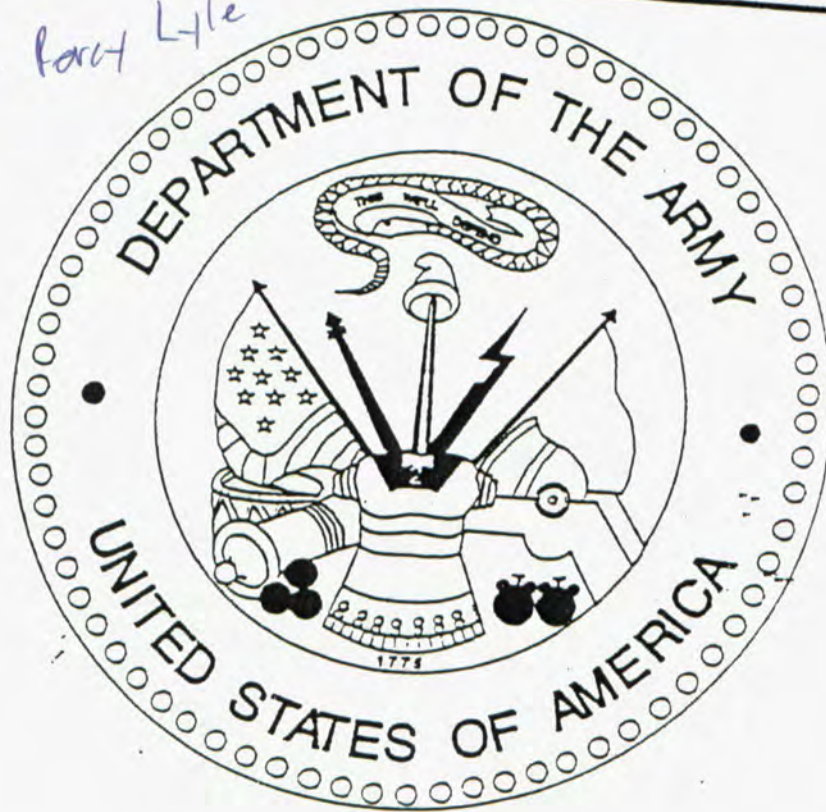


Staff Sgt Percy Lyle



# INDIVIDUAL DECEASED PERSONNEL FILE

RRE Form #43

20 Sep 48

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

*Sm*  
LYLE

(Last Name)

PERCY

(First Name)

NONE

(Initial)

S/SG

(Rank)

13016153

(ASN)

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

Incl #

CHECK LIST FOR DISINTERMENTS  
(To accompany Report of Burial)

Only Part I should be completed, if identification tags are available.  
Both Part I & Part II should be completely filled out if identification tags are not available.  
If information is unavailable, so indicate.

PART I  
(Positive Identification)

1. Lyle, Percy NMI s/sgt. Unk 13016153 91 Bomb AFB  
(Full name of deceased) (Rank) (ASN) (Organization)  
2. State if identification tags were attached to remains, how many, and where attached Yes, one around neck  
3. Give exact location from which disinterred, furnishing coordinates and map series used Thallichenberg, Germany. Map of Trier, sheet k 50, L 72-07  
(NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS. Not available)  
4. Full name of cemetery (if buried in an organized cemetery) Cemetery at Thallichenberg, Germany.  
5. Approximate or established date of death (state which & give basis for date selected) Approx. 20 Jan 44. Report of deceased person states that plane crashed on this date.  
6. Approximate or established date of burial (give basis for date established) Approx. 29 Jan 44. Same as above.  
7. Manner in which grave was marked and all information contained on the marker Unknown  
8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individuals concerned None  
9. Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local Mayor, priest, cemetery caretaker, those responsible for burial and any other possessing important information) Burgomeister at Lebach, Germany.

PART II  
(Doubtful or Undetermined Identification)

10. Fill in any information available regarding name, rank, ASN, or organization (Check cemetery records and office) \_\_\_\_\_  
11. \_\_\_\_\_  
(Est Height) (Est Weight) (Color of Hair) (Color of Eyes)  
12. Give description of facial features and body characteristics if possible, including the presence of scars, moles, circumcision, tattoos, length of hair, presence of mustache or beard, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# REPORT OF DECEASED PERSON

Identified X Unidentified        Buried X Unburied        Report Number 123

Name Lyle, Percy (NMI) Rank UNK ASN 13016153  
THALLICHENBERG 1-72-07

Location of Body: Town Schwarzenorden Country Germany Coordinates 1-60701

Reported by: Det I-11-G-2, Co G, 2d ECA Regt. APO 658 Date 13 May 45

Evacuated by: 3<sup>rd</sup> Lt. 30479MGR. REG. Co Date 15 JUN 45

Evacuated to: HAMM, LUXEMBOURG Cemetery Date 15 JUN 45

Means of Identification From Initial Report: Tags 1. ☐ 2. ☐ Paybook ☐

Officer's AGO Card ☐ Clothing Marks ☐ Letters ☐ Certificate of Ident. ☐

Bracelet ☐ OTHER       

## ACTUAL MEANS OF IDENTIFICATION BY CR PERSONNEL

1. If no contradictory evidence exists any one item below constitutes positive identification.	2. If no contradictory evidence exists two or more items below constitutes positive identification.
Identification tags worn around neck. (Check 1. <input checked="" type="checkbox"/> or 2. <input type="checkbox"/> )	Identification tags carried elsewhere than around neck. (Check 1. <input type="checkbox"/> or 2. <input type="checkbox"/> )
Official Identification Card No. <u>      </u>	Motor vehicle operators permit (Govt. or civilian)
Pay Book or Pay Data Card.	Personal papers or letters.
Signed statement of Identity (attached herewith)	Engraved jewelry.
Emergency Medical Tag, signed by an Officer, indicating the names, etc., obtained from deceased before death.	Clothing markings particularly on leggings and belt.
	Miscellaneous <u>      </u> (Explain)

