



Alice
Crew

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.

WRITE LEGIBLY
 USE INK

ALL ITEMS MUST BE COMPLETE AND ACCURATE. NO ALTERATION CAN BE MADE OF ANY DATA AFTER CERTIFICATE IS FILED. CORRECTIONS MAY BE MADE BY AFFIDAVIT ONLY.

THE UNDERTAKER, OR PERSON ACTING AS SUCH, IS RESPONSIBLE FOR FILING THE COMPLETED CERTIFICATE WITH THE REGISTRAR OF THE DISTRICT WHERE DEATH OCCURRED.

THE PHYSICIAN LAST IN ATTENDANCE IS REQUIRED TO STATE THE CAUSE OF DEATH AND SIGN THE MEDICAL CERTIFICATION.

IF THERE WAS NO DOCTOR IN ATTENDANCE, MEDICAL CERTIFICATION TO BE COMPLETED BY LOCAL HEALTH OFFICER (OR CORONER, IF INQUEST WAS HELD).

ALL CERTIFIED COPIES ARE MADE WITH A PHOTOSTAT.

1. FULL NAME Everett Samuel Ihle - Flight Officer 2. DATE OF DEATH 11 July 1944
(FIRST MIDDLE LAST) MONTH DAY YEAR

3. PLACE OF DEATH:
 A) COUNTY Hamilton CIVIL DISTRICT 2
 B) CITY OR TOWN Chattanooga, Rural
(IF OUTSIDE CITY LIMITS, WRITE RURAL)
 C) NAME OF HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)
 D) LENGTH OF STAY: IN HOSPITAL - - IN COMMUNITY - -

4. LEGAL RESIDENCE:
 A) STATE Iowa
 B) COUNTY - - CIVIL DISTRICT - -
 C) CITY OR TOWN Slater
(IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)
 D) STREET NO. - -
 E) CITIZEN OF FOREIGN COUNTRY - - (YES OR NO)
 IF YES, NAME COUNTRY - -

5. RACE OR COLOR W 6. SEX M 7. SINGLE, MARRIED, Unknown
 WIDOWED, DIVORCED
 8. AGE 28 ? ? IF LESS THAN ONE DAY
YEARS MONTHS DAYS HRS. MINS.

9. DATE OF BIRTH: MONTH - - DAY YEAR 1916

10. PLACE OF BIRTH: CITY OR COUNTY Slater STATE OR COUNTRY Iowa

11. HUSBAND OR WIFE OF - - Unknown
 AGE OF HUSBAND OR WIFE, IF LIVING - - YEARS

12. IF VETERAN SOCIAL SECURITY NUMBER
 NAME OF WAR - ASN: T-192811

13. USUAL OCCUPATION U. S. Army

14. INDUSTRY OR BUSINESS U. S. Army

FATHER 15. FULL NAME Unknown
 BIRTHPLACE CITY OR COUNTY Unknown STATE OR COUNTRY

MOTHER 16. MAIDEN NAME Unknown
 BIRTHPLACE CITY OR COUNTY Unknown STATE OR COUNTRY

17. INFORMANT Commanding General
 ADDRESS Ft. Knox, Kentucky

18. BURIAL, REMOVAL OR CREMATION Removal DATE July 15, 1944
 CEMETERY PLACE Slater, Iowa

19. UNDERTAKER Cosmopolitan Funeral Home
 ADDRESS 605 Pine Street BY Red Cole
Chatt., Tenn.

DATE FILED 7-27-44 Lara H. Ridd REGISTRAR

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Did not attend, the deceased
 AND THAT I LAST SAW HIM ALIVE ON 11 July 1944 Did not see alive
 AND THAT DEATH OCCURRED ON THE DATE STATED AT 8:33P M.
 IMMEDIATE CAUSE OF DEATH:
Total dismemberment and total
evisceration. DURATION 173

OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH)
 OPERATION None FINDINGS
 AUTOPSY Not made FINDINGS

21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:
 A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY) Accident
 B) DATE OF OCCURRENCE 11 July 1944 Tenn.
 C) WHERE DID INJURY OCCUR Chattanooga, Hamilton,
CITY COUNTY STATE
Near Bonny Oaks School
 D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE?
Airplane Accident
 WHILE AT WORK MEANS OF INJURY

SIGNATURE Gregory F. Froto MEANS OF INJURY
Station Hospital DATE SIGNED
Ft. Oglethorpe, Ga.

Beneficiary's Application
WORLD WAR II SERVICE COMPENSATION
 State of Iowa

Applicant will read
GENERAL AND DETAILED INSTRUCTIONS
 Before Filling Out This Form

This form is for the use of Beneficiaries of Deceased Veterans in making application for benefits as provided in Section 4, Chapter 59, Acts of the 52nd General Assembly, State of Iowa.

1. State the **FULL NAME OF DECEASED VETERAN** for whose active duty in the armed forces of the United States in World War II Service Compensation is claimed.

First Name	Middle Name or Initial	Last Name
------------	------------------------	-----------

Everett	Samuel	Ihle
---------	--------	------

2. State Place and date of the Veteran's death.

Place

Date

Near Chattanooga, Tenn.	July 14, 1944
-------------------------	---------------

3. Show legal residence of deceased veteran for the period of six months immediately prior to entering the armed service of the United States.

House No. and Street or
R.F.D. Route No. and Box No.City or Town
Post Office Zone

State

Box 232	Slater	Iowa
---------	--------	------

4. Show date and place of Veteran's birth.

Month

Day

Year

Town

State

January	9	1916	Slater	Iowa
---------	---	------	--------	------

5. Give deceased Veteran's service or serial number A.S.N. T-192811

6. State the name under which the Veteran served in the armed forces in World War II.

First Name

Middle Name or Initial

Last Name

Everett	Samuel	Ihle
---------	--------	------

7. Show date of entry into active armed forces of the United States; also date of separation if death occurred after service.

