS PEN, FOUNTAIN PENCIL, MECHANICAL PIPES RELIGIOUS ARTICLES RIBBONS, DECORATION RINGS TOBACCO TOILET ARTICLES WATCH 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 SHORTER SOUVENIRS SOUVENIR MONEY STATIONERY TESTAMENTS U.S. MONEY (AMOUNT)	
REMARKS: <u>Beneficiaries -</u> <u>H. I. Turner</u> <u>213 East St</u> <u>Coals Florida</u>		ATTACHMENTS: <u>FORM #54</u> <u>FORM #100</u> <u>Inventory of effects</u>			
C.A.T. <u>none</u> <u>71945</u>		WEIGHT		GI REMOVED SHORTAGE ON REVERSE ✓ IDENT. TAGS REMOVED DIARY REMOVED LOCKED STORAGE LAUNDRY REMOVED FILM REMOVED	
WAREHOUSE SPACE <u>1926</u>		STORED BY <u>ET</u>		DATE SHIPPED <u>FEB 12 1944</u>	
INVENTORIED BY <u>B H Smith</u>		PACKED BY <u>Wade</u>		CHECKED BY <u>E</u>	

ADDITIONAL REMARKS

SHORTAGES

1 Land Kershief

U.S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

INVENTORY CLERK

SUPERVISOR

G.I. REMOVED

NAME

TURNER, ~~IE~~ HERBERT LT.

BAY	PALLET	BOX	TALLY
19	48	432	6515
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
BOX			

ST. QM Form 43

3 copies to Effects ☐ ETOUSA, 1 copy in box with effects, 1 copy retained

29 July 1944 Date 1944

390th Bomb Gp (H)

571st Bomb Gp (H); APO 132, San Francisco and A.P.O. Number

SUBJECT: Transmittal of Inventory of Personal Effects.

TO : Effects Quartermaster, ETOUSA, Depot C-14, APO. 507,
U.S. Army.

Transmitted herewith in accordance with Adm. #30, dated 23 Oct.
1943, Ho. 509. ETOUSA, is Inventory of Effects concerning subject named below.

Turner (Last Name) H. I. (First Name) (I) (Rank) (A.S.P.) (Control No.)
(For use of
Effects QM.
ETOUSA)

Organization 390th Bomb Gp, 390th Bomb Gp (H)
(Unit) (Branch of Service)

Status. (Deceased, ~~Missing~~ ~~Presumed Dead~~ ~~Presumed Missing~~) on the 16

day of September 1944

H. I. Turner

Designated Beneficiary (With Address):

219 East Street

Coala, Florida

Q1, Q2 Assets: Cash found in effects, loan cost of money order inclosed herewith

U.S.M.O. # III Amt \$ III U.S.M.O. # III Amt \$ III

U.S.M.O. # III Amt \$ III U.S.M.O. # III Amt \$ III

U.S. Official Check # III Amt. III Bank (Name and Branch)

#Bank Accounts

#Debtors

#Creditors

Inclosed is (Will, Power of Attorney, War Bond, Travelers Checks, Etc. Be Fully)

REMARKS (if any)

This is a supplement to effects mailed 23 September 1943

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

(OVER)

INVENTORY OF EFFECTS
(attach extra sheets if necessary)

CLASS II

2 Tan Shirts ✓
2 Bath Towels ✓
16 yr Shorts ✓
4 Handkerchiefs ✓
5 yr Socks ✓

I certify that the foregoing inventory comprises all of subject's effects
and that effects were shipped to Effects QM, MICUSA, A.P.O. 507, C-14, U.S. Army
by delivery on 30 July 1948
at this station

Lester M. Burton
Signature - (In Ink)

LESTER M. BURTON

Name
1st Lt., Air Corps

571st Bomb Sq (H)

Rank and organization

(Block
letters)



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

IN REPLY REFER TO: #S2436 M

JRM:NM:mam
December 29, 1944

Mrs. Lee Turner
218 East Street
Ocala, Florida

Dear Mrs. Turner:

The Army Effects Bureau has received some additional property of your husband, First Lieutenant Herbert I. Turner, Jr.

These effects, contained in one carton, are being forwarded to you. If delivery is not made within thirty days from this date, please notify me so that tracer action may be instituted.

As previously indicated, personal property is transmitted by this Bureau for distribution according to the laws of the state of the officer's legal residence.