Remarks: Member of a plane crew that crashed on 29 Jan 44. Members of plane crew buried in Jewish Cemetery in Schwarzenorden - L.P. Butar, Lee E. Anthony, Oda R. Aard, Wm. R. Fusco, Khock, Geo. W. Dean H. Burriott, Edward C. Toomey, H.H. Harding, John W. Greider.

Serial 6

REPORT OF DECEASED PERSON (cont'd)

THIS SPACE FOR SKETCH MAP OF LOCATION OF UNIDENTIFIED BODY OR FOR LOCATION OF DIS-  
INTERMENT.

INSTRUCTIONS: Show reference points, directions and distances. For directions show compass azimuths, or clock dial (in minutes) indicating principal reference point as 12 O'clock.

DISTRIBUTION:

- One (1) - Army QM.
- One (1) - Corps QM.
- One (1) - GR Unit.
- One (1) - To accompany Body.

REPORT COMPLETED BY:

*Joseph E. Tavanagh, 1st Lt*  
Name Rank  
*3rd Bn 3047 QMGR REG Co.*  
Organization  
*APD-408*  
Town Country

15TH A - GR&E (Prepare in Quadruplicate)

11 March 1949

24  
S/Sgt Percy Lyle, ASN 13 016 153  
Plot E, Row 4, Grave 11  
Headstone: Cross  
Hamm (Luxembourg) U. S. Military Cemetery

Mrs. Anna Lyle  
Slayden, Tennessee

Dear Mrs. Lyle:

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

how

1. FILE UNDER NO.

293 - LYLE, Percy 13016153

### SYNOPSIS

2. TYPE OF DOCUMENT:

MEMO

3. DATE:

18 Nov. 1947

4. FROM:

AGU

5. TO:

MEMORANDUM FOR RECORD

6. SUBJECT:

Date of Death of 2nd Lt. Gna N. Acord, 0751709, and T/Sgt  
Dean H. Marriott, 12168092

The following named Air Force personnel were reported missing in action 29 Jan 1944 by Casualty Section Message No. 040072; continued in a missing in action status as of 30 Jan 1945; and presumed dead 14 April 1945 by SR&D Case No. 2041:

Anthony, Lee E. 0804584 Second Lieutenant

.....

7. DOCUMENT FILED

UNDER NO.

293 - GRS, European

(Missing Air Crew)

utf 3

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

## REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

S/Sgt. Percy Lyle, 13 016 153  
 Plot 2, Row 3, Grave 52,  
 United States Military Cemetery  
 Hana, Lauenburg

31 July 1947

A		C	
B		D	

Mrs. Anna Lyle 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 a 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

1. Mrs. Anna Lyle

(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

(Please indicate relationship to the deceased by placing "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. Lauenburg
- ☐ 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

PRIVATE CEMETERY LOCATED AT \_\_\_\_\_

(LOCATION OF CEMETERY SELECTED)

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

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

☐ YES ☐ NO

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

NONE

Mar 22 1948

Coded 12 March 48  
Hallagher

OQMG FORM 345 MILITARY  
 14 NOV 1946

16-50411-1

FEB 10

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			
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.

✓ Mrs. Anna Lyle (SIGNATURE OF NEXT OF KIN)  
Mrs Anna Lyle (NAME PRINTED OR TYPED)  
Slayden, Tenn. (CITY AND STATE)  
 (STREET AND NUMBER)

Subscribed and duly sworn to before me according to law by the above-named applicant this 3 day of Sept  
 1947, at city (or town) of Ellis Mills, county of Houston, and State (or Territory or District) of \_\_\_\_\_

E. B. Rankin  
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

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

PAGE 2 My Commission Expires Jan 1947.

(OFFICIAL TITLE)

S/Sgt. Percy Lyle, 13 016 153  
Plot Z, Row 3, Grave 52,  
United States Military Cemetery  
Hamm, Luxembourg

31 July 1947

Mrs. Anna Lyle  
Route #1  
Slayden, Tennessee

Dear Mrs. Lyle:

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.

ima

JUL 30 3 14 PM '47  
O. Q. M. S.  
MAIL & RECORDS SECTION

31  
SPQYG 293  
Lyle, Percy

23 April 1946

Mrs. Anna Lyle  
Route #1  
Slayden, Tennessee

Dear Mrs. Lyle:

The War department is most desirous that you be furnished information regarding the burial location of your son, the late Staff Sergeant Percy Lyle, A.S.N. 13 016 153.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery, Hamm, Luxembourg, plot Z, row 3, grave 52.

This cemetery is located approximately two miles east of the city of Luxembourg, and is under the constant care and supervision of United States military personnel.

It is anticipated that, in the near future, the War Department will receive authority to comply, at Government expense, with your wishes regarding final interment, here or abroad, of the remains of your son. 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 the loss of your son.

