

WNTL

73833

REQUEST FOR REIMBURSEMENT OF INTERMENT
OR TRANSPORTATION EXPENSES

(Read Explanation on Reverse Side before completing form)

DATE

9/29/49

NAME OF DECEDENT (Last, First, Middle Initial)

HARLEY JEROME V.

BRANCH OF SERVICE

AAF

TO BE FILLED IN BY CLAIMANT

A. ☒ INTERMENT EXPENSES
(Civilian or Private Cemetery)

B. ☐ TRANSPORTATION EXPENSES
(National or Post Cemetery)

RANK OR GRADE

S/Sgt.

SERIAL NO.

12122710

INSTRUCTIONS TO PERSONS SIGNING THIS FORM

1. This form is NOT to be signed by Funeral Director.
2. Fill in as required and sign four copies.
3. Check Box "A" or Box "B" above, not both.
4. Check Box "A" when interment is in a civilian or private cemetery.
5. Check Box "B" when remains are delivered to home or other place prior to burial in a national or post cemetery.

FILL IN THIS STATEMENT IF BOX "A" IS CHECKED

I certify that the sum of \$ 154.¹⁰ was paid by me from personal funds in connection with the interment of the remains of the above-named decedent in the cemetery indicated below:

NAME: ST. JOHN'S CEMETERY
CITY OR COUNTY: QUEENS Co.
STATE: NEW YORK

FILL IN THIS STATEMENT IF BOX "B" IS CHECKED

I certify that the sum of \$ was paid by me from personal funds in connection with the transportation of the remains of the above-named decedent from: (City, town, or place from which remains were shipped)

TO: (Name and Location of National or Post Cemetery)

RETURN FOUR COPIES TO

SIGNATURE OF CLAIMANT

Cecilia A. Harley

ADDRESS (Street number or RFD, City and State)

1970 - E TREMONT AVE APT 11E Bklyn

RELATIONSHIP TO DECEDENT

MOTHER

REMARKS

J. C. Kovarik
Col. F. D.
Brooklyn, N. Y.

SEP 1949

Sym. 215-130
Sta.

PART A

1. When the remains are delivered for interment in a civilian or private cemetery, you are responsible for paying all interment expenses. In this connection, you are entitled to the allowance mentioned in paragraph 2 below.

2. An amount not to exceed \$75 is allowed by the Government toward actual interment expenses when final interment of the remains is in a private or civilian cemetery. No allowance is authorized toward interment expenses when interment is in a national or post cemetery.

3. The \$75 maximum allowance by the Government toward interment expenses includes but is not limited to the payment of one or more of the following items: Hearse hire from the railroad station to your home, the funeral home, church, cemetery, or any other place designated by you; vault; church services; newspaper notices; transportation for friends and relatives to and from cemetery; and the services of a funeral director.

4. Reimbursement by the Government is made only to the person who paid from his personal funds the expenses of or incident to interment in a private or civilian cemetery. Receipted bills are not required to accompany this form. Any expenses over and above the \$75 maximum must be borne by the person who incurred or paid the additional expenses.

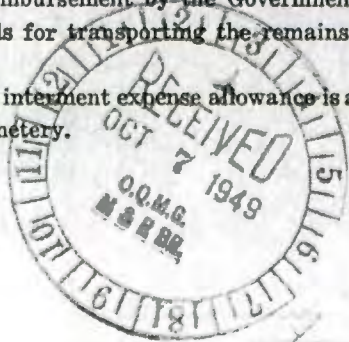
PART B

1. When the remains are delivered to you at Government expense prior to burial in a national or post cemetery, you are responsible for all additional expenses necessary to deliver the remains from that point to the national or post cemetery grave site. However, you may be entitled to an allowance for the cost of transporting the remains from your home to the national or post cemetery grave site subject to the conditions outlined in paragraph 2 below.

2. Reimbursement of transportation expenses is allowed only when the cost to the Government to deliver the remains to you is LESS than what it would have cost the Government to deliver the remains direct to the national or post cemetery of final interment. However, the amount which you may be allowed (the difference between cost of delivery to you and cost of delivery by the Government direct to the national or post cemetery) may not exceed the amount actually expended by you to deliver the remains to the cemetery grave site. **WHETHER OR NOT YOU WILL BE GRANTED AN ALLOWANCE IS DEPENDENT UPON AN AUDIT OF THIS REQUEST. IN ANY EVENT YOU WILL BE NOTIFIED OF ANY ALLOWANCE DUE YOU BY THE OFFICE TO WHICH THIS FORM IS SENT.**

3. Reimbursement by the Government will be made only to the person who paid from his personal funds for transporting the remains to the national or post cemetery grave site.

4. No interment expense allowance is authorized since interment is made ultimately in a national or post cemetery.



ORIGINAL

RECEIPT OF REMAINS

HEADQUARTERS, NYPE

DISTRIBUTION CENTER DISTRIBUTION CENTER #1, AGRS ROUTINE
58th ST & 1st AVE, BROOKLYN, NEW YORK

REMAINS CONSIGNED TO:

MR JOSEPH P CLAVIN

496 COURT ST

BROOKLYN N Y

REMAINS OF THE LATE

(387) S/SG JEROME V HARLEY 12122710

ACCOMPANIED BY

AN ESCORT WILL BE DELIVERED TO YOU BY MOTOR VEHICLE DURING MORNING

ON TUESDAY 26 JULY

PLEASE MAKE ARRANGEMENTS TO ACCEPT

REMAINS UPON ARRIVAL AND PLEASE NOTIFY THE NEXT OF KIN OF THE DATE AND TIME
OF ARRIVAL.

ESCORT S SGT HOWARD R. WILSON
ER 32 142 818
DET 5 1300th ASU

G. H. BARE

COLONEL, QMC

I, the undersigned, do hereby acknowledge receipt of the remains of the above-named deceased
this 16 day of July, 1949
(Day) (Month)

RECORDS ASSOCIATED
DATE 16 July 49
NAME Bell
R & R ER

Sgt Howard R Wilson
(Witness (Escort))
AF 32142818

Joseph P. Clavin
(Consigned)
Joseph P. Clavin

RHS JRB

1

DISINTERMENT DIRECTIVE

✓, - 77

3

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
3547 02241

DATE
15 03 49
DAY MONTH YEAR

NAME
HARLEY JEROME V

SERIAL NUMBER
12122710

GRADE
S SG

ARM
1

RACE
1

RELIGION
2

CEMETERY
LIMEY FRANCE

PLOT
B

ROW
5

GRAVE
114

DISPOSITION OF REMAINS
2300 01
CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
MR. JOSEPH P. CLAVIN
496 COURT STREET
BROOKLYN, NEW YORK
(F/B MIDDLE VILLAGE, L.I., N.Y.)

NAME AND ADDRESS OF NEXT OF KIN
CECELIA HARLEY (MOTHER)
1520 THIEROT AVENUE, APT D-5
BRONX, NEW YORK

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION USAAF	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
------------------	----------------------

OTHER MEANS OF IDENTIFICATION

SEE ATTACHED WORK SHEET

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE CASKET SEALED BY Elijah H Fields Embalmer	BY EMBALMER (Signature) Elijah H Fields
CASKET BOXED AND MARKED DATE 7 Apr 49 BY Elijah H Fields	SHIPPING ADDRESS VERIFIED BY plates verified by Donald H Tackett 1st Lt QMC

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

Donald H Tackett 1st Lt QMC 7857 AGRC Zone 3 Hq
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

60

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC LIMEY FRANCE		TO USMC ST AVOLD FRANCE	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER CPL CARLO PAPIO	
SIGNATURE OF SHIPPER <i>OR Steffer</i> ORVILLE R STEFFER	DATE June 48	SIGNATURE OF RECEIVER	DATE

2. SHIPPED

FROM USMC ST AVOLD FRANCE		TO OIC CASKETING POINT ANTWERP BELGIUM	
KIND OF CONVEYANCE RAIL		NAME OF CONVOYER CPL JOHN A MOUNTFORD 39107628	
SIGNATURE OF SHIPPER <i>J. R. Ward</i> J. R. WARD CAPT FR	DATE 12.4.49	SIGNATURE OF RECEIVER <i>R. D. Miller</i> R. D. MILLER COL TC	DATE 14 APR 1949

3. SHIPPED

FROM USMC ANTWERP BELGIUM		TO USAT CARROLL VICTORY	
KIND OF CONVEYANCE VC. 2		NAME OF CONVOYER R. A. SALVADOR, CAPT. INF.	
SIGNATURE OF SHIPPER R. D. MILLER, LT COL. TC	DATE JUN 18 1949	SIGNATURE OF RECEIVER <i>R. A. Salvador</i>	DATE 18 JUN 1949

4. SHIPPED

FROM		TO NYDE	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER W. W. PREISCH LIEUT. COLONEL, TC	DATE JUN 28 1949

5. SHIPPED PORT TRANSPORTATION OFFICER

FROM NYDE		TO D C #81	
KIND OF CONVEYANCE TRAILER		NAME OF CONVOYER	
SIGNATURE OF SHIPPER W. W. PREISCH LIEUT. COLONEL, TC	DATE JUN 29 1949	SIGNATURE OF RECEIVER H. O. YOUNG Captain, QMC	DATE JUN 29 1949

6. SHIPPED

FROM PORT TRANSPORTATION OFFICER		TO PORT TRANSPORTATION OFFICER	
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

WU 055 23 COLLECT 6 EXTRA

HC NEWYORK NY JUN 30 1040A

COLONEL G H BARE, QMC DISTRIBUTION CENTER NO 1

US PORT OF EMBARKATION 58 ST & 1 AVE BROOKLYN NY

ORIGINAL INSTRUCTIONS SAME. REMAINS OF S/SGT JEROME V HARLEY,
TO BE DELIVERED TO JOSEPH CLAVIN, UNDERTAKER

MRS CECILIA A HARLEY 1520 THIEROT AVE APT D5 BRONX

1057A

1520 D5..

1949 JUN 30 15 59

RECEIVED
GREENWICH MEAN TIME (Z)
U.S. ARMY CENTER
BROOKLYN NY

DISTRIBUTION CENTER #1
NEW YORK PORT OF EMBARKATION
BROOKLYN, NEW YORK

1949 JUN 24 14 06

RECEIVED

I certify that this message is on official business and that its transmission with a lower precedence, or by air mail, regular mail, or scheduled messenger would be prejudicial to the public interest.

