

Aborn,
(Surname.)

Gus,
(Christian name in full.)

376,156
(Army serial number.)

Pvt.

Motor Trans Off. Combat Off. Depot
(Rank and organization.)

State your relationship to the deceased

Friend

Do you desire the remains brought to the United States?

no

(Yes or no.)

If remains are brought to the United States, do you
want them interred in a national cemetery?

(Yes or no.)

If you desire the remains interred at the home of the deceased, give full information below as to where they should be sent:

(Name of person to receive remains.)

(Express office.)

(Telegraph office.)

(Number and street.)

(City or town.)

(State.)

(Sign here)

Lillian Ruthman

(Number and street or rural route.)

883

(City, town, or post office.)

Grinnell St., Fall River Mass

(State.)

Read carefully the letter accompanying this card.

3-6713

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Ahorn, Gus
1232

September 3, 1929.

Miss Lillian Ruthman,
128 Nelson St.,
Fall River, Mass.

Dear Madam:

The records of this office do not indicate that a reply has been received to our communication dated ~~June 29, 1929~~ making inquiry concerning the name and address of the mother and widow of the deceased service man above named. These addresses are desired with a view to ascertaining the number of mothers and widows who desire to make a pilgrimage to the cemeteries of Europe in which the remains of their sons and husbands are interred.

Will you please fill in the answers to the following questions in the space provided on this letter, and return the letter to this office in the enclosed envelope which requires no postage?

Write answers in space below

1. Is the deceased survived by a widow who has not since remarried? If so, give her complete address:

2. If he is survived by a mother, stepmother, mother thru adoption, or any other woman who stood in loco parentis to him, according to the terms of Section 4 of the enclosed Act, give her name, address, and relationship in the space opposite.

3. If survived by a widow or mother does she desire to make the pilgrimage?

For The Quartermaster General,

Very truly yours,

2 Incls.
Act of Congress
Envelope

JOHN T. HARRIS,
Major, Q. M. Corps,
Assistant.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

June 29, 1929.

Aborn, Gus.

Miss Lillian Ruthman,
126 Nelson St.,
Fall River, Mass.

Dear Madam:

Your attention is invited to the enclosed copy of an Act of Congress approved March 2, 1929, entitled an Act "To enable the mothers and widows of the deceased soldiers, sailors and marines of the American forces now interred in the cemeteries of Europe to make a pilgrimage to these cemeteries".

The records of this office show that you are the friend of the late Private Gus Aborn, Motor Trans. Ofs., Combat Officers Depot, whose remains are now interred in the Meuse-Argonne Amer. Cty., Romagne-Sous-Montfaucon, Meuse, France.

Will you please advise this office whether or not he is survived by a mother or widow who is entitled under the provisions of the above quoted Act, to make the pilgrimage, and if so, will you please furnish the full names and addresses of the mother and widow in order that action may be taken to extend invitations to them to make the pilgrimage. Both mothers and widows are entitled to make the pilgrimage.

Your attention is particularly invited to Section 4 of the enclosed Act, which defines the terms "mother" and "widow". If the relative is a stepmother, mother through adoption, or any woman who stood in loco parentis to the decedent, a statement as to her relationship is requested. If he was survived by a widow who has since remarried it is also requested that a statement to that effect be made.

For your reply, you may use the enclosed envelope which requires no postage.

For The Quartermaster General,

Very truly yours,

JOHN T. HARRIS,
Major, Q. M. Corps,
Assistant.

2 incls.
Act of Congress.
Envelope.

74
5-13-77
8212
To The A. G. O.
G.R.S. Form #114-B

JUN 1 - 1926

ABORN, Gus

FULL NAME

Pvt.

RANK

SERIAL

376156

DIVISION & ORGANIZATION

Motor Tr. Off. Com. Off. Depot

DATE OF DEATH

STATE FROM WHICH HE CAME

MEDALS OR DECORATIONS AWARDED

FINAL GRAVE LOCATION

Date

Grave

Row

Block

Meuse-Argonne, #1232

Cemetery

1
MAY 12 1927
WORLD WAR DIV.

2
JUN 5 1926
WORLD WAR DIV.

23/306/ARK

REPORT OF DISINTERMENT AND REBURIAL

Date October 25th 1921.