Extending every sympathy, I am

Sincerely yours,

P. L. KOEB
2nd Lt. Q.M.C.
Chief, Correspondence Branch

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Lee Turner

213 East Street

Ocala, Florida

Ship To:
1st Lt. Herbert I. Turner Jr.

Effects of

O-794593

Name

32435 D.

ASN

Case No.

Wt.

Ship Via

FRANKED

O B/L NO.

Date 29 December 1944

M. L. Loveland

For Effects Quartermaster

JRM:NM:bfh

PACKAGES SHIPPED

10 Ctn

Franked

Est. Exp. Chgs.

Est. Frt. Chgs.

TOTAL

WT.

Date Shipped

JAN 1 1945

REMARKS:

Second Inventory

JAN 3 1945

DEC 29 1944

EFF. QM Form 14 (Rev. 8-19-44)

AJ

Shipping Clerk

NAME

TURNER, HERBERT I.

LT.

BAY	PALLET	BOX	TALLY
55	75		5962
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
BOX			

ER. QM Form 48

SHEET 1 OF 1 SHEETS		ARMY EFFECTS BUREAU INVENTORY		DECEASED <input checked="" type="checkbox"/>																	
BOX NUMBER		ORIGINAL NUMBER OF PACKAGES 1		MISSING <input type="checkbox"/>																	
TALLY NUMBER 5962 ✓		INVENTORY DATE 12-20-44		CASE NUMBER 32435																	
EFFECTS OF HERBERT I TURNER ✓		RANK 1st LT ✓																			
A.S.N. 0794593 ✓		ORGANIZATION A.C. 3-71st Bomb Sq (H)																			
PACKAGE DESCRIPTION #1 Cart.																					
CLOTHING		PERSONAL ITEMS		CONTAINERS																	
BELT BELT, MONEY (NO MONEY) HEADWEAR CLOTH, WASH COATS FOOTWEAR, PR. GLOVES, PR. HANDKERCHIEFS JACKETS OVERCOATS SHIRTS SOCKS, PR. TIES TOWELS TROUSERS, PR. TRUNKS, PR. UNDERWEAR SCARVES		BRACELET, IDENTIFICATION BRUSHES GLASSES KNIVES LIGHTERS MISC. - INSIGNIA MISC. ITEMS PEN, FOUNTAIN PENCIL, MECHANICAL PIPES RELIGIOUS ARTICLES RIBBONS, DECORATION RINGS TOBACCO TOILET ARTICLES WINGS WATCH CAMERAS		BAGS, TRAVEL BAGS, CLOTH BILLFOLD (NO MONEY) CASE, FOOTLOCKER KIT, SEWING KIT, TOILET KIT, WRITING PAPERS AND MISC. BOOKS FILMS LETTERS PAPERS, PERSONAL PHOTOS SHOE SHINE ARTICLES SOUVENIRS SOUVENIR MONEY TESTAMENTS BOOKS, ADDRESS BOOKS, NOTE BOOKS, PILOT LOG STATIONERY SHORT SHORTER U.S. MONEY DIARY (REMOVED FOR CURATION)																	
<div style="font-size: 2em; font-family: cursive;">2nd and</div>																					
REMARKS: no information																					
<div style="font-size: 1.5em; font-family: cursive;">Rechecked</div> <div style="font-size: 1.5em; font-family: cursive;">no correspondence</div>																					
ATTACHMENTS: <input checked="" type="checkbox"/> FORM #54 <input checked="" type="checkbox"/> FORM #100 <div style="font-size: 1.5em; font-family: cursive;">1 tag.</div>																					
C.A.T. Mr. H. I. Turner 213 East Street Coala Florida				<div style="font-size: 2em; font-family: cursive;">A-2</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>WEIGHT.</td> <td><input checked="" type="checkbox"/> #3 OR ADDITIONAL ✓</td> </tr> <tr> <td></td> <td><input type="checkbox"/> G1 REMOVED</td> </tr> <tr> <td></td> <td><input type="checkbox"/> SHORTAGE ON REVERSE</td> </tr> <tr> <td></td> <td><input type="checkbox"/> IDENT. TAGS REMOVED</td> </tr> <tr> <td></td> <td><input type="checkbox"/> DIARY REMOVED</td> </tr> <tr> <td></td> <td><input type="checkbox"/> LOCKED STORAGE</td> </tr> <tr> <td></td> <td><input type="checkbox"/> LAUNDRY REMOVED</td> </tr> <tr> <td></td> <td><input type="checkbox"/> FILM REMOVED</td> </tr> </table>		WEIGHT.	<input checked="" type="checkbox"/> #3 OR ADDITIONAL ✓		<input type="checkbox"/> G1 REMOVED		<input type="checkbox"/> SHORTAGE ON REVERSE		<input type="checkbox"/> IDENT. TAGS REMOVED		<input type="checkbox"/> DIARY REMOVED		<input type="checkbox"/> LOCKED STORAGE		<input type="checkbox"/> LAUNDRY REMOVED		<input type="checkbox"/> FILM REMOVED
WEIGHT.	<input checked="" type="checkbox"/> #3 OR ADDITIONAL ✓																				
	<input type="checkbox"/> G1 REMOVED																				
	<input type="checkbox"/> SHORTAGE ON REVERSE																				
	<input type="checkbox"/> IDENT. TAGS REMOVED																				
	<input type="checkbox"/> DIARY REMOVED																				
	<input type="checkbox"/> LOCKED STORAGE																				
	<input type="checkbox"/> LAUNDRY REMOVED																				
	<input type="checkbox"/> FILM REMOVED																				
REHOUSE SPACE		STORED BY																			
1994		JH																			
FORWARDED BY		DATE SHIPPED																			
BY Ernest		JAN 1 1945																			
CHECKED BY																					
B																					