Sincerely yours,

T. B. LARKIN  
Major General  
The Quartermaster General

11 10 11 13  
D. M. G.  
RECORDS BRANCH

LM

# REPORT OF BURIAL

16 June 45

TM 10-630 AND AR 30-1815

Lyle Percy NMI

Date

13016153

Last Name

First

Initial

Rank

Serial No.

USAAF

96 BMB

Sgt H

VP

Unit

Organization

Thallichenberg, Germany

Apr 29 Jan 44

Plane crash

0950 16 June 45

Place of Death

Date of Death

Cause of Death

US Mil Cem

Hamm, Lux.

VP 8713

Time and Date of Burial

52

Name of Cemetery

Name or Coordinates of Location

Row Number

Plot Number

Cross

Type of Marker

Disposition of Identification Tags: Buried with body

Yes

No

Attached to Marker

Yes

No

If No Identification Tags

Embossed plate

How were remains identified?

What means of identification were buried with the body?

Percy

Thallichenberg

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

Who is buried on:

Deceased's Right:

Pautler

32580976

Unk

89 Div

51

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

Clark

17156525

Cpl

89 Div

53

Name

Serial No.

Rank

Organization

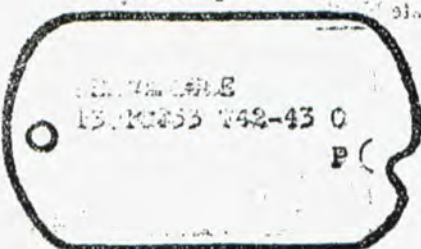
Grave No.

Body brought in by Sgt Gallo, 3047th GRS Co

Signature of Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.

Robert George Green II

If print of identification tag is not affixed fill in below:



Emergency Addressee Unknown

Name

Address

Religion Protestant

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

None

Signature of Officer or other person reporting burial

G. F. ZERNER JR.

3045th QM Gr Reg Co

RESTRICTED

1st Lt. QMC

40

CHECK LIST FOR DISINTERMENTS  
(to accompany Report of Burial)

Only Part I should be completed, if identification tags are available.  
Both Part I & Part II should be completely filled out if identification tags are not available.  
If information is unavailable, so indicate.

PART I  
(Positive Identification)

- 143
1. Lyle, Percy NMI Unk 13016153 USAF  
(Full name of deceased) (Rank) (ASN) (Organization)
2. State if identification tags were attached to remains, how many, and where attached Yes, one around neck
3. Give exact location from which disinterred, furnishing coordinates and map series used Thallichenberg, Germany, map of Trier, sheet k 50, L 72-07
- NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS. Not available
4. Full name of cemetery (if buried in an organized cemetery) Cemetery at Thallichenberg, Germany.
5. Approximate or established date of death (state which & give basis for date selected) Approx. 20 Jan 44. Report of deceased person states that plane crashed on this date.
6. Approximate or established date of burial (give basis for date established) Approx. 29 Jan 44. Same as above.
7. Manner in which grave was marked and all information contained on the marker Unknown
8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individuals concerned None
9. Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local Mayor, priest, cemetery caretaker, those responsible for burial and any other possessing important information) Burgomeister at Tetsch, Germany.

PART II  
(Doubtful or Undetermined Identification)

10. Fill in any information available regarding name, rank, ASN, or organization (Check cemetery records and office)
11. \_\_\_\_\_  
(Est Height) (Est Weight) (Color of Hair) (Color of Eyes)
12. Give description of facial features and body characteristics if possible, including the presence of scars, moles, circumcision, tattoos, length of hair, presence of mustache or beard, etc. \_\_\_\_\_

13. Give as detailed description as possible of condition and amount of remains

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Give probable cause of death, type & location of wounds (is there evidence that body was burned)

\_\_\_\_\_  
\_\_\_\_\_

15. Give minute description of all effects, clothing & shoes, including clothes, markings & sizes, as well as shoe size. List each item of clothing, with a description of any unusual cuts, design markings, pockets, colors, patches, etc. Also list, with detailed descriptions, all effects without intrinsic value, such as gum, food, soap, papers, letters, tobacco, etc., giving brands when applicable:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Give description of any vehicle found in the area that could be connected with the death of the deceased

\_\_\_\_\_  
(Type) (WD Serial No.) (Organization) (Serial No. &

Type of each Gun)

17. Give exact location of remains in vehicle before removal

\_\_\_\_\_

18. If buried in a coffin, give description and markings

\_\_\_\_\_  
\_\_\_\_\_

19. List names of all other deceased persons buried in the vicinity. Also give available information concerning the cause & place of death of each that may assist in identification of those remains

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Other pertinent information which would aid in establishing identity

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Individual in Charge of Disinterment) (Rank) (ASN) (Organization)

(Date)

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

—BATTLE CASUALTY REPORT

AG 201	NAME	GRADE	1945 JUL 23 DATE CAS. REPORT RECD
NAME AND ADDRESS OF E. A.	MRS ANNA LYLE/MOTHER ROUTE NUMBER ONE SLAYDEN, TENNESSEE		08 DATE TELEGRAM SENT 46

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

THE SECRETARY OF WAR HAS ASKED ME TO EXPRESS HIS DEEP REGRET THAT YOUR

GRADE	NAME	SERIAL NUMBER	ARM OR SERVICE	REPORTING THEATRE	F OR J STATUS	SHIPMENT NUMBER
S. SG	LYLE PERCY	13016153	AC	ETO		20
TYPE OF CASUALTY		PLACE OF CASUALTY		DATE OF CASUALTY		CASUALTY CODE
KILLED IN ACTION		IN GERMANY		29	JAN 44	1J