CECELIA HARLEY

1520 THIEROT AVE.,
APT D-5
BRONX, N.Y.

CARROLL VICTORY

James K. Carib
JAMES MCCARTHY
Major, TC
Admin O, AGR Div.

S SG JEROME V. HARLEY

PLEASE BE ADVISED REMAINS OF THE LATE

ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED TO

MR. JOSEPH P. CLAVIN 496 COURT STREET BROOKLYN, N.Y.

WE CANNOT GIVE A DEFINITE DELIVERY DATE. IT IS EXPECTED THAT AN INTERVAL OF SEVERAL WEEKS WILL ELAPSE BEFORE DELIVERY CAN BE EFFECTED. YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM THREE DAYS PRIOR TO DATE REMAINS WILL BE DELIVERED TO HIM. HE WILL BE REQUESTED TO INFORM YOU SO YOU MAY MAKE FINAL FUNERAL ARRANGEMENTS. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. SUGGEST YOU ARRANGE WITH LOCAL PATRIOTIC OR VETERANS' ORGANIZATION IF YOU DESIRE MILITARY HONORS AT FUNERAL. PLEASE CONFIRM ABOVE INSTRUCTIONS BY TELEGRAM COLLECT TO DISTRIBUTION CENTER ONE, NEW YORK PORT OF EMBARKATION WITHIN FORTY EIGHT HOURS OR SUBMIT NEW DELIVERY INSTRUCTIONS. WE REGRET IT WILL BE IMPOSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER EXPIRATION OF THE FORTY EIGHT HOURS. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM.

G. H. BARE, COL, QMC

RELEASED TO W U

FOK (REV)

24 JUNE 49

473

RE ST FOR DISPOSITION OF REMAINS

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

Harley, Jerome V., S/Sgt., 12 122 710
 Plot B, Row 5, Grave 114
 United States Military Cemetery
 Limey, France

DATE: 8-18-48

21 June 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, CECE LIA HARLEY
 (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

ST JOHNS CEMETERY - Middle Village L.I.C. N.Y.
 (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 _____

(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.)

Ames. 7/29/48 NONE

Not Disp
26 Oct 48

2000
18 Oct 48

Coded 3-16-49

J. Williams

OQMG FORM 345 MILITARY
 14 NOV 1946

16-80411-1

12 MAR 1948

PAGE 1

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			
MR JOSEPH P. CLAVIN			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
496 COURT ST.	BROOKLYN	KINGS	N.Y.
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
HARLEY	THOMAS	N.M.I.	BROTHER
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
6637 BERGEN PLACE	BROOKLYN	KINGS	N.Y.

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.

Cecilia Harley
(SIGNATURE OF NEXT OF KIN)
CECELIA HARLEY
(NAME PRINTED OR TYPED)

APT. D-5 1520 + HIEROT AVE BRONX, NY
6635 BERGEN PLACE
(STREET AND NUMBER)
BROOKLYN 20. N.Y.
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 21 day of July, 1944, at city (or town) of ny., county of ny., and State (or Territory or District) of _____

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

John T. Campbell / Lt 2mc
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Summary Courts Officer
(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.

_____ (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.

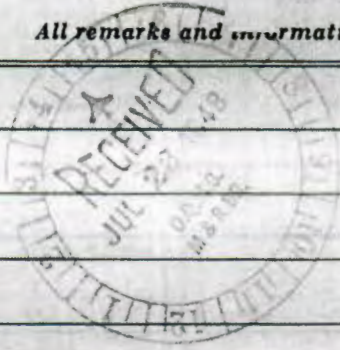
THIS IS TO NOTIFY YOU THAT I AM NOT THE NEXT OF KIN AUTHORIZED TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED NAMED ON PAGE I OF THIS FORM. THE FOLLOWING PERSON, TO THE BEST OF MY KNOWLEDGE, IS THE NEXT OF KIN TO WHOM THIS FORM SHOULD BE DIRECTED.

LAST NAME	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 INSTRUMENTS

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



RECORDS DIVISION

MAR 14 12 05 PM '49

RECORDS BRANCH

QUEST FOR DISPOSITION OF REMAIN

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

DATE:

9-10
29
3

S/Sgt Jerome V. Harley, 12 122 710
Plot B, Row 5, Grave 114,
United States Military Cemetery
Limey, France

7 May 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, Georgina A. Harley

(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
- St. John's Cemetery, Middle Village, Queens County, N.Y.
(NAME AND LOCATION OF CEMETERY)
- ☐ 3. BE RETURNED TO United States (FOREIGN COUNTRY) THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT St. John's Cemetery, New York, N.Y. (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.)

Not Disp 28 Sept 48
33
Accepted 345 completed by mother - Opt 3-19-49
710 9/13/48

NONE 7/21/48
Not Disp 26 Oct 48
5/20/48

FILE
K
3-11-49

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 HARLEY	FIRST NAME		MIDDLE INITIAL
NUMBER AND STREET 6635 Bergen Place	CITY OR TOWN Brooklyn 20	COUNTY OR PROVINCE Kings	STATE OR TERRITORY OF U. S. A., OR COUNTRY New York
EXPRESS OFFICE (Nearest railroad passenger station) Shore Road	TELEGRAPH ADDRESS same		TELEPHONE No. 8-7391

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 HARLEY	FIRST NAME JOHN	MIDDLE INITIAL P.	RELATIONSHIP TO DECEASED BROTHER
NUMBER AND STREET 201 Linden Boulevard	CITY OR TOWN Brooklyn, N.Y., U.S.A.	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY new York

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

Thomas J. Harley (father) is deceased. Copy of death certificate appended.

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,

Cecilia A. Harley (SIGNATURE OF NEXT OF KIN)	6635 Bergen Place (STREET AND NUMBER)
CECELIA A. HARLEY (NAME PRINTED OR TYPED)	Brooklyn 20, New York (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this **20th** day of **May**, 19**48**, at city (or town) of **New York**, county of **Kings**, and State (or Territory or District) of **New York**.

WILLIAM J. MALONE
NOTARY PUBLIC - State of New York
Residing in Bronx County
Bronx Co. Clerk's No. 32, Register's No. 262-M-9
N. Y. Co. Clerk's No. 635, Register's No. 830-M-9
Kings Co. Clerk's No. 78, Register's No. 554-M-9
Queens Co. Clerk's No. 2275, Register's No. 417-M-9
Richmond County
Commission Expires March 30, 1949

William J. Malone
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Notary Public
(OFFICIAL TITLE)

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

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.

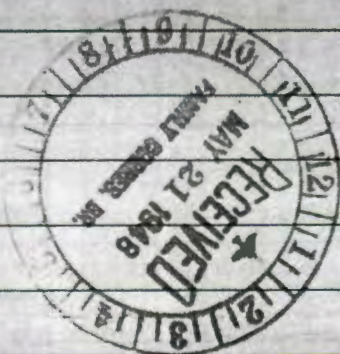
THIS IS TO NOTIFY YOU THAT I AM NOT THE NEXT OF KIN AUTHORIZED TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED NAMED ON PAGE 1 OF THIS FORM. THE FOLLOWING PERSON, TO THE BEST OF MY KNOWLEDGE, IS THE NEXT OF KIN TO WHOM THIS FORM SHOULD BE DIRECTED.

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.



CITY OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS AND STATISTICS

Borough of **BROOKLYN**

New York, N. Y.

JAN 24 1945

Below is a photostatic copy of a certificate on file in the Bureau of Vital Records and Statistics of the Department of Health of the City of New York.

Certificate of Death

Certificate No. **10086**

1. NAME OF DECEASED **THOMAS J. HARLEY** First Name Middle Name Last Name Social Security Number **none**

PERSONAL PARTICULARS

(To be filled in by Medical Examiner)

2. USUAL RESIDENCE: (a) State **New York** (b) City, Town or Village **Brooklyn**

3. No. **6535 Bergen Place** Ave. St.

4. Length of residence or stay in City of New York immediately prior to death **60 yrs.**

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

6. HUSBAND of **Cecilia**

7. DATE OF BIRTH OF DECEDENT **May 10th, 1875** (Month) (Day) (Year)

8. AGE **69** yrs. **8** mos. **9** days hrs. or min.

9. Occupation **A Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sgt. N.Y. Police Dept.**

B Industry or business in which work was done, as silk mill, sawmill, bank, own business, etc. Retired 1938

10. BIRTHPLACE OF DECEDENT: (a) State or Country **Ireland** (b) City, Town or Village **Mayo**

11. OF WHAT COUNTRY WAS DECEDENT A CITIZEN AT TIME OF DEATH **U. S.**

12. WAS DECEDENT WAR VETERAN? IF SO, NAME WAR **No**

13. NAME OF FATHER OF DECEDENT **Michael**

14. BIRTHPLACE OF FATHER (State or Country) **Ireland**

15. MAIDEN NAME OF MOTHER OF DECEDENT **Bridget Kilkenny**

16. BIRTHPLACE OF MOTHER (State or Country) **Ireland**

17. SIGNATURE OF INFORMANT **Cecilia Harley** RELATIONSHIP TO DECEDENT **Wife** ADDRESS **6635 Bergen Pl.**

18. PLACE OF BURIAL OR CREMATION **St. John's Cemetery** DATE OF BURIAL OR CREMATION **Jan 23 1945**

19. FUNERAL DIRECTOR **John P. Quinn** ADDRESS **450 Court St.** PERMIT NUMBER **872**

BUREAU OF VITAL RECORDS AND STATISTICS—DEPARTMENT OF HEALTH—CITY OF NEW YORK

This is to certify that the foregoing is a true copy of a record in my custody.

THOMAS J. DUFFIELD
Registrar of Records

BY **Otto R. Pozdema M.D.**
Assistant Registrar of Records

WARNING: DO NOT ACCEPT THIS TRANSCRIPT UNLESS THE RAISED SEAL OF THE DEPARTMENT OF HEALTH IS AFFIXED THEREON. THE REPRODUCTION OF THIS TRANSCRIPT IS PROHIBITED.