1. REMAINS OF ABORN, GUS. SERIAL NUMBER 376156.
 RANK rvt. ORGANIZATION Motor Tr. Office Com. Off. Depot.

2. Disinterred (date): October 25th 1921. From (give complete location): Grave 164.
American Cemetery, G.R.S. Code # 1, Gondrecourt, (Meuse) France.

By: Group 3 Unit Section 4.

3. Reburied (date): Dec. 1, 1921, In (give complete location): Meuse-Argonne Cty. # 1232, Gr. 12, Block E, Row 22.

By: Group Reburial S Unit Nature of reburial Lined Casket

4. Report as to nature of original burial and condition of body upon disinterment:
Buried in sheet and wooden box. Body badly decomposed, recognition impossible.

5. (a) Identification tags: Buried with body? Yes. On grave marker? Yes.

(b) Other means of identification found upon disinterment, and general remarks:

No effects found. no disc found on box which checks.

6. What does examination of body show as regards the following identifying items?

(a) Height (actual measurement) Unable to determine.

(b) Weigh, (estimated) Unable to determine.

(c) Hair—Color Apparently brown.

Quantity Medium.

Characteristics Straight.

(d) Hair on face—Color none found.

Location

Quantity

(e) Permanent marks on body (old scars, peculiarities, or missing parts) none.

(f) Wounds or missing parts (received at time of casualty) nos. 4, 13, 14, 30
missing before death.
nos. 17, 32 not grown.

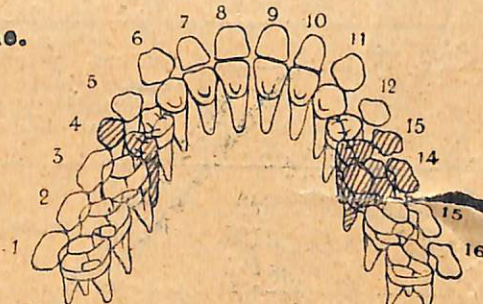
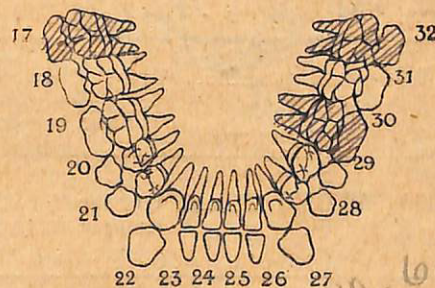


Diagram represents the mouth wide open



7. Disinterment supervised by Theo Miller Approved: R. L. FAIN, nem
THEO. MILLER, gdc. (Title) Capt. Q.M.C.

8. Reburial supervised by A. U. Dufault Approved: James W. Younger
A. U. Dufault (Title) Capt. QMC.

INSTRUCTIONS FOR THE PROPER COMPLETION OF G. R. S. FORM NO. 16-A

Enter information, as noted below, on reverse side of sheet in the *corresponding numbered space*. This form is supplemental to and is to be forwarded with G. R. S. Form 1-a, reporting reburial locations. To be used in answer to Questions 26, Form 114, in case no means of identification on body.

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.

2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.











3. Give date and accurate information as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.

4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.

5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".

(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No 6.

6. Give all information as to body description and dental chart as nearly correctly as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

MISSING TEETH	All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus :		
CROWNED TEETH	Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus :		
BRIDGE WORK	Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge) thus :		
FILLINGS	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus :		
CARIES (CAVITIES)	Outline location and size of cavity, shade in thus :		
DENTURES (PLATES)	Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"		

7. Show name of person supervising the disinterment and the name and title of the person approving same.

8. Show name of person supervising the reburial and the name and title of the person approving same.

OFFICE OF THE QUARTERMASTER GENERAL
CEMETERIAL DIVISION
OVERSEAS PROJECT SUB-SECTION

FILE

COPY

Hoboken, N.J.

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

Aborn, Gus, Pvt.