13 MAR 1944

571st BOMBARDMENT SQUADRON (H)
390th BOMBARDMENT GROUP (H)
APO 634
UNITED STATES ARMY

EW
A-B-2

75 32435

220.87

5 March 1944

SUBJECT: Letter of Transmittal

TO: Effects Quartermaster, ETOUSA
General Depot G-14
APO 507, United States Army

1. Transmitted herewith Supplemental WD AGO #54 pertaining to the following named officer:

<u>Name,</u> <u>Gr & ASN</u>	<u>Organization</u>	<u>Status</u>	<u>Date</u>
Herbert I. Turner 1st Lt, AC, 0-794593	571 Bomb Sq(H)	MIA	16 Sept 1943

2. Effects listed in attached form #54 were recently returned from the laundry and have been delivered to QM, this station, for forwarding to your office.

For the Squadron Commander:

1 incl:
Incl 1--WD AGO #54 (in trip).



Dennis L. Sloan
DENNIS L. SLOAN
1st Lt, Air Corps
Adjutant

RECEIVED

HERBERT I. TURNER 2-794593
1st. Lt., A.C.,
571st Bomb Squadron (H)

5962

To:

MR. H. I. TURNER
213 EAST STREET,
OCALA,
FLORIDA.

*File
W!*

U.S.A.

32435
(2 copies to Effects ☐ ETCUSA, 1 copy in box with effects, 1 copy retained)

29 July 1944

1944

Date

390th Bomb Gp (H)

571st Bomb Sq (H), APO 559, US Army

(Organization and A.P.O. Number)

SUBJECT: Transmittal of Inventory of Personal Effects.

TO : Effects Quartermaster, ETCUSA, apt C-14, APO. 507,
U.S. Army.

Transmitted herewith in accordance with Adm. Cir. #20, dated 25 Oct.
1943, No. 509. ETCUSA, is Inventory of Effects concerning subject named below.

Turner	Herbert	I	1st Lt	0-794599	(Control No.) (For use of Effects QM. ETCUSA)
(Last Name)	(First Name)	(MI)	(Rank)	(A.S.N.)	

Organization 571st Bomb Sq, 390th Bomb Gp (H)

(UNIT - - - - - Not Branch of Service)

*Status. (Decensed, ~~MAILED~~ ~~11/11/1944~~ ~~11/11/1944~~ ~~11/11/1944~~ ~~11/11/1944~~) on the 16

day of September 19 44

H. I. Turner

Designated Beneficiary (With Address)

213 East Street

Ocala, Florida

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

U.S.M.O. # /// Amt \$ /// U.S.M.O. # /// Amt \$ ///

U.S.M.O. # /// Amt \$ /// U.S.M.O. # /// Amt \$ ///

U.S. Official Check # /// 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)

REMARKS (if any)

This is a supplement to effects mailed 23 September 1943

RECEIVED

AUG 16 1944

*Strike out words not applicable.