Month

Day

Year

Entry into service	September	14	1943
--------------------	-----------	----	------

Separation from active service	Deceased in service		
--------------------------------	---------------------	--	--

- 8 This item is for enlisted personnel only. Show number of days of Terminal Leave veteran received if death occurred after his separation from active service. Month..... Days..... **N O N E**

9. If veteran served outside the United States (foreign duty) show dates as indicated below:

Departure from United States			Return to United States		
Month	Day	Year	Month	Day	Year

1. He served as pilot in the ferry command and ferried bombers to
2. different European countries. The different dates are not available.

10. If the deceased veteran attended any schools, such as a college or university, as a duly enrolled student while a member of the armed forces, state length of time of such attendance.

	Months	Days
a. In United States	<u>None</u>
b. Foreign	<u>None</u>

11. If veteran lost any time in service by reason of AOL, AWOL, desertion or confinement by courts-martial, state length of such lost time.

	Months	Days
a. In United States	<u>None</u>
b. Foreign	<u>None</u>

12. Mark an "X" in proper square to indicate branch of service in which the deceased veteran served.

(name branch)

Army Navy Marine Corps Coast Guard Other.....

13. If death occurred after discharge place an "X" to indicate how the veteran was separated from active duty.

Discharge Assignment to inactive status Retirement **Deceased in service**

14. a. If death occurred after discharge was the deceased veteran separated from active duty under Honorable conditions? (Yes or No)

b. Did the deceased veteran ever refuse on conscientious, political, religious, or other grounds to subject himself to military discipline? Answer "Yes" or "No" No

c. Was the veteran classified 1-AO? Answer "Yes" or "No" No

(If answer is "Yes" to either 14-b or 14-c, attach statement of explanation).

15. Was death service connected? Yes

16. If the deceased registered under the Selective Service Act, state place of residence at time of such registration and the number of his Local Selective Service Board.

House No. and Street or R.F.D. Route No. and Box No.	City or Town Post Office Zone	County	State
<u>Box 232</u>	<u>Slater</u>	<u>Story</u>	<u>Iowa</u>

Local Selective Service Board No. 1

17. Has an application been made to any other state for a "bonus" or compensation based on deceased veteran's service in World War II? (Yes or No) NO If Yes, to what state.....

Was any payment received (Yes or No) NO.....

If "Yes," show amount received \$.....

18. List major military or naval units with which the veteran served in World War II.

4th Ferry Group, Memphis, Tenn.

Hdq. Armored Center, Fort Knox, Kentucky

19.

CERTIFICATE

State of Iowa, County of Story : ss.

I, Ed. J. Kelley, a Service Officer American Legion

Post #37, in and for Story

County, State of Iowa, do hereby certify that I have personally examined the discharge or certificate of service of Everett Samuel Ihle the deceased veteran named herein, and that said veteran was honorably separated or discharged from such service and that said discharge or service record shows the following facts:

Date of entry on extended active duty September 14, 1943

Place of entry on active duty Memphis, Tennessee

Date of discharge or separation Deceased

Date of departure for foreign service None

Date of return from foreign service None

Time lost by action of courts-martial None

Was deceased veteran separated Honorably Deceased in service

Dated this 27th day of June, 19 49

(SEAL)

Name

Ed. J. Kelley

Service Officer Post #37
Title of Officer

INFORMATION SHEET (concerning passenger arriving on aircraft) 273

This sheet must be filled out in the English language, typewritten, or printed in ink
(Note further instructions on back of this sheet)

1. Aircraft 228 Departing from London Date 2/28, 1944

2. Passenger: Arriving in area at Wash DC Date 4/20, 1944

NAME IN FULL		Age	Sex	Country or Where Born or Brought Up	IMMIGRATION	
Family Name	Given Name				Point	Country
<u>Ible</u>	<u>Errett</u>	<u>28</u>	<u>M.</u>	<u>U.S.A.</u>	<u>St. Meyer</u>	<u>U.K.</u>

3. Destination in United States Tenn Memphis Dist No 17

4. Place of birth _____ Race _____
 5. Height: Ft. _____; in. _____; complexion _____; color of hair _____ of eyes _____
 6. Married or single _____ Occupation _____
 7. Able to read _____
 (Specify language or ground for exemption)

8. Immigration visa, passport visa, reentry permit, or other immigration document. (Prefix number with QIV, NQIV, PV, RP, or abbreviated designation of other immigration document, as case may be.)

9. Last permanent residence _____ Issued at _____ Date of issue _____
 (Country) (State) (City or town) (Street and number)

10. Final destination (intended future permanent residence): _____
 (Country) (State) (City or town) (Street and number)

11. Going to join relative or friend in U. S. _____ Name and address of such relative or friend: _____
 (Name) (State) (City or town) (Street and number)

12. Whether in U. S. before, and if so, where _____ and when _____
 (State) (City or town) (Street and number)

13. Purpose in coming to the U. S. _____ Length of intended stay _____

14. Whether has ticket to destination _____ Amount of money shown _____

15. Whether ever in prison or in institution for the care and treatment of the insane _____

16. Whether ever excluded from admission to the United States or arrested and deported from the United States _____

17. Marks of identification:

70. U.S. Army
T-197811

(These spaces reserved for United States immigration officer)

Immigration list No. _____ Line No. _____
 Name of person or transportation company operating aircraft _____
 Alien's passport will expire _____
 Head tax status _____
 Held for BSI _____
 Admitted under section Opened U.S. Detainer

Passenger inspected (and information hereon verified) by Harold J. Buckley
 (Signature of Immigration Inspector)