SERIAL NUMBER

ORGANIZATION

1 - 1-128

1/14/21
DATE OF DEATH

376156

Motor Trans. Ofs. Combat Officers Depot. 4/16/19

Original Forwarded
to Hoboken

WAR RISK INSURANCE INFORMATION

Date 4-29-21

DATE

Lillian Ruthman

PERSON NAMED BY SOLDIER TO BE BENEFICIARY OF INSURANCE

Friend
RELATIONSHIP

Gen. Del. Fall River, Mass.
ADDRESS

(Em. Address)

PERSON RECEIVING DEATH COMPENSATION

Adjustment Made

6-1-1922
RELATIONSHIP

File No. 103683

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

WASHINGTON

May 12, 1922.

FILE: 293.8 C-R-103683- (Aborn, Gus, Private.)
FROM: The Quartermaster General, U. S. Army.
TO: Miss Lillian Ruthman, 126 Nelson St., Fall River, Mass.
SUBJECT: Permanent Grave Location of Private Gus Aborn,
Motor Trans, Ofs, Combat
Officers Depot.

FILE
Pm
5-12-22

1. The permanent grave of this soldier is No. 12, Row 22,
Block E, The American Cemetery of the Meuse-Argonne, Romagne-sous-
Montfaucou, Department of Meuse, France.

2. This is one of the permanent American military cemeteries
to be maintained by this Government in Europe. Each grave will be
marked by a headstone of white marble, of suitable design, with name,
rank, organization and date of soldier's death. The headstones will
be placed at all graves in connection with the improvement work now in
progress, as soon as possible and without waiting for special action
or request on the part of relatives.

3. In effecting removal, the utmost care and reverence were
exacted and more than willingly accorded by those performing this
sacred duty. The grave of the deceased will be perpetually main-
tained by this Government in a manner befitting the last resting
place of our heroes.

By authority of the Quartermaster General:

MAILED
MAY 12 1922

G.R.S.

GEORGE H. PENROSE,
Colonel, Q. M. Corps,
Chief, Graves Registration Service. HDO

hw

G.R.S. Form #114 B

DATE 12/1/21

1. NAME Aborn, Gus SERIAL No. 376156
RANK Pvt. ORGANIZATION Motor Tr. Office Comm Off
GRAVE LOCATION Am. Cty. Gondrecourt, Meuse #1 18
CTY. NAME NUMBER

164

GRAVE

ROW

PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION 164 GONDRECOURT (Meuse)
from records of this office. GRAVE COMMUNE DEPT.

COORDINATES E.334.83 N.293.09

CONCENTRATED TO NEVER CONCENTRATED, STILL IN ORIGINAL GRAVE LOCATION

DATE

GRAVE

ROW

PLOT

CEMETERY

CTY. NUMBER

Data concerning any identification found on remains when concentrated, such as collar insignias, letters, broken bones, missing parts, etc.

SUBSEQUENT REBURIALS NO SUBSEQUENT REBURIALS

DATE

GRAVE

ROW

PLOT

CEMETERY

DATE

GRAVE

ROW

PLOT

CEMETERY

SIGNATURE, AREA SUPERVISOR

W.H. QUARTERMAN, CAPT. F.A., Supervisor Area N°.4

3. FINAL GRAVE LOCATION 12/1/21 12 22 E.
DATE GRAVE ROW PLOT Block

Meuse-Argonne American Cemetery #1232, Romagne-sous-Montfaucon (Meuse).
CEMETERY

AUDITED BY
CK-3-11-22

INSTRUCTIONS FOR PREPARATION OF FORM 114 B

1. Forms 114-B are to be prepared by Registration Branch in quadruplicate, three copies to be forwarded to Area Supervisor who will accomplish paragraph 2 and return all three copies to Headquarters, American Graves Registration Service.

2. Paragraphs 1 and 3 will be accomplished by Registration Branch, Headquarters, American Graves Registration Service, Q.M.C., in Europe.

3. Paragraph 2 will be accomplished by Area Supervisor from data on file in his office.

4. If data is entered on Form 114-B from Form 1, Form 16, Form 1-A or Form 16-A, statement to this effect will be made on Form 114-B STATING WHICH G.R.S. form data is taken from. If data concerning co-ordinates is approximate and NOT accurate, statement to this effect will be made on these forms.

To be prepared in triplicate.

DATE October 24th 1921.