NOTICE: In issuing this transcript of the Record, the Department of Health of the City of New York does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

QMCMF 293
Harley, Jerome V.
ASN 12 122 710

27 December 1948

Mrs. Cecelia A. Harley
Apartment D-5
1520 Thierot Avenue
Bronx, New York

Dear Mrs. Harley:

Your letter pertaining to the remains of your son, the late Staff Sergeant Jerome V. Harley, has come to my attention.

I wish to inform you that the "Request for Disposition of Remains" form in regard to the final interment of the remains of your son has been received in our office.

You may be assured that the Department of the Army will endeavor to comply with your wishes to have the remains of your son returned to the United States for final burial in the private cemetery of your choice.

The Commanding Officer of the Distribution Center will notify you of the arrival of the remains of your son and of the expected date of delivery of the remains at the destination previously named. You will be afforded ample time to complete all funeral and other personal arrangements that may be desired.

A change in your mailing address from 6635 Bergen Place, Brooklyn 20, New York, which is the address entered on our records, to the above address, has been noted in your last letter.

If this new address is to be your permanent mailing address, please so inform us immediately, using the enclosed postal card, which requires no postage.

May I extend my sympathy in your great loss.

Sincerely yours,

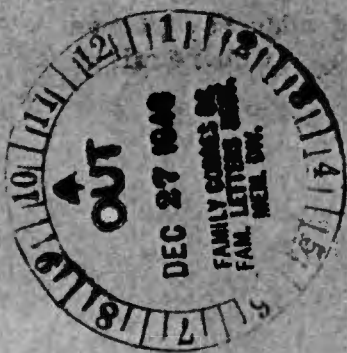
1 Incl.
Address card

JAMES F. SMITH
Major, QMC
Memorial Division



bek
CP

JFS



OQMG FORM 381
11 MAR 47

NOTICE OF CHANGE IN ADDRESS

NAME OF DECEASED

Harley, Jerome V.

RANK

Staff Sgt.

SERIAL NUMBER

ASN 12 12 2 710

NAME OF NEXT OF KIN

Mrs. Cecilia A. Harley

RELATIONSHIP

OLD ADDRESS

6635. Bergen Place

Brooklyn, 20, N.Y.

NEW ADDRESS

1520 - Thierot Avenue

Bronx, 60, N.Y. Apt D-5

REMARKS

Will be buried in family
plot - St John's Cemetery, Bklyn, N.Y.

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

OFFICIAL BUSINESS

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.



BRONX
AL

293

Harley, Jerome V.

H.S.N.

12-122-710

W

ODMG FORM 381
11 MAR 47

NOTICE OF CHANGE IN ADDRESS

NAME OF DECEASED

HARLEY, Jerome V.

RANK

S/Sgt.

SERIAL NUMBER

12 122 710

NAME OF NEXT OF KIN

Mrs. Cecelia A. Harley

RELATIONSHIP

Mother

OLD ADDRESS

6635 Bergen Place,
Brooklyn 20, N.Y.

NEW ADDRESS

1520 Thierot Avenue (Apt. D-5)
Bronx, N. Y.

REMARKS

Living France

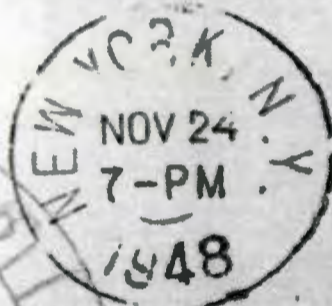
B-5-114

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

OFFICIAL BUSINESS

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

CHURCH STREET
STATION



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

REPAIRED
RECORDS BRANCH

NOV 29

att

293 Harley, Jerome V. 12-122-710
ca

REQUEST FOR NEW LETTER OF INQUIRY

TO LETTER OF INQUIRY SECTION REPATRIATION RECORDS BRANCH		FROM	
NAME OF DECEASED (First, Middle, Last) HARLEY, JEROME V.		GRADE S/Sgt	SERIAL NUMBER 12 122 710
GRAVE LOCATION			
CEMETERY USMC LIMEX, FRANCE	PLOT B	ROW 5	GRAVE 114
LETTER OF INQUIRY TO BE SENT TO: MR. R CECILIA A. HARLEY MRS.		RELATIONSHIP Mother	
ADDRESS			
STREET APARTMENT D-5 1520 THIEROT AVE		CITY AND STATE BRONX, N.Y.	
AUTHORITY FOR LETTER OF INQUIRY AND REMARKS			
<p>165-A —</p> <p>I wish to inform you that the "Request for Disposition of Remains" form in regard to the final interment of the remains of your son has been received in our office.</p> <p>You may be assured that the Department of the Army will ^{endeavor to} comply with your wishes to have the remains of your son returned to the United States for final burial in the private cemetery of your choice.</p> <p>99-B —</p> <p>2-B FROM: 6635 BERGEN PLACE, BROOKLYN 20, N.Y. to the above</p> <p>165-A</p> <p>Incl. Address Card</p> <p>cc: Unit Control FR</p>			
DATE		CLERK'S SIGNATURE Henderson 12-27-48	

REPLY FORM ACTION REQUEST

TO: F/L		FROM: REPLY FORM ACCEPTANCE SECTION FAMILY CORRESPONDENCE BRANCH	
NAME (Last, First, Middle) 292 Harley, Jerome V.		RANK S/Sgt	SERIAL NUMBER 12 122 710
CEMETERY Limey, France	PLOT B	ROW 5	GRAVE 114
NEXT OF KIN MRS. Cecelia Harley		ADDRESS (Street, City, State) 6635 Bergen Place Brooklyn 20, New York	
RELATIONSHIP TO DECEASED Mother		OPTION SELECTED #2	DDMG FORM 345 EXECUTED BY Mother

WRITE NOK FOR CORRECTION OR COMPLETION OF REPLY FORM ON ITEMS CHECKED BELOW

<input type="checkbox"/> RELATIONSHIP TO DECEASED	<input type="checkbox"/> SIGNATURE OF NOK
<input type="checkbox"/> OPTION DESIRED	<input type="checkbox"/> NOTARIZATION
<input type="checkbox"/> NATIONAL OR PRIVATE CEMETERY INTERMENT DESIRED	<input type="checkbox"/> NATIONAL CEMETERY SELECTED IS CLOSED Ltr att.
<input type="checkbox"/> COUNTRY (Homeland) OF DECEASED OR NOK	<input checked="" type="checkbox"/> REPLY TO "REMARKS" ON FORM 345
<input type="checkbox"/> NAME AND/OR <input type="checkbox"/> ADDRESS OF CONSIGNEE	<input type="checkbox"/> SPECIAL INSTRUCTIONS
<input type="checkbox"/> SECURE DOCUMENTS: <input type="checkbox"/> REMARRIAGE <input type="checkbox"/> BIRTH	<input type="checkbox"/> DEATH <input type="checkbox"/> OTHER _____

SPECIAL INSTRUCTIONS

Please, answer this letter, from the Mother. The 333 card has been lost; so we have been waiting for R & R Section to have a new one made. The LOI will be acceptable once we have the card.

FILE
Krop
nal
Action
Info
Acceptance Section
Family Corres. Branch

Please, return file to Unit II, when action completed.

DATE 17 Dec 48	CLERK'S SIGNATURE Beck
-------------------	---------------------------

293
Apt. D-5
1520 Thierot Avenue
Bronx, New York

W
11/15/48 NT

Harley, Jerome V.

November 24, 1948

Major General Thomas B Larkin
The Quartermaster General
Department of the Army
Office of the Quartermaster General
Washington, 25, D.C.

Your File BURIAL OF
29B S/Sgt. Jerome V. Harley 12122710
Plot B, Row 5, Grave 114,
U.S. Military Cemetery
Limey, France.

Dear Sir:

On May 7th last correspondence was received from your office relative to our wishes in the final burial of my son, Jerome V. The necessary papers were prepared by me and returned to your office about May 15, 1948. At this writing I have received no further word. I realize the enormous work you are doing but would appreciate some word as to when we may expect him home.

Thanking you for your courtesy and cooperation in this matter, I am,

Respectfully yours,

Mrs. Cecelia A. Harley

201
7 May 48 M-2
Accepted 345 completed
by mother - option #2
3-11-49 Kamp
R 7/28/48



Nov 22 1946
1500 15th Street
N.W., Wash. D.C.

November 22, 1946

Mr. J. Edgar Hoover
U.S. Department of Justice
Room 5600
Washington, D.C.

Major General Thomas B. Larkin
The Adjutant General
Department of the Army
Office of the Adjutant General
Washington, D.C.

Dear Sir:

On May 22, 1946, your letter was received from your office relative to our wishes in the funeral of my son, Jerome T. The necessary papers were prepared by me and returned to your office about May 12, 1946. At this writing I have received no further word. I realize the enormous work you are doing and would appreciate some word as to when we may expect him home.

Thanking you for your courtesy and cooperation,
In this matter, I am,

Respectfully yours,



Att to go Lt

At
QMGR 293 Harley, Jerome V., S/Sgt., 12 122 710, QMG, 21 Jun 48, "Non Reply to Letter of Inquiry"

TCNYP-TDC 293 (Gen'l)

1st Ind.

AGR Division, NYPE, Brooklyn 20, N. Y., 20 July 1948

TO: The Quartermaster General, Washington 25, D. C. ATTENTION: Memorial Division

1. Attached hereto is Certification of Death of Mr. Thomas J. Harley.
2. Inclosed is Form 345 completed by mother, Mrs. Cecelia Harley.

2 Incls.

Incl. 1- Cert of Death

Incl. 2 -Completed Form 345

John T. Campbell
JOHN T. CAMPBELL

1st Lt., QMC

Asst. Administrative Officer

*Accepted 345 completed
by mother - Option # 2
Kroop 3-11-49*

FILE Kroop
Name *met*
Action *3-11-49*
Date
Acceptance Section
Family Corres. Branch



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

In Reply Refer To RR Br:

QMCMR 293 Harley, Jerome V., S/Sgt., 12 122 710
Plot B, Row 5, Grave 114
United States Military Cemetery
Limey, France

21 JUN 1948

P R I O R I T Y

SUBJECT: Non Reply to Letter of Inquiry

TO: Commanding General, New York Port of Embarkation
First Avenue and 58th Street
Brooklyn 20, New York
Attn: AGR Division

1. To date this office has not received a reply form indicating disposition instructions for the decedent from _____ father

(relationship)

Mr. Thomas J. Harley, 6635 Bergen Place, Brooklyn, New York.
(name) (address)

2. It is requested that the attached OQMG Form 345 be properly accomplished, and legal documents, if appropriate, be furnished this office as soon as possible. The form was dispatched 7 May 1948.