#Negative report where applicable

(OVER)

INVENTORY OF EFFECTS
(Attach extra sheets if necessary)

CLASS II

2 Tan Shirts
2 Bath Towels
16 pr Shorts
4 Handkerchiefs
5 pr Socks

I certify that the foregoing inventory comprises all of subject's effects
and that effects were shown to Effects CL. ETCUSA, A.P.O. 507, C-14, U.S. Army
by delivery to QM this station on 30 July 1944

Lester M. Burton
Signature (In Ink)

LESTER M. BURTON

1st Lt, Air Corps

571st Bomb Sq. (H)

Rank and organization

(Block
letters)

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

Case No. 32435 D 40

(Date) 19 Aug 44

Subject: Report of transactions in disposing of the effects of

Herbert I. Turner, Jr., O-794993, late a
(Name of deceased soldier) (Army Serial No.)
First Lieutenant, Air Corps who died
(Grade) (Organization, Arm or Service)
on the 16 day of September, 1943 at European Area

TO : The Adjutant General, War Department, Washington, 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, reports that:

a. No legal representative or widow of the decedent being present at his camp or quarters, his effects 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 April 1, 1944, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application and/or affidavit of Mrs. Lee Turner (name of Claimant) for the effects of the above-named deceased soldier, now in the possession of the United States, together with other relevant evidence, were duly considered:

Whereupon, this Summary Court-Martial finds that, under the provisions of A. W. 112 Mrs. Lee Turner

(Name of person found entitled)

of 213 East Street Ocala, State of
(Number Street or Avenue) (City, Town or Village)
Florida widow
is the (Relationship or Capacity)

named deceased soldier and appears to be entitled to receive his effects.

(Signature of Summary Court Officer)

W. F. HEDMAN, Major

Q.M.C.

(Name, Rank, Organization)

SUMMARY COURT-MARTIAL

WAR DEPARTMENT
KANSAS CITY QUARTERMASTER DEPOT
INDEPENDENCE & HARDESTY AVES.
KANSAS CITY, MISSOURI

(S-S-9-44)

JRM:LB:lk

April 9, 1944

IN REPLY REFER TO: 32435 D

Mrs. Lee Turner
213 East Street
Ocala, Florida

Dear Mrs. Turner:

Thank you for sending this Bureau the form needed in connection with disposal of the property of your husband, First Lieutenant Herbert I. Turner.

This property has been forwarded by parcel post. When you have received the package, please send one copy of the inclosed receipt and return that copy to this Bureau. For your convenience, there is inclosed an addressed envelope which needs no postage.

There is inclosed a check for \$150.92. This check represents money which belonged to your husband and has been converted to a check to avoid possibility of loss.

My action in sending such property does not, of itself, vest title in you. This property is transmitted only in order that some responsible person receive it, so that distribution may be made in accordance with the laws of the state of your husband's legal residence.

Please accept my sympathy in the loss of your husband.

Yours very truly,

R. E. RODGERS
2nd Lt. Q.M.C.
Assistant

3 Incls.
Form 5
Check
Envelope

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

(S-4-21-44)
JEM:LB:fj
March 21, 1944

IN REPLY REFER TO: 32435 D

Mrs. Lee Turner
218 East Street
Ocala, Florida

Dear Mrs. Turner:

Please refer to letter of February 17, 1944, from this Bureau, inclosing application and affidavit form to be completed by you in connection with disposal of the property of your husband, First Lieutenant Herbert I. Turner.

It will be appreciated if you will send the completed form here as soon as possible, so that disposal of his belongings will be accelerated.

For your convenience, there is inclosed an addressed envelope which needs no postage.

Yours very truly,

R. E. RODGERS
2nd Lt. Q.M.C.
Assistant

1 Incl.
Envelope

ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPOT
601 HARDESTY AVENUE
KANSAS CITY 5, MISSOURI

(8-3-17-44)
JEM:LB:db
February 17, 1944

IN REPLY REFER TO 32435

Mrs. Lee Turner
213 East Street
Ocala, Florida



Dear Mrs. Turner:

The Army Effects Bureau has received from overseas some property of your husband, First Lieutenant Herbert I. Turner, Jr.

To dispose of this property in accordance with existing instructions, it is necessary that we have certain information regarding his family. For that purpose I am inclosing an application and affidavit form, with the request that you complete and return it to this Bureau. Your local American Red Cross representative will help you on this, if necessary.