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name ABORN, Gus

10. Name

2. No. 376156

11. No.

3. Rank Pvt

12. Rank

4. Org. Motor Tr. Office Com. Off. Depot

13. Org.

5. D.D. April 16

14. (a) D.D.

6. C.D. Lobar Pneumonia & Tonsillitis(b) D.B. No Discrepancies.

Discrepancy found upon disinterment

7. Grave No. 164 Sec.

15. Grave No.

Sec.

8. Plot Row

16. Plot

Row

9.

17.

No Discrepancies.18. Cemetery Amer. Cty.

19. Commune or town

Gondrecourt20. Dept. or County Meuse

21. Country

France22. G.R.S. Hdqrs. Code No. 123. Disinterred (Date) October 25th 1921.

By

THEO. MILLER.

24. Inscription on grave marker:

Name GUSK ABORN.

Serial No.

Rank Pvt.

Organization

Motor Tr. Office Com. Off. Depot.25. Was identification disc found on grave marker? Yes. On body? Yes.Signature Glenn C. Dorsey
Junior Technical Assistant

PREPARATION

GLENN C. DORSEY.

26. What other means of identification were on body? (If no disc or other means of identification on body, give description of body in detail).

No effects found. No disc found on box which checks. Form 16a accomplished.27. Condition of body Badly decomposed, recognition impossible.28. Nature of burial In sheet and wooden box.29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? No.30. Body prepared and placed in casket: Date Oct. 25th 1921. By THEO. MILLER.31. Casket sealed by THEO. MILLER.

Signature of Embalmer, (Supervisor)

Theo Miller
THEO. MILLER.

SHIPMENT. (Show actual marking of box.) Box No. C-11327

32. Designation of body:

Name Aborn, Gus Serial No. 376156

R nk Pvt Organization Motor Tr. Office Com. Off. Dept

33. Consigned to:

Name of Permanent Cemetery Meuse-Argonne Am. Romagne/s/Montfaucon 1232

34. Casket boxed and marked (Date) Oct. 25th 1921. By THEO. MILLER.

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

Signature of G.R.S. Inspector R. L. FAIN, Capt. Q. M. C. hem

36. Remarks



37. Shipped from point of Operation: (Date) October 25th 1921.

To point of Concentration neufchateau, (Vosges) France.
(Name)

Convoyer Signature Shipping Officer Capt. Q. M. C.

38. Received at Railhead or Point of Concentration: Date

By G.R.S. Representative

39. Shipped from Railhead or Point of Concentration: Date 30 OCT 1921

To Permanent Cemetery Romagne-sous-Montfaucon, (Meuse) France.
C. L. RIELEY (Name)

Convoyer Signature Shipping Officer W. R. Buckley, Capt. Q. M. C.

40. Received: Date

G.R.S. Representative

41. Reinterred Dec. 1, 1921, Meuse-Argonne Cemetery, # 1232.
(Date)

42. Grave No. 12 Section

43. Block R Row 22

G.R.S. Representative James W. Younger,
Capt. Q. M. C.

hw

rpc

unconfirmed 10/27/20 File - 103683
COMPILATION OF DISPOSITION OF REMAINS DATA

*Exhumed 1-24-22
 for concentration
 Nurse - Argonne 1282
 att 2/4/22*

I. LOCATION INDEX CARD:

(a) Name ABORN, Gus Ser. No. 376156
 (b) Rank Private Organization Motor Trans. Ofs. Combat Officers Depot.
 (c) Date of death 4-16-19 (d) Cause of death Tonsillitis and Lobar pneumonia.

TYP vbb
 CKR 228

II. REGISTRATION CARD.—(Check Reg., Card Inf. against Loc., Ind., Inf.):

(a) Grave No. 164 Row - Plot - Sec. - TYP. vbb
 (b) Emerg. Address Miss Lillian Ruthman (friend) Fall River, Mass.
126 Nelson St 4-4-22 J.T.D.

NO CARD

III. Files of soldiers dying from contagious diseases

CKR 228

IV. A. G. O. DISPOSITION CARD:

Date of receipt Jan 27

(a) Name Lillian Ruthman (b) Relationship friend
 (c) Address 88.3 Gunnell St. Fall River, Mass.
 (d) Remains to be brought to U. S.? no
 (e) To be interred in National Cemetery in U. S. at See inside

(f) Shipping instructions upon arrival of body in U. S. -

(g) Disposition instructions if not brought to U. S. -

Examiner's Initials RLM Date 11-2-, 1920.