REMARKS:

☐ CORRECTED COPY

FINDING OF DEATH HAS BEEN ISSUED PREVIOUSLY UNDER SEC 5, PUBLIC LAW 490, 7 MARCH 1942, AS AMENDED, SHOWING PRESUMED DATE OF DEATH AS 14 APRIL 1945. THIS "REPORT OF DEATH" BASED ON INFORMATION RECEIVED SINCE THAT DATE IS ISSUED IN ACCORDANCE WITH SEC.9 OF SAID ACT, AND ITS EFFECT ON PRIOR PAYMENTS AND SETTLEMENTS IS AS PRESCRIBED IN SEC.9/

FILE  
AUG 6 - 1945

ACTION BY COMPOSITE SECTION: REPORT VERIFIED		FORM 43	AG 201 REQ
CASUALTY BRANCH FILE ATTACHED	OR CHARGED TO	Certif	DATE
PREVIOUSLY REPORTED	NO	YES	(AS INDICATED BELOW)
FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA
#104/25-C-A		D	14 Apr 45 ETO
FORWARDED TO	SPEC. IDEN.	C. & P.	TELEGRAM
	LETTER	CERTIF.	F. REL.
	CORRES.	REPAT.	S. R. & O.
	NC		
REPORT NOT VERIFIED	NO FORM 43	NO CAS. BR. FILE	REVIEWED BY
DISTRIBUTION "A"	COPIES	DISTRIBUTION "B"	COPIES

WD AGO FORM 0365  
1 MAY 1945  
EDITION OF 1 JAN. 1945 MAY BE USED.

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

REPORT OF DEATH

ms/3709

DATE

31 July 1944

FULL NAME <b>Lyle, Percy</b>		ARMY SERIAL NUMBER <b>13 016 153</b>	GRADE <b>S/SGT</b>
HOME ADDRESS <b>Slayden, Tennessee</b>		ARM OR SERVICE <b>Air Corps</b>	DATE OF BIRTH <b>31 Mar 19</b>
PLACE OF DEATH <b>European Area</b>	CAUSE OF DEATH <b>Killed in action</b>		DATE OF DEATH <b>29 Jan 44</b>
STATION OF DECEASED <b>European Area</b>	DATE OF ENTRY ON CURRENT ACTIVE SERVICE <b>7 Jan 41</b>		LENGTH OF SERVICE PAY PURPOSES YEARS MONTHS D <b>Over 3 Years</b>

EMERGENCY ADDRESSEE (Name, relationship, and address)

**Mrs. Anna Lyle, mother, Route 1, Slayden, Tennessee**

BENEFICIARY (Name, relationship, and address)

**Anna Lyle, mother, same as above**  
**Claudell Lyle, sister, 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 <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/>	NO	YES	NO <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/>	NO	YES	NO	YES <input checked="" type="checkbox"/>	NO	YES	NO

ADDITIONAL DATA AND/OR STATEMENT ☒ BATTLE ☐ NON-BATTLE

Finding of death has been issued previously under Sec. 5, Public Law 490, 7 Mar 42, as amended, showing presumed date of death as 14 April 1945. This "Report of Death" based on information received since that date is issued in accordance with Sec.9 of said act, and its effect on prior payments and settlements is as prescribed in Sec.9.

BY ORDER OF THE SECRETARY OF WAR

*[Signature]*

ADJUTANT GENERAL

FILE  
AUG 4-1945  
VC

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

**-BATTLE CASUALTY REPORT**

AG 201	NAME	GRADE	DATE CAS. REPORT RECEIVED
NAME AND ADDRESS OF E. A.	MRS. ANNA LYLE, /MOTHER/ ROUTE 1, SLAYDEN, TENNESSEE.		185 APR 17 18 40 DATE TELEGRAM SENT

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

RELATIONSHIP							
GRADE	NAME	SERIAL NUMBER	ARM OR SERVICE	REPORTING THEATRE	P OR J STATUS	SHIPMENT NUMBER	
S/SGT	LYLE, PERCY	13016153	AC		L	104125	C-1X
TYPE OF CASUALTY		PLACE OF CASUALTY		DATE OF CASUALTY		CASUALTY CODE	
*		IN		DAY MONTH YEAR			
				** ** *			

**REMARKS:**

AG 201 /14 APR 45/

☐ CORRECTED COPY

PLACE--ETO. LINE OF DUTY, <sup>NOT</sup> OWN MISCONDUCT, ON DUTY STATUS. \*FINDING OF DEATH OF MISSING PERSON WAS MADE IN THE CASE OF THIS INDIVIDUAL UNDER PROVISIONS OF PUBLIC LAW 490, 7 MARCH 1942, AS AMENDED. \*\*PRESUMED DATE OF DEATH. 14 APRIL 45. MEMO. CHIEF, CASUALTY BRANCH.

ACTION BY PROCESSING AND VERIFICATION SECTION										REPORT VERIFIED	FORM 43	AG 201 REQ.
CASUALTY BRANCH FILE ATTACHED										OR CHARGED TO		DATE
PREVIOUSLY REPORTED										NO	YES	(AS INDICATED BELOW)
FILE NO.	MESSAGE NO.		TYPE		DATE AND AREA		E. A. NOTIFIED					
Sup 7040072-8-C			MIA		29 Apr 45 ETO		12 Apr 44					
FORWARDED TO												
	SPEC. IDEN.	TELEGRAM	WOUNDED	LETTER	CORRES.	S. R. & D.	CERTIF.	M.	NON-DEL.			
REPORT NOT VERIFIED	NO FORM 43	NO CAS. BR. FILE	CHECK	18 Apr 45	REVIEWED BY Kellogg							

DISTRIBUTION "A" ☐ 18 COPIES  
 (ALL TYPES OF CASUALTIES PERTAINING TO MILITARY PERSONNEL EXCEPT 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.