The property in our custody will be released as soon as possible after receipt of information needed for decision as to appropriate recipient.

Please be sure to use the inclosed self-addressed envelope which needs no postage in order to expedite delivery of the property.

Yours very truly,

LEON D. GLASSCOCK
Captain, Q.M.C.
Assistant

2 Incle.
Form 3
Envelope

EFFECTS QUARTERMASTER, ETOUSA
SUMMARY COURT
DEPOT G-14
APO 507
United States Army

15th January, 1944.

Control No. 4901

SUBJECT: Closing Statement, Account of **1st Lt. HERBERT I. TURNER**..

TO: Effects Quartermaster, Kansas City Quartermaster Depot,
601 Hardesty Avenue, Kansas City, Missouri.

1. Submitted herewith is complete file of:

Name... **TURNER, HERBERT I.** Rank... **1st LIEUTENANT**..

ASN... **0-794593** Status... **Deceased 16th September 1943**..

Organization... **571st Bomb. Squadron (H) APO 634**..

Beneficiary... **Mr. M. I. Turner (Father) 213 East St., OCOLA, FLA.**..

2. Personal effects were shipped... **7th December, 1943**..

3. Financial Statement:

RECEIPTS:

Incl.#	Date	Details	Dollars	Sterling
1	28 Sept. 1943.	W.D. A.G.O. Form No. 54.	\$150.92	

Total to be accounted for:

\$150.92

DISBURSEMENTS:

Incl.#	Date	Details	Amount
--------	------	---------	--------

Total disbursements

None

Balance

\$150.92

*Sterling converted for transmission to U.S.

Total dollar balance

\$150.92

Inclosed check to Effects QM, Kansas City

\$150.92

Balance at this office

None

4. Remarks: **None**

5. Account is now closed at this office.

6. Request acknowledgment of receipt by indorsement on the reverse side hereof.

EDWARD CHAYES
Major, Q.M.C.
Effects QM, ETOUSA.

...2...Incls. Incl. 1 ~~check~~, Complete file of subject person.

Incl. ...2..., U.S. Treasury check #6000 dated 14 Jan. 1944.

AMB.

REQUEST FOR INCLOSURES

Case No. 32435 D

TO:

 Locked Storage for:

x Accounting Branch for Check

Account No. 10189 Amount \$ 150.92

Payable to

Mrs. Lee Turner, Jr.

Ocala, Florida

Correspondent

Check No. 10707

Initials EW

10189

32435

APRIL 12

44

Mrs. Lee Turner, Jr.

150.92

ONE HUNDRED FIFTY AND 92/100

MAJOR Q.M.C.
ASST.

DS:ret

Hff QM Form 49 (Rev. 11/16/43)

SHORTAGE

1 Pr. Shoes

All Money Shown on Form #54

I certify the above-named items
were not contained in the package
when checked by me.

N. J. Little, Inventory Clerk

E. Lewis, Inventory Clerk

J. P. Saunders, Supervising Officer

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

APR 5 1944

Suspense 4-17-44

Case No. 32435-D

Date 3 April 1944

MEMORANDUM TO Warehouse Branch:

Please see that the personal effects on the above mentioned case are packed, weighed and ready for shipment promptly so that they may be readily picked up. Bills of Lading and all other papers will be marked with the case number and can be identified thereby. The original of this form should be returned to the Administrative Branch after completion.

Effects of: First Lieutenant Herbert L. Turner, Jr. Serial No. 0-794593

Ship to: Mrs. Lee Turner, Jr.

Street and Number 213 East Street

City and State Ocala, Florida

Ship Via: First Class Gov't B/L No.

For the Effects Quartermaster

LIST OF PACKAGES SHIPPED

1 carton

Franked Mail 1 or less

Parcel Post Charges 2.58

Estimated Express Charges 2.91

Estimated Freight Charges

Total Number of Pieces: 1

Weight of Shipment: 4.6

Shipping Clerk M. C.

Date APR 5 1944

DS: jeb

Effects QM Form 14 (Rev. 10/15/43)

In the Summary Court-Martial, in and for the

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

In the matter of the disposition
of the effects of

1st Lt. Herbert I. Turner, Jr.