V. A. G. O. CORRESPONDENCE shows communication from

-, dated -
 confirming request in Par. IV., item -, above, or requesting that -

no correspondence

Examiner's Initials RLM Date 11-2-, 1920.

VI. G. R. S. FILES, CORRESPONDENCE—shows as follows:

No request for disposition
 (a) Cancellation memos referred to? yes, V.H.

Examiner's Initials VH Date 11-4, 1920.

COUNTRY **FRANCE**

CEMETERY No. **1**

SHEET No. **1 - 128**

G. R. S. Form No. 115
 Amended Apr. 16, 1920

3-7723

Concentrated into P. A. C. 1232

Make Form No. 114

CARDED

acp

12/10/20

RECEIVED BY
MAIL UNIT

JUN 10 1921

Cemeterial Division
Overseas Project Sub-Section

GENERAL DIVISION



DEC 18 20

VII. G. R. S. Form No. 114 made _____, 1920.

Typed by _____, Checked by _____, 1920.

VIII. Final Action:

Following advice forwarded to Europe by { cable on _____, 1920
letter on NOV 29 1920, 1920

PARAGRAPH 2 - NOT TO BE RETURNED //

IX.

CORRECTIONS

CHANGE OF ADVICE.	ACTION TAKEN.
Desires body be _____	
Body to be shipped to _____	

X. SUSPENSION REMARKS: 1-7-21 T#120 Lillian Ruthman
(friend) changes address to 126 Nelson St.
Fall River Mass. wishes body left in Europe
Say deceased told her he had no relatives
living 1-13-21 ECL
War Risk (E.A.)
Lillian Ruthman-friend-Gen. Del. Fall River, Mass. (H-5/8/21-RM)

CENETETERIAL DIVISION



JUN 10 1921

_____, 1920.

I, _____, am the _____ (Relationship.) _____ and nearest living relative of the within-named soldier, and desire the following disposition of his remains, viz:
(Strike out all except the one showing the disposition desired.)

RECEIVED BY
MAIL UNIT

JUN 10 1921

1. As stated on first page of this sheet.

2. To be returned to the U. S. and shipped to _____

(Name.)

Cemetery

tion

(R. R. station.)

Ordered by _____

(State.)

3. To be returned to the U. S. and buried in _____

National Cemetery.

4. To remain in Europe, for burial in a permanent American Cemetery.

Signature _____

INSTRUCTIONS FOR FILLING OUT.

1. If definite instruction as to the disposition of a body are not received from the nearest relative within two weeks of its arrival at New York, burial will be made without further notice in the World War Section of Arlington National Cemetery.

2. The transfer of bodies will be made ENTIRELY at Government expense.

3. This paper MUST BE SIGNED BY THE PERSON WHO IS THE NEXT of kin IN THE ORDER shown in the square on the other side of this sheet.

4. This paper must be returned showing the name and address of each of the nearest living relatives in the spaces provided therefor on the other side of this sheet.

5. If there are minor children of the deceased soldier and no widow, the LEGALLY APPOINTED GUARDIAN of the children should ascertain their wishes and act for them in this matter.

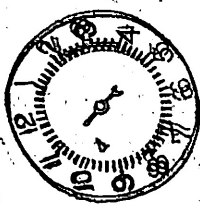
6. If YOU are not the nearest relative, please ask the nearest relative, if living near you, to fill out this paper.

7. If YOU are not the nearest living relative and do not know who or where the nearest relatives are, please fill out this paper AT ONCE and mail to this office.

8. You are requested to return this paper AT ONCE in order to avoid delay in the case of this body.

9. Use the inclosed envelope—pay no postage.

CENETETERIAL DIVISION



JUN 10 1921

1920.

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(Strike out all except the one showing the disposition desired.)

RECEIVED BY
MAIL UNIT

JUN 10 1921

1. As stated on first page of this sheet.

2. To be returned to the U. S. and shipped to _____

(R. R. station.)