3. It is recommended that in contact with the Next of Kin mentioned above, they first be queried as to whether or not they have submitted the appropriate form, as it may have been mailed to this office since receipt by you of this request. In the event you are unable to secure disposition instructions from the Next of Kin, it is further requested that a statement of the action taken by your representative be furnished this office for use as a basis for final disposition of remains of the decedent.

FOR THE QUARTERMASTER GENERAL:

John O. Hyatt

Incls.

JOHN O. HYATT
Colonel, QMC
Memorial Division

FILE

Date _____
Acceptance Section
Family Corres. Branch

8 JUN 1948



DO NOT AGRS
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CITY OF NEW YORK—DEPARTMENT OF HEALTH
BUREAU OF RECORDS AND STATISTICS

Borough

BROOK

This is to certify that a certificate of

Death

No. *1594* Year *1945* is on file at this office bearing the name of

Thomas J. Harley

who

died

on

January 19, 1945

THOMAS J. DUBOIS

Registrar of Records

Date

7-7-48

Asst. Registrar

64H

12M-70145 114

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

In Reply Refer To RR Br:

QMER 293 Harley, Jerome V., S/Bgt., 12 122 710
Plot B, Row 5, Grave 114
United States Military Cemetery
Ligny, France

21 JUN 1948

PRIORITY

SUBJECT: Non Reply to Letter of Inquiry

TO: Commanding General, New York Port of Embarkation
First Avenue and 58th Street
Brooklyn 20, New York
Attn: ACR Division

1. To date this office has not received a reply form indicating disposition instructions for the decedent from father (relationship)

Mr. Thomas J. Harley, 6635 Bergen Place, Brooklyn, New York.
(name) (address)

2. It is requested that the attached OQM Form 345 be properly accomplished, and legal documents, if appropriate, be furnished this office as soon as possible. The form was dispatched 7 May 1948.

3. It is recommended that in contact with the Next of Kin mentioned above, they first be queried as to whether or not they have submitted the appropriate form, as it may have been mailed to this office since receipt by you of this request. In the event you are unable to secure disposition instructions from the Next of Kin, it is further requested that a statement of the action taken by your representative be furnished this office for use as a basis for final disposition of remains of the decedent.

FOR THE QUARTERMASTER GENERAL:

Incls. M.B.H.

JOHN O. HYATT
Colonel, QMG
Memorial Division

new

S/Sgt Jerome V. Barley, 12 122 710
Plot B, Row 7, Grave 114,
United States Military Cemetery
Ligny, France

7 May 1948

Mr. Thomas J. Barley
6635 Bergen Place
Brooklyn, New York

Dear Mr. Barley:

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. 1

file
4 May 1948

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
INTRAOFFICE REFERENCE SHEET

293

DUE, HOUR AND DATE

1
No.

2
From

3
To

4
Date

5
Message

1

LOI
Section
R/R Br.

Record
Section
R/R Br.

MAY
1948

1. As 333 card in this case could not be immediately located action has been taken with a view to resolving the case without the 333 card.

2. File is forwarded to your Section for such correction in 333 card as may be indicated.

3. When your action has been completed please forward file to Mail and Records.

CUNNINGHAM
71507

Snowden
65351

THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE

21 JUN 1948

OQMG FORM 381
11 MAR 47

NOTICE OF CHANGE IN ADDRESS

NAME OF DECEASED

Jerome V. HARLEY

RANK

Sgt.

SERIAL NUMBER

12 122710

NAME OF NEXT OF KIN

(MRS.) Cecelia A. HARLEY

RELATIONSHIP

MOTHER

OLD ADDRESS

6635 Buzen Place

Brooklyn 20, N.Y.

NEW ADDRESS

SAME

REMARKS

893 Harley, Jerome V, 12122710

file
not

16 May 48
KTR

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



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.

MAY 11 4 35 PM '48

RECORDS BRANCH
MEMORIAL DIVISION

30 April 1948

Mr. Thomas J. Harley
6635 Bergen Place
Brooklyn, New York

Dear Mr. Harley:

The Department of the Army is most desirous that you be furnished information regarding the burial location of your son, the late Staff Sergeant Jerome V. Harley, A.S.M. 12 122 710.

The records of this office disclose that his remains are interred in United States Military Cemetery Limey, plot B, row 5, grave 114. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

This cemetery is located eighteen miles northwest of Nancy, France, and is under the constant care and supervision of United States military personnel.

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

Please accept my sincere sympathy in your great loss.

Sincerely yours,

G. A. HORKAN
Major General, GMC
Chief, Memorial Division

1gb

MAY 5 11 51 AM '48

O. O. M. C.
MAIL & RECORDS BRANCH

13 MAY 1948

file
May 1948

HEADQUARTERS
NEW YORK PORT OF EMBARKATION
American Graves Registration Division
1st Avenue & 58th Street
Brooklyn, N. Y.

THE FOLLOWING REPORT WILL BE COMPLETED BY ALL ESCORTS WHO ACCOMPANY REMAINS
OF DECEASED PERSONNEL FROM THIS HEADQUARTERS TO THEIR FINAL DESTINATION.

UPON RETURN TO THE AMERICAN GRAVES REGISTRATION DIVISION, NYPE, THIS REPORT
WILL BE DELIVERED BY THE ESCORT TO THE ESCORT CONTROL OFFICER FOR APPROVAL

1. Arnold R. Wilson AF 3214 2818 accompanying the
(Name, rank, serial number of escort)

293. remains of Jerome V. Harley AF 1212 2710
(Name, rank, serial number)

2. Departed AGRD, NYPE, on July 26 49 at 0830 hours
(date)

for Brooklyn NY by Gov't Vehicle
(destination - city and state) (Gov't vehicle or train)

If train, give hour of departure from New York City and station

Arrived at
_____ on _____ at _____ hours
(destination) (date)

3. First contact was made with undertaker on July 26 at 0855 hours
(date)

4. First contact was made with next of kin Mrs. Cecilia Harley Mathis
(Name)
APT D5 Blank NY
1520 Throat Ave on July 26 49 at 10:15 hours
(address) (date)

5. I did/~~did not~~ attend the funeral services.

6. The funeral was held at 10130 hours, on July 26 49

7. Escort's presence is/~~is not~~ desired at funeral services _____

Tom HARLEY BROTHER

STATION FILE

8. Burial honors ~~were~~/were not provided at the funeral.

9. Burial honors were not provided because Private funeral

10. Burial honors were provided by _____

11. Flag was presented to Mrs. Cecilia Harley Mother

12. The next of kin ~~did~~/did not bring up the subject of identity of the remains.

13. _____

(Name, address of Hotel and length of stay where billeted)

14. Departed July 26 by Train on July 26 49
(Govt. Vehicle or train) (date)

at 1700 hours Arrived at AGRD, NYSE on July 26 49
(date)

at 1400 hours.

15. REMARKS (Unusual occurrences):

After funeral loaded
Casket in to shipping Case in front of
Church

16. RECEIPT OF TWENTY-ONE (21) "ROUNDS" OF BLANK AMMUNITION IS ACCOMPANIED
(IF NO BLANKS WERE ISSUED WRITE "NONE")

Name of Receiver

Howard R. Wilson
(Name, Rank, Serial Number of Escort)

Organization Det 100 5 1310

(Organization)

Date

July 26 1949

Date Received

3/4.6
SPQYG 298
(World War II)

See ltr dtd 1 Aug 45 to FBI requesting verification of fingerprints.

293 Harley, Jerome V. 12122710

LOI Sent 5 MAY 1948

REPORT OF BURIAL

TM 10-430 AND AR 30-1815

26 May 1945

Date

HARLEY

Jerome

V.

S/Sgt.

12122710

Last Name

First

Initial

Rank

Serial No.

615 Bomb Sq.

401 Bomb Gp.

Unit

Organization

173 Gen. Hosp. Nancy, France

24 May 1945

Acute pulmonary Tuberculosis

Place of Death

Date of Death

Cause of Death

1600 hrs 26 May 1945

US Military Cemetery, Limey, France (U-642296)

Time and Date of Burial

Name of Cemetery

Name of Coordinates of Location

111

5

B

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?

By EMT tag from 173 Gen. Hosp. signed by Jack R. Knudson, Capt. MC
Fingerprints taken.

Also identified 18 Aug 45 by fingerprint's subm FBI thru AGO by OQMG Wash D.C.

What means of identification were buried with the body?

GRS Emergency tag.

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

Who is buried on:

Deceased's Right:

Floyd H. Peacock B-827834

M/Sgt.

22 Tact Ren Sq.

113

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

James C. Williamson 37061951

Pvt.

305 ON Railroad Co.

115

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:

Mother - Mrs. Cecilia A. Harley

Emergency Addressee

Unknown

Name

6636 Bergen Place, Brooklyn, New York

Address

Religion

Catholic

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

None

Signature of Officer or other person reporting burial

Verified by G.R.S. Officer

MATTHEW M. FLATTERY, 1st Lt, FA, O-1169109
3rd Platoon, 3019 M Graves Registration Co.

REPORT OF BURIAL

IF DECEASED UNIDENTIFIED

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

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

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

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

TOOTH CHART

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.