(Name of deceased soldier)

O-794593

(Serial Number)

Case No. 32435 D db
(8-3-17-44)

APPLICATION FOR EFFECTS
OF DECEASED SOLDIER

File
CP

I, Miss Lee Turner Jr. (Claimant) of Ocala,
(City, town or village)

in the County of Marion and State of Florida

hereby make application for the effects of the above-named deceased soldier,
now in the possession of the United States, and in support thereof state:

1. That Herbert I. Turner Jr. entered the military
(Name of deceased soldier)

service of the United States on or about 1st day of Jan., 1941

and was a 1st Lieutenant in U. S. Army Air Corps
(Grade or rank of deceased) (Name of organization if known)

; that he was born
(If not known, so state giving all possible information)

at Aubank, in the State of Florida
(If born in foreign country, so

state) on the 14 day of Jan., 1920;

and that he died on or about the 16 day of Sept., 1943,
(If not known, so state)

at _____
(If not known, so state)

2. That I bear the following relationship to the above-named
deceased soldier:

(Mark around one of the following which describes your
relationship):

- | | |
|--|------------------------|
| (1) <u>(Widow)</u> | (6) Mother |
| (2) Administrator or Executor
of Estate | (7) Brother |
| (3) Son | (8) Sister |
| (4) Daughter | (9) Grandchild |
| (5) Father | (10) Other next of kin |

3. That there is no living person who bears relationship to said

(Continued on Reverse Side)

deceased soldier of a lower numbered class than that marked above, except

Mr. H. E. Turner, Jr., Mrs. H. E. Turner, Miss Nellie
Turner, Robert Turner, Vernon Turner, Bill Turner

* (Example: If you have marked (7) Brother, are there any living persons described by classes (1) to (6) inclusive? If so, give their names and relationships to the deceased soldier; if not, state "No Exception.")

4. That I have completed and executed the affidavit on the following pages hereof and make it a part of this application by reference:

Witnessed by:

Carl Cardinal
(Signature of Witness)

Maureen Turner, Jr.
(Signature of Claimant)

AFFIDAVIT OF CLAIMANT

COUNTY OF Phila

STATE OF Penn

SS

Personally appeared before me,

Harry J. Henry
(Name and title of official)

in and for the County and State aforesaid,

Miss Lee Turner Jr.
(Name of claimant)

aged 19 years, residing at 213 East Street,

(City, town

Ocala, County of Marion, State of Florida
(or village)

who, being duly sworn, declares that the following answers and statements are

made in support of his application (see page 1 of this form)
(his or her)

for the effects of Herbert S. Turner Jr. now in the possession of
(Name of deceased soldier)

the United States:

Was the deceased soldier married at the time of his death? yes

If so, what is the name and address of his widow? Miss Lee Turner Jr.
213 East St., Ocala, Florida

What was her maiden name? Miss Lee Primrose

When and where did she marry deceased soldier? 12/13/42 Albany Ga.

Were they living together as husband and wife when the deceased soldier

entered the military service? No If not, state the circumstances:

Married a year later, on the day
Lee Turner was commissioned

Were they divorced or separated by legal proceedings? No

If so, when and by order of what court?

Is his widow now living? yes If not, when and where did she die?

Was deceased soldier ever previously married? No If so, to whom and
how was this marriage terminated?

Has deceased soldier any children now living? No

(Continued on Reverse Side)

If so, give name, sex, age and address of each living child:

Name in Full
(Christian, middle and surname) Sex Age Post Office Address in Full

(If there are any additional names, give same information on separate sheet and attach)

Has a legal guardian been appointed for any of the above children? _____

If so, give names and addresses of such guardians in full: _____

Is the father of deceased soldier now living? Yes

If so, state his name and address Mr. Herbert S. Turner, Jr.
213 East St. Ocala, Florida

If not, when and where did he die? _____

Has the above-named father abandoned the support of his family? No

If so, state circumstances _____

Is the mother of deceased soldier now living? Yes

If so, state her name and address Mrs. Herbert S. Turner, Jr.
213 East St. Ocala, Florida

What was her maiden name? Miss Mary McNamee

If deceased, when and where did she die? _____

Has deceased soldier any brothers or sisters now living? Yes

If so, give name, sex, age and address of each living brother and sister:

Name in Full
(Christian, middle and surname) Sex Age Post Office Address in Full

Mary Gertrude Turner	Female	18	213 East St. Ocala, Fla.
Albert Turner	Male	22	213 East St. Ocala, Fla.
Vermon Turner	Male	23	213 East St. Ocala, Fla.
Bill Turner	Male	19	213 East St. Ocala, Fla.