(Name.)

Cemetery

State

Overseas Project

(State.)

3. To be returned to the U. S. and buried in _____ National Cemetery.

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9. Use the inclosed envelope—pay no postage.

File - 103683

See Foma 115
att 7/4/22

ABV

аср 12/10/20.

WAR DEPARTMENT
Quartermaster Corps,
Graves Registration Service
Pier 2, Hoboken, N.J.

June 9, 1921.

FILE NO. 293.8 Cem. Div. Cor. Br.

MEMORANDUM FOR: Chief, Cemeterial Division, O.Q.M.G.,
Washington, D.C.

SUBJECT: Return of Records - Cemetery #1
Transmittal Memorandum Number H-3445

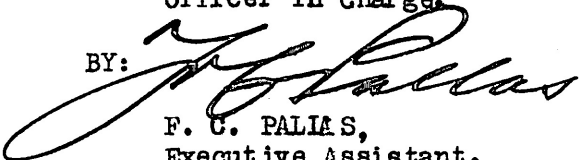
1. The records pertaining to the following cases are returned herewith, it having been definitely determined that the bodies are to remain in Europe.

REFERENCE NO:

- 1 Aborn, Gust, Private, Serial Number 376156,
Motor Trans. Ofs. Combat, Officers Depot.

R. E. SHANNON,
Captain, Q. M. Corps,
Officer in Charge.

BY:


F. C. PALIAS,
Executive Assistant.

1 Incl.

R-6-13-21 cm

5-4

208200
45720
shaw

OFFICE OF THE QUARTERMASTER GENERAL
GENERAL DIVISION
OVERSTAS PROJECT SUB-SECTION

HOBOKEN, N.J.

Please Rush

NAME OF DECEASED SOLDIER

CITY NO.

DATE

Aborn, Gus, Pvt.

1 - 1-128

January 14, 1921

SERIAL NUMBER

ORGANIZATION

D of D - 4/16/19

376156

Motor Trans. Ofs. Combat Officers Depot.

Copy forwarded to
Adjustment Department

WAR RISK INSURANCE INFORMATION

Date 4-21-21

DATE

NAME OF BENEFICIARY

RELATIONSHIP

Lillian Ruttman,

(Friend)

Address

Gen. Del. Fall River, - Mass. (Em address)

Cor. Sec.

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Aborn 376156 *Gus*
(Surname). (Number). (First Name and Initials).

Priv M.T.O. Combat Officers Dept
(Rank). (Organization).

Date of death
~~PLACE OF BURIAL:~~ *April 16, 1919*

CAUSE OF DEATH: *Tonsillitis Pneumonia*

DATE OF BURIAL: *April 17, 1919*

PLACE OF BURIAL: *A.E.F. Cemetery #1*

(Give Cemetery, Town and Department). Map reference must specify clearly what map is used.

Gondrecourt, Meuse.

GRAVE NUMBER: *164*

HOW MARKED: Name Peg? Cross? *Yes*

Headboard? Bottle?

IDENTIFICATION TAGS:

Was one buried with body? *Yes*

Was one fastened to name peg or stake used as a grave marker? *Yes*

If name unknown and tags missing, description and marks should be given here:

NEAREST RELATIVE: *Miss Lillian Ruthman*

ADDRESS: *Hall River, Mass*

RELATIONSHIP: *Friend*

REPORTED BY:

M. Ramsden, Chaplain C.O.R.D.
(Signature and Rank of Reporting Officer).

This portion to be sent to Chief of Graves Registration Service.

CEMETERIAL DIVISION
REGISTRATION SECTIONJanuary 18192 2

MEMO FOR:

Cards Department.

1.

CASE OF:

Motor Trans Ofs.. Combat Officers Depot.
ORGANIZATION (Old)ABORN 376156 Gus.. Pvt..
(Name)

Correction or additional data changes as shown below have been made on the Registration Card of the above-mentioned soldier and a corresponding change will be necessary on the Organization Card:

ORGANIZATION (New)

FILE NO.