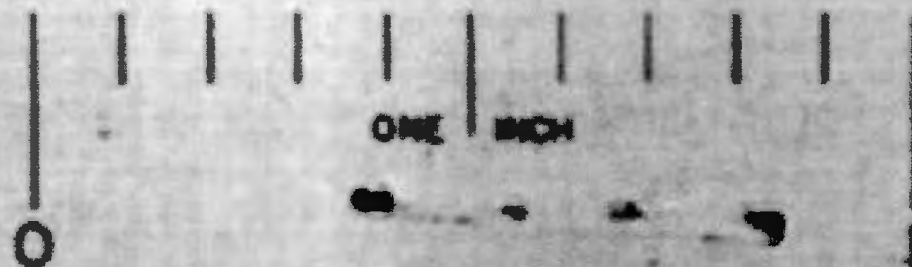
	Decased's Left								Decased's Right							
	8	7	6	5	4	3	2	1	8	7	6	5	4	3	2	1
Upper																
Lower																

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

Characteristics:

Other Data:

Identified as
 Jerome V. Harley
 SN# 12122710
 (G.B.)
 Hoosier Dept
 17 Aug 1945



FEDERAL BUREAU OF INVESTIGATION

U S DEPARTMENT OF JUSTICE

CASE NO

WC #550 c

CASUALTY BRANCH
PROCESSING AND VERIFICATION SECTION

Name Harley, Jerome V. Serial No. 12 12 710
Grade S/Sgt
Organization AC

OFFICIAL REPORTS: (IMPORTANT—Unofficial reports or information will not be shown below. This information will be indicated—"Code X.")

Type of Casualty	Date and Area	Classification and Message No.	Battle	Nonbattle	Date E. A. Notified
<u>MIA</u>	<u>13 July 44 Germany</u>	<u>Ship 134</u>	<input checked="" type="checkbox"/>		<u>25-1-45</u>
<u>RMC</u>	<u>16 Apr 45 ETO</u>	<u>AG 704 (16 Apr 45)</u> <u>137031-2-CC-4X</u>			<u>19 July 45</u>
<u>DIED</u>	<u>24 May 45 France</u>	<u>AG 704 (29 May 45)</u> <u>148 MB 12-C-1X</u>		<input checked="" type="checkbox"/>	<u>21 July 45</u>

E. A. Mrs. Cecilia A. Harley (mother)
4635 Bergen Place, Brooklyn, New York

Remarks: hospitalized, diagnosed as tubercular T.B. pneumonia, severe

Religious Preference obtainable from Demobilized Records

No casualty reported _____

Is there a Casualty Branch file? No _____ Yes _____

Form No. 43? No _____ Yes _____

Clerk furnishing report Amphair

Date of report 18 Aug 45 Room No. 4602 Group No. SA(1)

VISI-CARD AND RECORD REPORT

WD AGO FORM 035
22 DEC 1943

101 Sent 7 MAY 1946

OCT 24 1945
FILE



SPQYG 293

World War II

1st Ind

ASF, OQMG, Washington, D. C.

26 October 1945

TO: Commanding General, COMZONE, European Theater of Operations,
APO 887, c/o Postmaster, New York, New York
FOR: The Chief Quartermaster

1. The fingerprints submitted for the deceased listed in basic communication have been compared and all found identical, with the exception of Ali Demnati. Upon receipt of the verification of the fingerprints on the Report of Burial for Demnati, your office will be so advised.

2. The religious preference of Carpenter, Foutz, Herrick, Lessley, Matthews, Mills, Misenhimer and Sternquist was signified as Protestant; that of Foster, Mulroy, Wagner and Walsh as Catholic. The religious preference of Evans was not indicated.

FOR THE QUARTERMASTER GENERAL:

17 Incls. w/d

M. V. TURNER
Colonel, QMC
Assistant

OCT 24 1945

HEADQUARTERS
COMMUNICATIONS ZONE
EUROPEAN THEATER OF OPERATIONS
UNITED STATES ARMY
Office of the Chief Quartermaster
APO 887



COF/lab

Q-GRE (Nurnberg D-5-109)
(28 June 1945)

SUBJECT: GR Form #1, GRS, Report of Burial.
Transmittal Letter No. 1465.

TO : The Quartermaster General, Washington 25, D.C.

1. Attached hereto are Reports of Burial for deceased personnel listed below:

Name	Rank	ASN	Cemetery	Plot	Row	Grave
CARPENTER, Odis	Pvt	34968477	Nurnberg	D	5	109
DEMANTI, Ali	Pfc	36860299	Nurnberg	C	7	165
EVANS, Carter M.	1st Lt	0-801844	Nurnberg	B	12	300
FOSTER, Arnold D.	Pvt	16076324	Ittenbach	J	9	170
FRUTZ, Montford T.	T/4	35055057	Nurnberg	D	3	60
HARLEY, Jerome V.	S/Sgt	12122710	Limey	B	5	114
HERRICK, Maurice R.	2nd Lt	02069017	Bensheim	I	11	1273
LESSLEY, William M.	Sgt	34614771	Nurnberg	C	7	166
MATTHEWS, Charlie J.	Pfc	20450089	Hamm	U	1	21
MILLS, J.B.	Pfc	34275191	Ittenbach	J	9	168
MISENHIMER, Richard A.	2nd Lt	0-1326912	Nurnberg	D	3	72
MULROY, Thomas F.	Pvt	32875878	Bensheim	L	4	1623
NUZZO, Angelo R.	Pfc	39122967	St Avold	I	10	1267
ROBINSON, Eddie M.	2nd Lt	0-540184	Cambridge	Y	6	11
STERNQUIST, Bernard O.	T/5	33421707	St Avold	K	10	1557
WAGNER, Robert M.	Sgt	36883932	Foy	E	9	207
WALSH, Luke S.	Pfc	33785523	Neuville-en-Condroz	B	1	1

2. No positive means of identification was found on the remains.

3. Request that fingerprints appearing on the attached Reports of Burial be checked and this headquarters notified of the findings.

J. H. McInnis
Lt Col POC
W.H. MIDDLESWART,
Brigadier General, USA,
Acting Chief Quartermaster.

17 Incls a/s

5146 Theater of Operations, European (414657)

SENSITIVE SURFACE - HANDLE WITH CARE ONLY

WAR DEPARTMENT

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

REPORT OF DEATH

DATE 11 June 1945 plc

FULL NAME Harley, Jerome V.		ARMY SERIAL NUMBER 12122710	GRADE S/Sgt.
HOME ADDRESS Brooklyn, New York		ARM OR SERVICE Air Corps	DATE OF BIRTH 6 May 22
PLACE OF DEATH XXXXXXXX European Area	CAUSE OF DEATH Pneumonia and tuberculosis		DATE OF DEATH 24 May 45
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 5 Oct 42	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Cecilia A. Harley, mother, 6635 Bergen Place, Brooklyn, New York			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Thomas J. Harley, father, same as above Mrs. Cecilia A. Harley, mother, same as above			
INVESTIGATION MADE?		IN LINE OF DUTY	OWN MISCONDUCT
YES	NO	YES	NO
	X	X	X
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE	IN FLYING PAY STATUS
YES	NO	YES	NO
X			X
OTHER PAY STATUS (SPECIFY BELOW)			
YES	NO		

ADDITIONAL DATA AND/OR STATEMENT

☐ BATTLE ☒ NON-BATTLE
Evidence of death rec'd in WD ~~24 May 1945~~ 2 June 1945

FILE
DIRECTOR

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

BY ORDER OF THE SECRETARY OF WAR

ADJUTANT GENERAL

SENSITIVE SURFACE - HANDLE EYES ONLY

WAR DEPARTMENT

CORRECTED REPORT

THE ADJUTANT GENERAL'S OFFICE

ORIG FWD 11 June 45

WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 29 May 1946 RG

FULL NAME 297 / Harley, Jerome V.		ARMY SERIAL NUMBER 12 122 710	GRADE S/Sgt
HOME ADDRESS Brooklyn, N.Y.		ARM OR SERVICE AC	DATE OF BIRTH 6 May 22
PLACE OF DEATH European Area	CAUSE OF DEATH Pneumonia and Tuberculosis		DATE OF DEATH 24 May 45
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 5 Oct 42	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS

EMERGENCY ADDRESSEE (Name, relationship, and address)

Mrs. Cecila A. Harley (mother) 6635 Bergen Place, Brooklyn, N.Y.

BENEFICIARY (Name, relationship, and address)

Thomas J. Harley (father) same as above

Mrs. Cecila A. Harley (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

ADDITIONAL DATA AND/OR STATEMENT

☐ BATTLE
 ☒ NON-BATTLE

*Corrected to show soldier was on flying pay status

Evidence of death received in WD 2 ~~Jun~~ June 45

CORRECTED COPY

BY ORDER OF THE SECRETARY OF WAR

U. M. Ambrose

ADJUTANT GENERAL



SENSITIVE JRFACE - HANDLE EI ES ONLY

228,587

WAR DEPARTMENT

CORRECTED REPORT

THE ADJUTANT GENERAL'S OFFICE

ORIG FWD 11 June 45

WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 29 May 1946 re

FULL NAME Harley, Jerome V.		ARMY SERIAL NUMBER 12 122 710	GRADE S/Sgt
HOME ADDRESS Brooklyn, N.Y.		ARM OR SERVICE AC	DATE OF BIRTH 6 May 22
PLACE OF DEATH European Area	CAUSE OF DEATH Pneumonia and Tuberculosis		DATE OF DEATH 24 May 45
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 5 Oct 42	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS

EMERGENCY ADDRESSEE (Name, relationship, and address)

Mrs. Cecila A. Harley (mother) 6635 Bergen Place, Brooklyn, N.Y.