293 Lyle, Percy

13016153

3/8

*file*

ARMY SERVICE FORCES  
KANSAS CITY QUARTERMASTER DEPOT  
ARMY EFFECTS BUREAU  
601 Hardesty Avenue  
Kansas City 1, Missouri

(S-3-27-45)

JRM:VC:okm

January 27, 1945

In Reply Refer To: 68541

Mrs. Anna Lyle  
R. F. D. #1  
Slayden, Tennessee

Dear Mrs. Lyle:

The Army Effects Bureau has received and is forwarding to you some additional property belonging to your son, Sergeant Percy Lyle.

As previously indicated, my action in forwarding such effects does not, of itself, vest title in you. The property is transmitted in order that you may safely keep it on behalf of the owner, pending change in his status.

When delivery has been made, I shall appreciate your acknowledging receipt by signing one copy of this letter in the space provided below, and returning it to this Bureau.

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

Yours very truly,

*E. L. Richter*

E. L. RICHTER  
Administrative Assistant  
Army Effects Bureau

Incl--  
Envelope

Receipt acknowledged:

Mrs. Anna Lyle  
(Signature of Addressee)

Feb. 7, 1945  
(Date)

ARMY SERVICE FORCES  
KANSAS CITY QUARTERMASTER DEPOT  
601 Hardesty Avenue  
Kansas City 1, Missouri

In the matter of disposition  
of the personal property of:

Case No. 68541 (ma)  
(3-6-30-44)

<sup>293</sup>  
Sgt. Percy Lyle  
(Name of officer or soldier)

13016153

(Serial Number)

RECEIPT FOR PERSONAL PROPERTY  
DELIVERED TO BAILEE BY ARMY EFFECTS BUREAU

I hereby acknowledge that I have received from the Army Effects Bureau,  
Kansas City, Missouri, for safe-keeping, the following personal property of the  
above-named officer or soldier:

No.	Articles	No.	Articles
1	American Express Co. Travelers' Check #01144099 amount \$10.00		
5	American Express Co. Travelers' Checks Nos. 24637692 to 24637696 inclusive, for \$20.00 each total amount \$100.00		
9	American Express Co. Travelers' Checks Nos. D2267893 to D2267899 incl & D2273320-1, for \$50.00 each total amount \$450.00		

I agree to safely keep and store the above-listed personal property  
pending the return of said officer or soldier, and to deliver the same to  
him or to the Army Effects Bureau, Kansas City, Missouri, upon request. I  
further agree, in the event the above-named officer or soldier subsequently  
becomes a casualty, to turn said property over to the person or persons legally  
entitled to receive the same.

Subscribed at Rt. 1, Slayden, Tenn. on this 5 day of  
(City, town or village and state)  
June, 1944

Witnessed by:

/S/ Jennie Sullivan  
(Signature of witness)

/S/ Mrs. Anna Lyle  
(Signature of bailee in ink)

Rt. 1, Slayden Tennessee  
(Address)

Rt. 1, Slayden, Tenn.  
(Address)

Certified a True Copy

ML:jeb

FORM 100 (Rev. 5/17/44) G. W. BROWN, JR.

*[Handwritten signature]*  
5/15/44

*file*

ARMY SERVICE FORCES  
KANSAS CITY QUARTERMASTER DEPOT  
ARMY EFFECTS BUREAU  
601 Hardesty Avenue  
Kansas City 1, Missouri

(S-3-27-45)

JRM:VC:okm

January 27, 1945

In Reply Refer To: 68541

Mrs. Anna Lyle  
R. F. D. #1  
Slayden, Tennessee

Dear Mrs. Lyle:

The Army Effects Bureau has received and is forwarding to you some additional property belonging to your son, Sergeant Percy Lyle.

As previously indicated, my action in forwarding such effects does not, of itself, vest title in you. The property is transmitted in order that you may safely keep it on behalf of the owner, pending change in his status.

When delivery has been made, I shall appreciate your acknowledging receipt by signing one copy of this letter in the space provided below, and returning it to this Bureau.

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

Yours very truly,

*E. L. Richter*

E. L. RICHTER  
Administrative Assistant  
Army Effects Bureau

Incl--  
Envelope

Receipt acknowledged:

Mrs. Anna Lyle  
(Signature of Addressee)

Feb. 7, 1945  
(Date)

ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO: Mrs. Anna Lyle

Effects of:  
Name Sgt. Percy Lyle

R. F. D. #1

ASN 13016153

Slayden, Tennessee

Case No. 68541-M

Wt.

DATE January 27, 1945

Campbell:okm

*R. M. null*  
FOR: Effects Quartermaster

REMARKS:

Enclose 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

Warehouse Division

Files Branch, Adm. Div.