(If there are any additional names, give same information on separate sheet and attach)

Has deceased soldier any grandchildren now living? no

If so, give name, age, address and name of one parent of each living grandchild:

Name of grandchild (Christian, middle and surname)	Age	Post Office Address	Name of Parent

(If there are any additional names, give same information on separate sheet and attach)

Did the deceased soldier leave a will? no

If so, has an Executor of his estate been appointed by probate court? _____

If so, give name and address of Executor and inclose certified copy of letters of administration _____

If the deceased soldier left a will and an Executor has not yet been appointed is it the intention of the Executor to probate the will? _____

Has an Administrator of the estate been appointed by probate court? _____

If so, give name and address of Administrator and inclose a certified copy of letters of administration _____

Claimant further declares that the above answers and statements are true, except as to those facts which are stated to be uncertain; that claimant has not purposely refrained from answering any question or furnishing any requested information; that she makes the foregoing application (he or she)

and this affidavit in her relationship (or capacity) of _____ (his or her) _____ (State)

capacity, as Executor, administrator or Guardian; or relationship as Widow,

of Richard E. Turner Jr. (Name of deceased soldier, Son, Daughter, Father, Mother, etc.)

_____ for the purpose of minor child, or estate of deceased, as the case may be) enabling the United States to dispose of the effects of said deceased

soldier under the provisions of Article of War 112 (10 U.S.C. 1584); and,
that Lee (he or she) has read the application on Page 1 hereof and the
statements therein contained are true and correct.

Witnessed by:

Carl Cardinal
(Signature of Witness)

Marshall E. Turner, Jr.
(Signature of Claimant)

Sworn to and subscribed before me this 30 day of March,
1944.
(Impress seal here)

Henry Heinz
(Official Signature)
(Official Designation)

NOTARY PUBLIC
COMMISSION EXPIRES
My commission expires MARCH 2nd, 1945

Note: If the application and affidavit are executed by the Executor or
Administrator of the estate of the deceased soldier, or by the Guardian of a
claimant, a certified copy of the letters of administration or guardianship,
or other legal evidence of appointment, must be attached, in which event it
will be unnecessary to secure the following affidavit of a disinterested
witness. In all other cases the signature of claimant must be witnessed by
one disinterested person of legal age who can write and who can execute the
following affidavit: all signatures must be in ink and all other writing
must be in typewriting or ink. In case the claimant's mark is substituted
for the written signature, two disinterested attesting witnesses are required
who can write their names.

AFFIDAVIT OF DISINTERESTED WITNESS

COUNTY OF Phil)
STATE OF Penn) SS

Personally appeared before me, Henry Heinz, in and
(Name and title of official)
for the County and State aforesaid, Carl Cardinal,
(Name of disinterested witness)

aged 28 years, a citizen of the United States, residing at 5220 Montrose
Phila P.Q.

Henry Heinz
NOTARY PUBLIC
COMMISSION EXPIRES
MARCH 2nd, 1945

5220 Montour Street, Philada, 24 Phila, County of
(City, town or village)

Philada, State of Penna, who, being duly sworn,
declares that he has been acquainted with the family of
(he or she)

Herbert Lloyd Turner Jr for 4 years and knows
(Name of deceased soldier)

Mrs Lee Turner to be the Mother's Wife
(Name of claimant) (Relationship, such as)

Widow of said deceased soldier; that he
widow, son, daughter, etc.) (he or she)

has read the foregoing application and affidavit and that to the best of
his knowledge and belief the answers and statements therein
(his or her)

contained are true and correct; that said application and affidavit were
signed by the claimant in his presence; and, that affiant has
(his or her)

no interest whatever in the pending application for the effects of said
deceased soldier.

Paul Cardinal
(Signature of disinterested witness)

Sworn to and subscribed before me this 30th day of March
1944.