BENEFICIARY (Name, relationship, and address)

Thomas J. Harley (father) same as above

Mrs. Cecila A. Harley (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
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			

ADDITIONAL DATA AND/OR STATEMENT

☐ BATTLE ☒ NON-BATTLE

*Corrected to show soldier was on flying pay status

Evidence of death received in WD 2 ~~Mar~~ June 45

CORRECTED COPY

BY ORDER OF THE SECRETARY OF WAR

U. M. Ambrose

ADJUTANT GENERAL

SENSITIVE SURFACE - HANDLE EL ES ONLY

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

548947
228587

DATE 11 June 1945 plc

REPORT OF DEATH

FULL NAME Harley, Jerome V.		ARMY SERIAL NUMBER 12122710	GRADE C/Sgt.
HOME ADDRESS Brooklyn, New York		ARM OR SERVICE Air Corps	DATE OF BIRTH 6 May 22
PLACE OF DEATH XXXXXX European Area	CAUSE OF DEATH Pneumonia and tuberculosis		DATE OF DEATH 24 May 45
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 5 Oct 42	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Cecilia A. Harley, mother, 6635 Bergen Place, Brooklyn, New York			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Thomas J. Harley, father, same as above Mrs. Cecilia A. Harley, mother, same as above			
INVESTIGATION MADE?	IN LINE OF DUTY	OWN MISCONDUCT	WAS DECEASED ON DUTY STATUS
YES NO	YES NO	YES NO	YES NO
	X	X	X
AUTHORIZED ABSENCE		IN FLYING PAY STATUS	
YES NO	YES NO	YES NO	
		X	
OTHER PAY STATUS (SPECIFY BELOW)			
YES NO			

ADDITIONAL DATA AND/OR STATEMENT

☐ BATTLE ☒ NON-BATTLE

Evidence of death rec'd in WD ~~24 May 1945~~ 2 June 1945

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S. O. Q. M. G.	O. F. D.	ARMY EFFECTS BUREAU
G. A. O.	VET. ADMIN.	CASUALTY BRANCH FILE
		A. G. 201 FILE

BY ORDER OF THE SECRETARY OF WAR

[Signature]
ADJUTANT

REPLY TO INQUIRY

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

BATTLE CASUALTY REPORT

1945 MAY

NAME	HARLEY, JEROME V	GRADE	S/SGT	DATE CAS. REPORT RECEIVED	18 MAY 45
ASN	12 122 710	SON			
NAME AND ADDRESS OF E.A.	MRS CECILIA A HARLEY 6635 BERGEN PLACE BROOKLYN NEW YORK			DATE TELEGRAM SENT	19 MAY 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 MONTH'S PAY GRATUITY IN CASE OF DEATH

INFORM YOU

XXXXXXXXXXXXXXXXXXXX

RELATIONSHIP

SON

GRADE	NAME	SERIAL NUMBER	ARM OR SERVICE	REPORTING THEATRE	F OR J STATUS	SHIPMENT NUMBER
S/SGT	HARLEY, JEROME V.	121227210	AC	ETO		137031-2-CC-4X
TYPE OF CASUALTY		PLACE OF CASUALTY		DATE OF CASUALTY		CASUALTY CODE
RETURNED TO MILITARY CONTROL				DAY	MONTH	YEAR
				16	APR	45

REPORT FURTHER STATES HOWEVER THAT HE IS HOSPITALIZED IN EUROPEAN AREA DIAGNOSIS PNEUMONIA
NEW ADDRESS AND FURTHER INFORMATION FOLLOW DIRECT FROM HOSPITAL

OF THE ARMY

REMARKS: AG 704 /16 May 45/

CORRECTED COPY

CJA

PARIS B 45458. Reurad WAR 81109 SPXPG-R remyrad B 44373 RMN Hospitalized
NB. Present diagnosis: Malnutrition, TBC pneumonia, right middle and
lower lobe, positive acid fast sputum test. Placed on seriously ill
list 27 April. Prognosis: Grave. Nontransportable Appropriate MRU
cards follow.

PLACE ETOX.

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED <input checked="" type="checkbox"/> FORM 43 AG 201 REG.							
CASUALTY BRANCH FILE ATTACHED <input checked="" type="checkbox"/> OR CHARGED TO <input checked="" type="checkbox"/> DATE							
PREVIOUSLY REPORTED NO <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> (AS INDICATED BELOW)							
FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED			
134		M/A	13 Jul 44 E To	25 Jul 44			
FORWARDED TO	SPEC. IDEN.	TELEGRAM	WOUNDED	LETTER	CORRES	S. R. & D	CERTIF
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
REPORT NOT VERIFIED NO FORM 43 NO CAS. BR FILE CHECKED BY <i>mosh/18m/28</i> APPROVED BY <i>Buckner</i>							

DISTRIBUTION "A" ☒ 37 COPIES
(ALL TYPES OF CASUALTIES PERTAINING TO MILITARY PERSONNEL (S. R. & D. WOUNDED))
COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 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. 48, 1944.

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

17926
228587

—BATTLE CASUALTY REPORT

NAME HARLEY JEROME V	SERIAL NUMBER 12122710	GRADE S SG	ARM OR SERVICE AC	REPORTING THEATRE ETO
PLACE OF CASUALTY GERMANY	DATE OF CASUALTY DAY MONTH YEAR 13 JUL 44		FLYING OR JUMPING STAT C	TYPE OF CASUALTY MIA
			SHIPMENT NUMBER 134	

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

THE INDIVIDUAL NAMED ABOVE DESIGNATED THE FOLLOWING 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.

MR. MRS. MISS—FIRST NAME—MIDDLE INITIAL—LAST NAME MRS CECILIA A HARLEY	RELATIONSHIP MOTHER	DATE NOTIFIED 25 JULY 1944 air
--	-------------------------------	--

NO. AND NAME OF STREET—CITY—STATE

6635 BERGEN PLACE BROOKLYN NEW YORK

REMARKS:

☐

CORRECTED COPY



ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED <input checked="" type="checkbox"/> FORM 43 <input checked="" type="checkbox"/> AG 201 REQ <input checked="" type="checkbox"/>									
CASUALTY BRANCH FILE ATTACHED <input checked="" type="checkbox"/> OR CHARGED TO <input type="checkbox"/> DATE <input type="checkbox"/>									
PREVIOUSLY REPORTED NO <input type="checkbox"/> YES <input type="checkbox"/> (AS INDICATED BELOW):									
FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED					
FORWARDED TO <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
SPEC. IDEN. TELEGRAM WOUNDED LETTER CORRES. S. R. & D. CERTIF. M. & M. NON-DEL.									
REPORT NOT VERIFIED <input type="checkbox"/> NO FORM 43 <input type="checkbox"/> NO CAS. BR. FILE <input type="checkbox"/> CHECKED BY <i>m. Raby</i> REVIEWED BY <i>R. W. G.</i>									

THIS SPACE FOR USE OF MACHINE RECORDS BRANCH, A.G.O.

THIS SPACE FOR USE OF MACHINE READER ONLY																										
ACCT. AREA		CASUALTY STATUS			ORIGINAL CAS. DATE			MESSAGE NO.			LATEST CAS. DATE			REFERENCE AREA		SERV. POS.	RESIDENCE					COMP	RACE			
					DAY	MO.	YR.				DAY	MO.	YR.				STATE	COUNTY								
34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	

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(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. 48, 1944.

228587

WFH:AP:ch
May 29, 1946

Mr. Thomas J. Harley
6635 Bergen Place
Brooklyn 20, New York

Dear Mr. Harley:

Harley,

son, Staff Sergeant Jerome V.

AMOUNT OF CHECK	NO DISCREPANCY IN	INCLOSE VALUAI	RECIPIENT FROM
ACCOUNT NUMBER	NAME	SHIP VALUABLES	CASUALTY REPORT
	SERIAL NUMBER	VALUABLES SHIPPED BY (clerk)	INVENTORY
	RANK	5709146	FORM 20
<p>S/Sgt. Jerome V. Harley Mr. Thomas J. Harley</p> <p>12122710</p> <p>228587</p>			LETTER
			NO. & TYPE OF CONTAINER
			ENVELOPE
			CARTONS
			PACKAGE
			FOOT LOCKER
			SPECIAL INSTRUCTIONS
			REMOVE GI
			SHIP BLOODSTAINED
			SHIP DAMAGED
REMOVE BL'DSTAINED			
REMOVE DAMAGED			
FILMS REMOVED			
DIARY REMOVED			
DSJ:AP:ch		SUMMARY COURT DATA	DATE ACTION TAKEN
DATE OF FINDING	APPLICANT		5-28
REMARKS			MAIL REVIEWER (initials)
			VL
			SHIPPED
			FRANKED
			EXPRESS
			FREIGHT
			DATE SHIPPED
			SHIPPING CLERK
			ROUTING
			ACCOUNTING BRANCH
WAREHOUSE			
FILE			
ORDER FOR ACTION			

228,587

NOTICE OF ACTION BY ACCOUNTING BRANCH		
CASE NUMBER	DATE OF NOTICE 4-11-46	INVENTORY DATE 9-24-45
NAME Jerome V. Harley		A.S. # 12122710
FOREIGN CURRENCY CONVERTED		
ITEMIZED		
DATE CONVERTED	ACCOUNT NUMBER	AMOUNT
MUTILATED CURRENCY REDEEMED		
DATE REDEEMED	ACCOUNT NUMBER	AMOUNT
OTHER		
<input type="checkbox"/> REISSUED MONEY ORDER RECEIVED FROM POSTAL DEPARTMENT		
<input type="checkbox"/> REISSUED BOND RECEIVED FROM FEDERAL RESERVE BANK		
MISCELLANEOUS		
Ship German Marks as souvenir		
VALUABLES SHIPPED		
DATE 5/27/46		
BY [Signature]		
5-1 Rentenmarks 8-2 " " 1-5 Reichsmarks 3-20 " " 19-50 " "		

228587

RTB:JHreh
October 5, 1945

Mr. Thomas J. Harley
5635 Bergen Place
Brooklyn 20, New York

Dear Mr. Harley:

The Army Effects Bureau has received some additional property of your son, Staff Sergeant Jerome V. Harley.

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., GAC
Officer-in-Charge
SJ Branch

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mr. Thomas J. Harley

6635 Bergen Place

3/Sgt. Jerome V. Harley

Brooklyn 20, New York

Effects of:

Name

12122710

ASN

228587 D

Case No.

Wt.

DATE 4 October 1945

RTB:IH:djb

W. J. J. J.
WJ: Effects Quartermaster

REMARKS:

Inclose Bureau Check

Acct. No. _____

Amount _____

Inclose "Valuables" item

Ship "Valuables" item(s)

Remove G.I.