REMARKS:

Franked **FRANKED**

Est. Exp. Chgs. \_\_\_\_\_

Est. Frt. Chgs. \_\_\_\_\_

No. of packages 1

*1 Ctn*  
JAN 30 1945

FEB 13 1945

JAN 27 1945

*mk*  
Shipping Clerk

# INVENTORY OF EFFECTS

Lyle Percy (NMI) 13016153  
 (Last Name) (First Name) (Middle Initial) (Serial Number)  
 late a S/Sgt. 338th Bombardment Squadron (H), Army Air Forces  
 (GRADE) (Organization or arm of service)  
 Missing In Action on the 29 January 1944

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

6066	Articles	Box No.	No.	Articles	Box No.
2 ea	Billfold	✓	8	Travelers Checks Nos	8
1 ea	Electric Razor Remington	✓	8	01144099 - \$10.00	D-2267893
1 ea	Pen, Fountain (Shaffear)	✓	8	2.4637692	7894
1 bar	Ribbon, Good Conduct, ETO	✓	8	7693	7895
	American Defense	✓	8	7694 \$20 ea	7896 \$50.00 Each
1 pr	Wings, Gannara	✓	8	7695	7897
				7696	7898
				D-2267899	50.00 Each
				D-2273320 & D-2273321	

## CLASS II - Other Effects

No.	Articles	Box No.	No.	Articles	Box No.
1 ea	Shaving Kit	✓			
1 ea	Book, (Aviation Mechanic)	✓			
2 ea	Caps, Garrison, WOD	✓			
2 ea	Caps, Garrison, Cotton	✓			
2 ea	Hockties	✓			
2 pr	Trunks	✓			
1 pr	Box	✓			
5 ea	Drawers, Cotton	✓			
5 ea	Undershirts, Cotton	✓			
5 ea	Towels Bath	✓			

BENEFICIARY:

Mother

Mrs. Mrs. Anna Lyle  
Slayden, Tennessee

MONEY: Government Check (L 9-10-0) (\$ 38.33) Check direct to Quatermaster ETOUSA.

I certify that the foregoing inventory comprises all the effects of the deceased whose name appears hereon, and that the effects were delivered to: Effects Quartermaster, General Depot, O-14, APO 507, U. S. Army.

\*The effects of Class I have been forwarded to the Adjutant General and those of Class II have been sold.

*Seymour Topor*

SEYMOUR TOPOR,  
Captain, Air Corps,  
Adjutant.

AAF Station #135.  
 (Station)

( 14 February , 19 44 )  
 (Date)

AGO Form #54

SHEET <u>1</u> OF <u>1</u> SHEETS		<b>ARMY EFFECTS BUREAU INVENTORY</b>		DECEASED <input type="checkbox"/> MISSING <input type="checkbox"/> POW <input type="checkbox"/> ABANDONED <input type="checkbox"/>	
BOX NUMBER		ORIGINAL NUMBER OF PACKAGES <u>1</u>			
TALLY NUMBER <u>6204</u>		INVENTORY DATE <u>9 Jan 45</u>		CASE NUMBER <u>68541</u>	
EFFECTS OF <u>Percy Lyle</u>				RANK	
A.S.N. <u>13016153</u>		ORGANIZATION			
PACKAGE DESCRIPTION <u>4 Canteen</u>					

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

REMARKS:	ATTACHMENTS: <input checked="" type="checkbox"/> FORM #54 <input checked="" type="checkbox"/> FORM #100
<p style="text-align: right; margin-right: 50px;"><i>file in 1-24</i></p> <p><i>* found part of checkbook showing, Nos.</i></p> <p><i>C.A.T. Mrs Anna Lyle. (mother)</i></p> <p><i>Slayden Tennessee</i></p>	

WAREHOUSE SPACE <u>1213</u> INVENTORIED BY <u>Charles Meadows</u>	STORED BY <u>JCm</u> JAN 12 1945 DATE WHIPPED <u>JAN 30 45</u> CHECKED BY <u>C</u>
--	---

WEIGHT  #43 OR	GI REMOVED <input checked="" 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
----------------------	---

SHORTAGES

U S GOVT. CHECK SHORT

15 Travelers Checks, nos.

1-@ - \$10

5-@ - \$20

9-@ - \$30

total - \$560.00 *Reid*

NUMBER

DATE

SYMBOL

AMOUNT

L 9-10-0

\$38.33

*per*

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

*Meadows*  
INVENTORY CLERK

*B. J. Fick*  
SUPERVISOR

G.I. REMOVED



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

(S-11-20-44)  
JRM:VM:mg  
October 20, 1944

IN REPLY REFER TO # 68541 Mc

Mrs. Anna Lyle  
R.F.D. #1  
Slayden, Tennessee

Dear Mrs. Lyle:

Thank you for acknowledging receipt of the property sent you belonging to your son, Sergeant Percy Lyle.

Since writing you on May 30, the Army Effects Bureau has received additional funds in the amount of \$38.33, belonging to Sergeant Lyle. A check for this amount is inclosed herewith.

As previously stated, the forwarding of funds by this Bureau does not, of itself, vest title in you. The money is transmitted in order that you may safely keep it on behalf of the owner pending his return, or the receipt of additional information.

Please acknowledge receipt of the check in the space provided below. For your convenience, there is inclosed an addressed envelope which needs no postage.

Please be assured that in the event additional property of your son is received in the future, you will be notified promptly.

Yours very truly,

*B. B. Friess*

B. B. FRIESS  
Administrative Assistant  
Army Effects Bureau

2 Incls--  
Check  
Envelope

Receipt acknowledged.