(Impress seal here)

Henry Henry
(Official signature)
(Official designation)

NOTARY PUBLIC
COMMISSION EXPIRES
MARCH 31, 1945

My Commission Expires: _____

U. S. ARMY TRANSPORT SERVICE

QUARTERMASTER CORPS

MARINE FREIGHT

32495
Full
C/O

Pier No. Terminal 1/8/44

Loaded aboard S. S. Time Commenced

From Lighter }
From Dock } Time Finished

Car No. Initial

Commodity }
Contents } Units in each }
package } Stowage }
Hatch No. }
Deck }
Location }

Marks and Numbers	Totals	Weights and Measurements
TURNER, HERBERT I. LT. O-794593		
Egfts. QM Kans. City, Mo.		
H.I. Turner 215 East St. Ocala, Fla.		
U. S. No.		
Call No.		
Order No.		
UGLY		
Manf'r or Shipper		
MILTON ST. BKLYN.		
Point of Origin		
B.C. 1090, 1082		
Total		

NOTE: 1. All packages, cases, or covering are supposed to be marked in detail as called for above.
2. Checkers must note every mark on tally.
3. Before receiving damaged cargo report same to Receiving Clerk.
4. Tally must be attached to retain copy of receipt.

I have personally checked the above described freight.

RECEIPT NO.

{ Serial No.
{ Stowage Plan

HATCH TALLY

DAN CARROLL
12/8/43

Checker

RPH-2-25-41-300M

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON
REPORT OF DEATH

DATE 13 Oct. 1943
Mullen/cmg 4623

FULL NAME TURNER JR., HERBERT I.		ARMY SERIAL NO. -15, 503
GRADE 1st Lt.	ARM OR SERVICE Air Corps	DATE OF BIRTH 14 Jan. 1920
HOME ADDRESS Ocala, Florida		
DATE OF DEATH 16 Sept. 43	PLACE OF DEATH European Area	CAUSE OF DEATH Killed in action
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP, & ADDRESS) Herbert I. Turner (father) 213 East St., Ocala, Fla.		
BENEFICIARY (NAME, RELATIONSHIP, & ADDRESS) Leo Turner (wife) 213 East St., Ocala, Fla. Mary Andes Turner (Mother) 213 East St., Ocala, Fla.		

BY ORDER OF THE SECRETARY OF WAR:

THIS COPY FOR ARMY EFFECTS BUREAU


DANIEL J. REIDY.

ADJUTANT GENERAL

(See AB 600-550)

late 1st Lt., A.C. 571st Bomb Sq(H)
(Grade) (Organization or arm or service)

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



CLASS II--Other effects

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

CLASS II—Continued

NUMBER	ARTICLES
1	Overcoat
1 pr.	Trousers, wool o.d.
2	Caps Garrison
1	Shaving kit
1	Shoe kit
1	Muffler, o.d.
2pr.	Shoes
2	Sweat shirts
2pr.	Gym pants
1pr.	Tennis Shoes
<div> <div>Money</div> <div> <div>Specie \$</div> <div>Notes \$ 150. 92</div> </div> </div>	

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 ~~Station QM Station 153 to be delivered~~

(Give name and degree of relationship; if legal representative

ed to effects QM Depot G-14 Liverpool thru

2nd Advance Depot

~~The effects of deceased have been forwarded to the~~
~~next of kin and money of the deceased has been~~

H.I. Turner (father) 213 East Street
Ocala Florida

Walter J. Mc Cann
WALTER J. MC CANN,

153 1st Lt., A.C.

(Station)

16 September, 19 43

(Date)

*Strike out words not applicable.

Deceased _____
Missing _____
A.F.O.L. _____
P.O.W. _____
Abandoned _____

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU
INVENTORY

Sheet 1 of 1 Sheets
Flat Box

Shown on Tally In as _____

TALLY IN NO. _____ INVENTORY DATE 11/11/44 CASE NO. 32435

EFFECTS OF	HERBERT I. TURNER	RANK	1st Lt.
------------	-------------------	------	---------

ARMY SERIAL NO. 0-794593 ORG. WFLat Base Bldg (X) 450 604

CONSIGNOR Wesley G. Gurnea, JR., 2001 E-14, APO SF 963

DELIVERING CARRIER **[REDACTED]** G B/L NC. _____ G B/I. DATE _____

Package No.	Article Description	Remarks
1	U.S. Treasury Check \$ 6000	Check is payable to
ENVELOPE	Dated 14 Jan 44	Effects Quartermaster Trustee
	amt. \$ 150.92	
	APC# 10189	
	Pr	Attached
	CA# 10207, pm	Copy from letter of transmittal
		and papers pertaining to case
		Form #54

Warehouse Space _____ Inventoried By Alvin Wolfe

Locked Storage Space **Office Safe** Packed By _____

Eff QM Form 11 (Rev. 10/15/43)

FEB 8 1944