Note discrepancy in _____

Films removed

Diary removed

Laundry removed

ROUTING:

Accounting Branch

1 Warehouse Division

2 Files Branch, Adm. Div.

REMARKS:

Franked *OK*

Est. Exp. Chgs. _____

Est. Frt. Chgs. _____

No. of packages 1

mk
Shipping Clerk

1 T 2:58738

ATTACHMENTS			EFFECTS INVENTORY ARMY EFFECTS BUREAU		STATUS	
<input checked="" type="checkbox"/>	INBOUND INVENTORY					DECEASED
	G. R. OR SUB GR LABEL					MISSING
	WILL OR POWER OF ATTY.					P. O. W.
1	TALLY IN FORM 43					ABANDONED
						UNKNOWN

BAGS, CLOTH OR TRAVEL	BELT	OVERCOATS
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
<input checked="" type="checkbox"/> CLOTHING	COATS	RINGS
<input checked="" type="checkbox"/> 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	INFORMATION
None	None. Resub

NAME AND STATUS VARIATIONS	CROSS REFERENCE

CHECK	REC'D BY	NUMBER	<input checked="" type="checkbox"/>	BUREAU CHECK
MONEY ORDER	24	SYMBOL		TRANSMIT ORIGINAL
BOND				ORIG. REG. MAIL
TRAV. CHECK				TO G. A. O.
<input checked="" type="checkbox"/> FOREIGN CURRENCY				MUTILATED
U. S. CURRENCY		AMOUNT		TO ISSUING AGENCY
DATE				
BANK OR PLACE OF ISSUE				
PAYEE				
REMITTER OR DRAWER				
1036 German marks.				

TALLY NO.	ORIG. NO. OF PKGS.	EXAMINING DATE	BOX NO.	SHEET
		24 Sept. 45		OF SHEETS
NAME		JEROME V. HARLEY		A. S. N. 12122710
ORGANIZATION				RANK S/Sgt. CASE NO.
WAREHOUSE SPACE		EXAMINED BY Probat.		DIARY REMOVED
2350		PACKED BY		PHOTO FILM REMOVED
		INSPECTED BY		MOTION PICTURE FILM REMOVED
PACKAGE DESCRIPTION		WEIGHT		SHIPPED
		STORED		DATE
				BY WHOM

[illegible]

NAME HARLEY, JEROME V. S.SGT 2710

BAY	PALLET	BOX	TALLY
61	41		2305

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
CTN		

ATTACHMENT OF PATIENTS
4300 US ARMY HOSPITAL PLANT
APO 513 US ARMY

30 May 1945

SUBJECT: Inventory of Personal Effects Of:

HARLEY JEROME V S/Sgt 12122710
(Last Name) (First Name) (MI) (RANK) (ASN)
TO: Effects Quartermaster, Communication Zone, APO 887 US Army
The above named individual of 401 Bomb Grp 615 Bomb Sqdn APO 557
(Unit)
401 Bomb Grp 615 Bomb Sqdn APO 557 was reported Dead
(Organization) (Status)
(Hospitalized, etc) about 24 May 1945
(Date)
Designated beneficiary if information readily accessible not
accessible.

INVENTORY OF EFFECTS

3 Rosaries ✓
1 New Testament ✓
1 Sweater, Wool ✓
1 Shirt (Civilian) ✓
1 Mackinaw, fur collar ✓

Money in the amount of 1036 German Marks has not been turned into
finance.

Not Known

(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 on 194
(Rail, Truck, Etc.) (Date)

W. G. HOFFMAN
Capt., MAC
CO, Det of Pnts

ATTACHMENT OF PATIENTS
43L US ARMY HOSPITAL PLANT
APO 513 US ARMY

30 May 1945

SUBJECT: Inventory of Personal Effects Of:

HARLEY	JEROME	V	S/Sgt	12122710
(Last Name)	(First Name)	(MI)	(RANK)	(ASN)
TO: Effects Quartermaster, Communication Zone, APO 887 US Army				
The above named individual of 401 Bomb Grp 615 Bomb Sqdn APO 557				
(Unit)				
401 Bomb Grp 615 Bomb Sqdn APO 557	was reported		Dead	
(Organization)			(Status)	
	about	24 May	1945	
	(Hospitalized, etc)	(Date)		
Designated beneficiary if information readily accessible				not
accessible				

INVENTORY OF EFFECTS

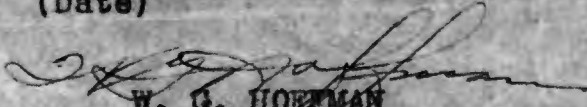
5 Rosaries
1 New Testament
1 Sweater, Wool
1 Shirt (Civilian)
1 Mackinaw, fur collar

Money in the amount of 1036 German Marks has not been turned into finance.

Not Known

(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 _____ on _____ 194_____
(Rail, Truck, Etc.) (Date)


W. G. HOEFMAN
Capt., MAC
CO, Det of Pnts

6635 Bergen Place
Brooklyn (20) N.Y.

228587
104

September 26, 1945.

Kansas City Quartermaster Depot
Army Service Forces
Army Effects Bureau

Dear Sir:

Attention: Lt. Harry Niemiec

I have received the effects of my son, S/Sgt. Jerome V. Harley, ASN 12,122,710, who died at 179th Gen'l. Hosp., Nancy, France, on 24th May last after his release from a German Concentration Camp. The effect I received were those he had left behind him in his base at England at the time he left on his last mission on July 13th, 1944.

What have become of the effects from the 179th General Hospital? Up to this writing I have not received them.

Awaiting an early reply, I am,

Sincerely,

file of Cecelia A. Harley
MRS. CECELIA A. HARLEY

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

Case No. 228527

Date 18 August 1945

JRM:GC:lk

SUBJECT: Report of transactions in disposing of the effects of

Jerome V. Harley 12122710 late a
(Name of deceased) (Army Serial Number)
Staff Sergeant Air Corps who died
(Grade) (Organization, Army or Service)
on the 24 day of May, 1945, at European Area

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

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

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

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

c. Decedent owed undisputed local creditors the sum of \$ none, which has been paid by the Summary Court-Martial from funds of decedent. (See inclosed receipt _____, Incl. _____.)

d. Disposition of decedent's effects (less money paid creditors, if any) has been made by the Summary Court-Martial by transmittal through the Quartermaster Corps, at Government expense to person found entitled (See Summary Court-Martial FINDING Below)

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 16 August 1945, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of _____

Mrs. Cecillia A. Harley 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, Thomas J. Harley of
(Name of person found entitled)

6635 Bergen Place Brooklyn State of
(Number, Street or Avenue) (City, Town or Village)

New York is the father of the
(Relationship or Capacity)

above-named decedent and appears to be entitled to receive his or her effects.

(Signature of Summary Court Officer)

JOHN E. MURPHY, Colonel, QMC
(Name, Rank, Organization)
SUMMARY COURT MARTIAL

228587

RTB:GC:lk
August 18, 1945

Mr. and Mrs. Thomas J. Harley
6635 Bergen Place
Brooklyn, New York

Dear Mr. and Mrs. Harley:

The Army Effects Bureau has received from overseas some personal effects of your son, Staff Sergeant Jerome V. Harley.

These effects are being forwarded to you in two cartons. In addition, an Air Medal with Ribbon, one Oak Leaf Cluster, and one Citation which was awarded him is being sent, under separate cover, by registered mail.

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 regret the circumstances prompting this letter, and wish to express my sympathy in the loss of your son.

Yours very truly,

HARRY NIEMIEC
2nd Lt., QMC
Chief, Correspondence Branch

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mr. Thomas J. Harley

6635 Bergen Place

Brooklyn, New York

Effects of:

Name Sgt Jerome V. Harley

ASN 12122710

Casq E23587 D

Wt.

DATE 18 August 1945

RTB:GC:lk

E. Walker
FOR: Effects Quartermaster

REMARKS:

Inclose Bureau Check

Acct. No. _____

Amount _____

Inclose "Valuables" item

Ship "Valuables" item(s)

Remove G.I.

Note discrepancy in _____

Films removed

Diary removed

Laundry removed

ROUTING:

1 Accounting Branch

2 Warehouse Division

3 Files Branch, Adm. Div.

REGISTERED

867-682

VALUABLES SHIPPED

DATE 7/23/45

BY EA

REMARKS

SEND DAMAGED PROPERTY

Franked 2581K

Est. Exp. Chgs. _____

Est. Frt. Chgs. _____

No. of package _____

Shipping Clerk

Eff. OM Form 14 (26 Dec 44)

ARMY EFFECTS BUREAU
DRY CLEANING LIST

ARMY EFFECTS BUREAU
LAUNDRY LIST

032049

TALLY
NO.

228,587

TALLY
NO.

2897

VEROME A. HARLEY

28 July 45
28 July 45-
H-2710E

H-2710E

ctn

DRY CLEANING	do not use	LAUNDRY	do not use
SHIRTS, WOOL		SHIRTS, DRESS, COTTON	
TROUSERS, WOOL		HANDKERCHIEFS	
COAT, SERVICE, WOOL		TROUSERS, COTTON	
JACKET, FIELD		TIE, COTTON	
OVERCOAT, LONG		UNDERSHIRTS, COTTON	
OVERCOAT, SHORT, WOOL		DRAWERS, COTTON	
CAP, GARRISON, WOOL		SWEATERSHIRTS, COTTON OR WOOL	
CAP, GARRISON, W/LEATHER COTTON		DRAWERS, WOOL	
CAP, SERVICE, WOOL		SOCKS, COTTON, PR.	
CAP, SERVICE, W/LEATHER COTTON		SOCKS, WOOL, PR.	
TIES, WOOL		PAJAMA TOPS	
GLOVES, LEATHER OR WOOL		PAJAMA BOTTOMS	
SCARFS		FATIGUES, 1PC, COTTON	
SWEATERS		FATIGUES, TOPS, COTTON	
TRUNKS, SWIM		FATIGUES, TROUSERS, COTTON	
		CAP, FATIGUE, COTTON	
		BELT, COTTON	
		TOWEL	
		CLOTH, WASH	
		CAP, GARRISON, "NO LEATHER" COTTON	
		CAP, SERVICE, "NO LEATHER" COTTON	
		GLOVES, COTTON	
		LEGGINGS	
		SUPPORTERS, ATHLETIC	
		SCARFS	
		TRUNKS, GYM	
		BAGS, BARACKS	

WAREHOUSE SPACE

3551

STORED BY

YK BC

WEIGHT

INVENTORIED BY

PACKED BY

Danley

CHECKED BY

Smith

DATE SHIPPED

25 AUG 1945

Q/LC

H SAIOE

H

H SAIOE

PACKAGE DESCRIPTION

I Ctn

ARMY EFFECTS BUREAU INVENTORY

DECEASED

MILITARY

P.O.W.