*Mrs Anna Lyle*

Signature

*Oct. 31, 1944*

Date

*file  
fr*

REQUEST FOR INCLOSURES

Case No. 68541 M

JRM:VM:mg  
October 20, 1944

TO:

~~Locked Storage Fund~~

X Accounting Unit for Check:

Account No. 52477 Amount \$ 38.33 *sv*

Account No. \_\_\_\_\_ Amount \$ \_\_\_\_\_

TOTAL -\$ \_\_\_\_\_

Payable to:

Anna Lyle

Slayden, Tennessee ✓

Correspondent VM VL

Check No. 29420

Initials \_\_\_\_\_ PM

52477

68541

OCTOBER 21

44

ANNA LYLE

38.33

THIRTY-EIGHT AND 33/100

MAJOR Q.M.C.  
ASST.

Army Service Forces  
KANSAS CITY QUARTERMASTER DEPOT  
601 Hardesty Avenue  
Kansas City 1, Missouri

In Reply Refer To SPDK 332.3

JMM:HF:rmn  
30 June 1944

SUBJECT: Disposal of personal effects

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

There are transmitted herewith certified copies of receipts executed by bailees for personal property of the following-named personnel, reported missing in action:

<u>CASE NO.</u>	<u>NAME</u>	<u>RANK</u>	<u>SERIAL NO.</u>	<u>BAILEE</u>
34325	Fassoulis, Satiris C.	2nd Lt.	O-744041	Mrs. Anastasia F. Fassoulis (mother)
34527	Emerick, Russel S.	2nd Lt.	O-793089	Mrs. Cleo G. Emerick (mother)
34587	Stankus, Jack G.	S/Sgt.	35382940	Mr. Anthony I. Stankus (father)
63753	Finck, Peter H.	S/Sgt.	11023638	Mr. R. W. Finck (father)
68541	Lyle, Percy	Sgt.	13016153	Mrs. Anna Lyle (mother)

For the Effects Quartermaster:

G. H. GALVIN, JR.  
1st Lt. Q.M.C.  
Chief, Administrative Control Branch

6 Incls—Receipts

ARMY SERVICE FORCES  
KANSAS CITY QUARTERMASTER DEPOT  
601 Hardesty Avenue  
Kansas City 1, Missouri

In the matter of disposition  
of the personal property of:

Case No. 68541 (m)  
(S-6-30-44)

Sgt. Percy Lyle  
(Name of officer or soldier)

RECEIPT FOR PERSONAL PROPERTY  
DELIVERED TO BAILLE BY ARMY EFFECTS BUREAU

13016153  
(Serial Number)

I hereby acknowledge that I have received from the Army Effects Bureau,  
Kansas City, Missouri, for safe-keeping, the following personal property of the  
above-named officer or soldier:

No.	Articles	No.	Articles
1	American Express Co. Travelers' Check #01144099 amount \$10.00		
5	American Express Co. Travelers' Checks Nos. 24637692 to 24637696 inclusive, for \$20.00 each total amount \$100.00		
9	American Express Co. Travelers' Checks Nos. D2267893 to D2267899 incl & D2273320-1, for \$50.00 each total amount \$450.00		

I agree to safely keep and store the above-listed personal property  
pending the return of said officer or soldier, and to deliver the same to  
him or to the Army Effects Bureau, Kansas City, Missouri, upon request. I  
further agree, in the event the above-named officer or soldier subsequently  
becomes a casualty, to turn said property over to the person or persons legally  
entitled to receive the same.

Subscribed at Rt. 1, Slayden, Tenn. on this 5 day of  
(City, town or village and state)  
June, 1944

Witnessed by:

Jennie Sullivan Mrs. Anna Lyle  
(Signature of witness) (Signature of bailed in ink)  
Rt. 1, Slayden, Tennessee Rt. 1, Slayden, Tenn.  
(Address) (Address)

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

*[Signature]*  
(S-6-30-44)  
JRM:BF:ms  
May 30, 1944

IN REPLY REFER No. 68541-M

Mrs. Anna Lyle  
Slayden, Tennessee

Dear Mrs. Lyle:

Thank you for the information furnished in your letter of May 16 regarding your son, Sergeant Percy Lyle.

I am inclosing fifteen American Express Company Travelers Cheques in the total amount of \$560.00.

My action in forwarding this property does not, of itself, vest legal title in you. The money is transmitted in order that you may safely keep it on behalf of the owner, pending his return. In the event he is later reported as a casualty, these funds should be distributed according to the laws of the state of his legal residence. I sincerely hope that such distribution will not be required.

I will appreciate your signing one copy of the inclosed receipt, indicating that you will act in the capacity stated, and returning it to this Bureau. For your convenience, there also is inclosed an addressed envelope which requires no postage.

All War Department agencies are under instruction to forward personal effects of military personnel to the Army Effects Bureau for disposition; money, as a rule, is transmitted by mail in advance of other property. In the event additional belongings of your son are received at a later date, you will be notified promptly.

Yours very truly,

G. R. JOHNSON  
1st Lt. Q.M.C.  
Chief Fiscal Section  
Administrative Control Branch

17 Incls--  
15 Travelers Cheques  
Receipt (in dup.)  
Envelope

# REQUEST FOR INCLOSURES

Case No. 68541

May 30, 1944 (ms)

To:

Accounting Branch for Check

x Locked Storage for:

Account No. \_\_\_\_\_ Amount \$ \_\_\_\_\_

Payable to

American Express Co. Travelers' Checks in the total amount of \$560.00

Correspondent B T

Check No. \_\_\_\_\_

Initials \_\_\_\_\_

Slayden v. Tenn.

IMMEDIATE ACTION

May 16, 1944.