SURNAME

SERIAL NUMBER

FIRST NAME AND INITIALS

RANK

DATE OF DEATH

CAUSE OF DEATH

	Date	Place	F-1A No.
Orig.		1	D- Trans Letter
1st. Reb.			D-
2nd Reb.			D-
3rd Reb.			D-

(Note: In the above spaces below double line fill in ONLY the new date and data correcting previous information)

BY: Miss LannonCard.,
(Department)5 x 8 card was sent to file.

Corrections made
on Organization
File Card:

By 13

CODE SLIP

✓

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>Aborn, Gus</i>	<i>Abn</i>	3	12 5
BURIED	CEMETERY <i>1232</i>	1	1
	GRAVE <i>12</i>	2	12
	ROW <i>22</i>	2	22
	BLOCK <i>E</i>	1	5
STATE	<i>N. Y.</i>	2	37
RANK	<i>Priv</i>	1	2
DIVISION	<i>Motor Transport Corps</i>		54
ORGANIZATION		3	XXX
ARM		1	X
MARITAL	<i>No</i>	1	2
NAME <i>Aborn</i>	<i>Abn</i>	3	12 5
<i>Mrs Kristine</i>	STATE	2	
RESIDENCE	COUNTY	2	
<i>All rel. foreign</i>	CITY	3	
RELATION	<i>Mother</i>	1	1
OTHER		1	
ELIGIBILITY	<i>Foreign</i>	1	4
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE		1	
<i>Country</i>	<i>Latvia</i>	2	48

RECEIVED
MAR 26 1943
BAM

✓

1485

10.12

OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

DATE 1-15-30

NAME ABORN, Gus RANK Pvt. SERIAL 376156 ORGANIZATION Motor Transport Office DATE OF DEATH Apr. 16/19
Combat Officer's Depot

STATE N. Y. CTY. NO. 1232 GRAVE 2 ROW 22 BLOCK E

	Check relationship	Living - Deceased	<u>7M -</u>
NAME AND ADDRESS	<input checked="" type="checkbox"/> MOTHER <i>comp</i>	<input checked="" type="checkbox"/>	Mrs Kristine Aborn
	<input checked="" type="checkbox"/> STEPMOTHER (For the year prior to commencement of service)		Gertrud isla 51 di 9
	<input checked="" type="checkbox"/> MOTHER THRU ADOPTION (For the year prior to commencement of service)		Riga Latvia
	<input checked="" type="checkbox"/> MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)		<u>foreign</u> <u>1-19-33</u>
	<input checked="" type="checkbox"/> WIDOW (Who has not remarried)		
	Single man		

Veterans Bureau Claim Number XC 208200
29/156/

1/18/30

Abor ● Gus

C-20 ● 200

Mother

Mrs. Kristine Aborn

veteran
single

Gertrude St. 51

Apt 9

12-27-29 Riga
Latvia

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Aborn, Gus.

June 29, 1929.

Miss Lillian Ruthman,
126 Nelson St.,
Fall River, Mass.

Dear Madam:

Your attention is invited to the enclosed copy of an Act of Congress approved March 2, 1929, entitled an Act "To enable the mothers and widows of the deceased soldiers, sailors and marines of the American forces now interred in the cemeteries of Europe to make a pilgrimage to these cemeteries".

The records of this office show that you are the friend of the late Private Gus Aborn, Motor Trans. Ofs., Combat Officers Depot, whose remains are now interred in the Meuse-Argonne Amer. Cty., Romagne-Sous-Montfaucon, Meuse, France.

Will you please advise this office whether or not he is survived by a mother or widow who is entitled under the provisions of the above quoted Act, to make the pilgrimage, and if so, will you please furnish the full names and addresses of the mother and widow in order that action may be taken to extend invitations to them to make the pilgrimage. Both mothers and widows are entitled to make the pilgrimage.

Your attention is particularly invited to Section 4 of the enclosed Act, which defines the terms "mother" and "widow". If the relative is a stepmother, mother through adoption, or any woman who stood in loco parentis to the decedent, a statement as to her relationship is requested. If he was survived by a widow who has since remarried it is also requested that a statement to that effect be made.

For your reply, you may use the enclosed envelope which requires no postage.

For The Quartermaster General,

Very truly yours,

JOHN T. HARRIS,
Major, Q. M. Corps,
Assistant.

2 incls.
Act of Congress.
Envelope.