ABANDONED

TALLY NO.

INV. NO.

DATE

ORIG. NO.

OF PGS.

REV.

NO.

EFFECT

OF

ORGANIZATION

615 B. 3g.

101 B. 2 p. 14

NAME

A.S.N.

Jerome V. Harley

12122 710

RANK

3/Sgt

228587
88

Belt	<input checked="" type="checkbox"/>	KNIVES & WASHCLOTHS	<input checked="" type="checkbox"/>	NEGS	<input checked="" type="checkbox"/>
BELT, MONEY (NO MONEY)	<input checked="" type="checkbox"/>	CLOTHING	<input checked="" type="checkbox"/>	BAGS, CLOTHES, ETC.	<input checked="" type="checkbox"/>
Cloth, Wash	<input checked="" type="checkbox"/>	BRACELET IDENT.	<input checked="" type="checkbox"/>	BILLPOCK, (NO MONEY)	<input checked="" type="checkbox"/>
Coats	<input checked="" type="checkbox"/>	Brushes	<input checked="" type="checkbox"/>	Case	<input checked="" type="checkbox"/>
Footwear, Pr.	<input checked="" type="checkbox"/>	CAMERAS	<input checked="" type="checkbox"/>	Footlocker	<input checked="" type="checkbox"/>
Gloves, Pr.	<input checked="" type="checkbox"/>	Glasses	<input checked="" type="checkbox"/>	Air, Sea, Air, or Writing	<input checked="" type="checkbox"/>
Handkerchiefs	<input checked="" type="checkbox"/>	Knives	<input checked="" type="checkbox"/>	BOOKS	<input checked="" type="checkbox"/>
Headwear	<input checked="" type="checkbox"/>	Lighters	<input checked="" type="checkbox"/>	Books, address	<input checked="" type="checkbox"/>
Jackets	<input checked="" type="checkbox"/>	MISC.	<input checked="" type="checkbox"/>	Books, Pilot Log	<input checked="" type="checkbox"/>
Overcoats	<input checked="" type="checkbox"/>	Pen, Fountain	<input checked="" type="checkbox"/>	DIARY (REMOVED FOR DWP)	<input checked="" type="checkbox"/>
Scarfs	<input checked="" type="checkbox"/>	Pencil, Mechanical	<input checked="" type="checkbox"/>	FLIMS	<input checked="" type="checkbox"/>
Shirts	<input checked="" type="checkbox"/>	Pipes	<input checked="" type="checkbox"/>	Letters	<input checked="" type="checkbox"/>
Socks, Pr.	<input checked="" type="checkbox"/>	RELIGIOUS ARTICLES	<input checked="" type="checkbox"/>	Papers, Personal	<input checked="" type="checkbox"/>
Ties	<input checked="" type="checkbox"/>	RIBBONS, DECORATIONS	<input checked="" type="checkbox"/>	Photos	<input checked="" type="checkbox"/>
Towels	<input checked="" type="checkbox"/>	Rings	<input checked="" type="checkbox"/>	Shoe Shine Articles	<input checked="" type="checkbox"/>
Trousers, Pr.	<input checked="" type="checkbox"/>	Tobacco	<input checked="" type="checkbox"/>	SCOTT SHORTER	<input checked="" type="checkbox"/>
Trunks, Pr.	<input checked="" type="checkbox"/>	Toilet Articles	<input checked="" type="checkbox"/>	SOUVENIRS	<input checked="" type="checkbox"/>
Underwear	<input checked="" type="checkbox"/>	WATCH	<input checked="" type="checkbox"/>	SOUVENIR MONEY	<input checked="" type="checkbox"/>
				Stationery	<input checked="" type="checkbox"/>
				PASSEPORTS	<input checked="" type="checkbox"/>
				U.S. MONEY (AMOUNT)	<input checked="" type="checkbox"/>

Jerome V. Harley

ME

12122 710 3/Sgt 23 July 45

Air Medal with Ribbon, 1 Oak Leaf Cluster & 1 Citation

4-711

VALUABLE

DATE 7/27/45

REMARKS

ATTACHMENTS

FORM 754

FORM 6100

12122 710, Thomas & Harley
 4635 Bergen Place
 Brooklyn, N.Y.

Inventory

* minor broken in T. Kit
 1 piece broken, original missing
 * Broken, chain found.

C.A.T.

WAREHOUSE SPACE

408 X

STORED BY

H.K.

INVENTORIED BY

McConnell

PACKED BY

Stockton

CHECKED BY

X

OR ADDITIONAL

DATE SHIPPED

25 AUG 1945

LOCKED

STORAGE

LAUNDRY

REMOVED

FILM REMOVED

DAMAGED
LAUNDRY

SHORTAGES

Shortage not legible

U.S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

McCormell
INVENTORY CLERK

SUPERVISOR

NAME HARLEY, JEROME V. SGT 2710

BAY	PALLET	BOX	TALLY
47	52		8897
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
BOX			

1944.

615TH BOMBARDMENT SQUADRON

401st Bombardment Group (H), APO 557.

(Organization and A.P.O. Number)

SUBJECT: Transmittal of Inventory of Personal Effects.

TO : Effects Quartermaster, HTOUSA, Depot G-14, APO 507, U. S. Army.

Transmitted herewith in accordance with Adm. Cir. #80, dated 25 Oct. 1943, Hq. SOS, HTOUSA, in Inventory of Effects concerning subject named below:

(Last Name) (First Name) (MI) (Rank) (ACN) (Control No.)
ORGANIZATION 615th Bomb Sq (H) 401st Bomb Gp (H)
UNIT Not Branch of Service)

Status: (Deceased, Missing in Action, Prisoner of War) on the
day of 19 .

Designated Beneficiary (With address)

1st Lt. J. J. HANLEY
401st Bomb Gp
Hq. HTOUSA, APO 557

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. Official Check # Amt. \$ Bank
(Name and Branch)

#Bank Accounts

#Debtors

#Creditors

#Inclosed is

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

Remarks (if any)

INVENTORY OF EFFECTS
(Attach extra sheets if necessary)

Class I
Listed Correspondence ✓

Listed Photographs ✓

Listed insignia ✓

1 Billfold ✓

3 Fountain Pens ✓

1 Wallet ✓

1 Air Medal ✓

1 Ring ✓

1 Pin ✓

2 Books 0

Class II

1st Glasses ✓

1 Heavy Suit ✓

1 Sewing Kit ✓

2 Socks ✓

1 Socks ✓

1 Socks ✓

2 Socks ✓

I certify that the foregoing inventory comprises all of subject's effects and that effects were shipped to Effects QM. DTOSBA, A.P.O. 507, G-14, U. S. Army by delivering to _____ on 11 July 1944.

Kenneth B. Peters
Signature

KENNETH B. PETERS,

(Name)

1st Lt. Air Corps,

415th Bomb Sq (H).

Rank and Organization

228,587
AR

6635 Bergen Place
Brooklyn (20) N.Y.

August 10, 1945.

Kansas City Quartermaster Depot
Army Effects Bureau
Kansas City 1, Mo.

Dear Sir:

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

In connection with your letter of April 25 last my son Staff Sergeant Jerome V. Harley ASN 12 122 710 died in the 179th General Hospital at Nancy, France, on May 24, 1945, after his release from a German Prison Camp.

Sergeant Harley was not married and his father is deceased since January 19, 1945. I am his mother and his nearest of kin.

Expecting a favorable and early reply, I am,

Yours truly,

Cecilia A. Harley
(Mrs.) Cecilia A. Harley



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

IN REPLY REFER TO 223,587

JRM:CH:lmh
April 25, 1946

Mrs. Cecelia A. Harley
6635 Bergen Place
Brooklyn, New York

Dear Mrs. Harley:

This refers to your recent letter inquiring about the personal effects of your son, Staff Sergeant Jerome V. Harley.

To date no property belonging to your son has been received at this Bureau. All War Department Agencies are under instructions to forward personal effects of military personnel to the Army Effects Bureau; however, due to transportation difficulties and other delays encountered enroute, the time of arrival at this Bureau is quite uncertain.

To make proper disposition of the property, when received here, it is necessary that we have certain information regarding Sergeant Harley. I would like to know if he is married, and if so the name and address of his wife, also the name and address of his father.

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

Yours very truly,

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

1 Incl--Envelope

228,587 CP

6635 Bergen Place
Brooklyn, N. Y.
March 13, 1945.

IMMEDIATE ACTION

U. S. Army
Personal Effects Bureau
Kansas City, Mo.

Gentlemen:

Re S/Sgt. Jerome V. Harley, 12122710
401st Bomb. Group, 615th Bomb Sqdn.
APC 557 1/2 P.M., N.Y., N.Y.

The above mentioned subject was reported "missing in action" as of June 13th, 1944, and up to this writing none of his personal effects have been returned to his nearest of kin.

Will you please take the trouble and find out where they can be located?

Very truly yours,

(Mrs.) *Cecilia A. Harley*
CECILIA A. HARLEY
(subject's mother)

3-28-45
m94

file

C O P Y
KCQMD
AEB-wdt

EFFECTS QUARTERMASTER U.K.
DEPOT G-14
United States Army

HGL/jg

15th October, 1944.

SUBJECT: Transmittal of Inventories of Effects.

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

1. The attached Inventories have been on hand at this office for 30 days or more; the effects to which they refer have never been received by this office. It is believed the effects may have been erroneously forwarded direct to your office, to the beneficiary; or to the Effects Quartermaster in France. In view of the fact that we are unable to contact the Units to ascertain disposition of the effects, and that ultimately all effects will be received by your office, we are forwarding these forms for your records.

2. The method of handling Form 54's at this office is that all Form 54's are checked against effects on hand. Where effects have been received, such forms will be forwarded by letter of transmittal to your office giving information as to the disposition of the effects, and at the expiration of one month, if no effects are received, the forms will be transmitted to your office in accordance with paragraph 1.

R. J. MOULTON.
Lt. Col. QMC.
Effects Q M U.K.

Incls: Inventories and
List in duplicate.