Army Effects Bureau

Kansas City Quartermasters Depot  
Kansas City 1, Missouri.

Dear Sir,

Referring to # 68541-M, in  
reply to your letter and request,  
wish to say that you may  
please send property belonging  
to Sgt. Percy Lyle to my address  
at Slayden, Tenn. Rt. 1, for storage.

Wish also to state that Sgt. Percy  
Lyle is single, and that his  
father, Claude Lyle, died Apr. 17, 1930.

Thanking you for your kind  
attention to this matter, Mrs. Anna Lyle

68541-M

(S-6-12-44)  
JRM:BF:dk  
May 12, 1944

Mrs. Anna Lyle  
Route #1  
Slayden, Tennessee

Dear Mrs. Lyle:

Sergeant Percy Lyle

in action.

father

his

G. H. GALVIN, JR.  
1st Lt. Q.M.C.  
Chief, Adm. Control Branch

SPQDK 220.87

1st Ind.

JRM:HE:fs

Army Effects Bureau, Kansas City Quartermaster Depot, 601 Hardesty Avenue  
Kansas City 1, Missouri, 25 March 1944

TO: Effects Quartermaster, ETOUSA, Depot G-14, APO #507, c/o Postmaster,  
New York, New York

Receipt acknowledged, effects of Percy (NMI) Lyle, 13016153, S/Sgt.

For the Effects Quartermaster:

15 Incls. w/d



G. R. JOHNSON  
1st Lt. Q.M.C.  
Chief, Fiscal Section  
Adm. Control Branch

VRS

DELIVERING CARRIER Mail G B/L NO. \_\_\_\_\_ G B/L DATE \_\_\_\_\_

11

1000 1000 1000

338TH BOMBARDMENT SQUADRON (H) AAF  
Office of the Squadron Commander

APO 634,  
U. S. Army,  
14 February 1944

SUBJECT: Transmittal of Records.

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

1. Transmitted herewith are inventory of Effects and check  
for currency of S/Sgt. Percy (NMI) Lyle, 13016153  
Missing in Action 29 January 1944

For the Squadron Commander:

2 Incls:  
Incl 1 - WDAGO Form 54 (Dm)  
Incl 2 - Check (L 9-10-0)



*Stimour Topor*  
SEIMOUR TOPOR,  
Captain, Air Corps,  
Adjutant.

CONTROL  
11417

3 incl.  
incl. 1



# CASUALTY MESSAGE

## TELEGRAM

OFFICIAL BUSINESS—GOVERNMENT RATES

FROM	WAR DEPARTMENT
BUREAU	AGO 68541
CHG. APPROPRIATION	JCH 3832

AG 201 LYLE, PERCY  
ASN 13 016 153

6 FEB 44)

SPXPC-040072-8 (10) 12 FEBRUARY  
MESSAGE NO. DATE 1944

MRS ANNA LYLE:

SLAYDEN TENNESSEE

THE SECRETARY OF WAR DESIRES ME TO EXPRESS HIS DEEP REGRET THAT YOUR

SON SERGEANT PERCY LYLE  
(RELATIONSHIP) (GRADE) (NAME)

HAS BEEN REPORTED MISSING IN ACTION SINCE

TWENTY NINE JANUARY OVER GERMANY PERIOD IF FURTHER  
(DATE) (AREA)

DETAILS OR OTHER INFORMATION ARE RECEIVED YOU WILL BE PROMPTLY NOTIFIED PERIOD

OFFICIAL:

ADJUTANT GENERAL

ULIO  
THE ADJUTANT GENERAL

BATTLE

THIS COPY FOR ARMY EFFECTS BUREAU

Not to be delivered by phone except when authorized by the sender.  
Not to be delivered between the hours of 10 PM and 7 AM.



W. D., A. G. O. FORM 802-4  
20 SEPTEMBER 1943

68541

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

REPORT OF DEATH

ms/3709

DATE

31 July 1945

FULL NAME <b>Lyle, Percy</b>		ARMY SERIAL NUMBER <b>13 016 153</b>	GRADE <b>S/SGT</b>
HOME ADDRESS <b>Slayden, Tennessee</b>		ARM OR SERVICE <b>Air Corps</b>	DATE OF BIRTH <b>31 Mar 19</b>
PLACE OF DEATH <b>European Area</b>	CAUSE OF DEATH <b>Killed in action</b>		DATE OF DEATH <b>29 Jan 44</b>
STATION OF DECEASED <b>European Area</b>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <b>7 Jan 41</b>	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS D/ <b>Over 3 Years</b>

EMERGENCY ADDRESSEE (Name, relationship, and address)

**Mrs. Anna Lyle, mother, Route 1, Slayden, Tennessee**

BENEFICIARY (Name, relationship, and address)

**Anna Lyle, mother, same as above**  
**Claudell Lyle, sister, 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 <b>X</b>	YES <b>X</b>	NO	YES	NO <b>X</b>	YES <b>X</b>	NO	YES	NO	YES <b>X</b>	NO	YES	NO

ADDITIONAL DATA AND/OR STATEMENT

☒ BATTLE

☐ NON-BATTLE

Finding of death has been issued previously under Sec. 5, Public Law 490, 7 Mar 42, as amended, showing presumed date of death as 14 April 1945. This "Report of Death" based on information received since that date is issued in accordance with Sec.9 of said act, and its effect on prior payments and settlements is as prescribed in Sec.9.

BY ORDER OF THE SECRETARY OF WAR

*David L. Woodward*

ADJUTANT GENERAL