

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	<i>Allen, Clay C</i>		
	<i>all</i>	3	<i>1 2 2</i>
	CEMETERY <i>1232</i>	1	<i>1</i>
BURIED	GRAVE <i>27</i>	2	<i>27</i>
	ROW <i>42</i>	2	<i>42</i>
	BLOCK <i>45</i>	1	<i>4</i>
STATE	<i>Mo</i>	2	<i>29</i>
RANK	<i>Priv</i>	1	<i>2</i>
DIVISION	<i>35</i>	2	<i>35</i>
ORGANIZATION	<i>130</i>	3	<i>130</i>
ARM	<i>M G Bn</i>	1	<i>2</i>
MARITAL	<i>No</i>	1	<i>2</i>
NAME	<i>Allen, Jas A.</i>		
	<i>(Father)</i>	3	
RESIDENCE	STATE <i>Mo</i>	2	
	COUNTY <i>...</i>	2	
	CITY <i>...</i>	3	
RELATION	<i>S. M. married father 12-19-20</i>	1	
	<i>mother</i>	1	
OTHER	<i>no low</i>	1	
ELIGIBILITY	<i>Dead - 3-12-16</i>	1	
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF TRIP	MO.	1	
	YR.	1	
ACCEPTANCE		1	

AUDITED

MAR 29 1932
RB

MMH

Allen, Clay C. C. 39 554 Pvt. Co. A, 130th M G Bn. Mo.

Date of Mother's death? 3-12-16

SM? married 12-19-20

Seebode

Father James H. Allen
Marshall - Ark

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Allen, Clay C. - 1232 F

July 7, 1930.

L

Mr. Jas. H. Allen,
Marshall, Ark.

Dear Sir:

Your attention is invited to the enclosed copy of an Act of Congress of March 2, 1929, together with an amendment thereto, approved May 15, 1930.

This office has no record of any person entitled under the Act mentioned to make a pilgrimage to the cemeteries in Europe as the mother or widow of the above named deceased service man. To complete the list of eligibles and to assure that, if the above named man is survived by a mother or widow entitled to make a pilgrimage she receive an invitation to do so, it is requested you answer the following questions in the space provided on this letter and return to this office in the enclosed envelope which requires no postage.

1. Is the deceased survived by a mother?

If so, give her name and address:

No

2. Is the deceased survived by a widow who has not remarried?

If so, give her name and address:

No

3. Is the deceased survived by any woman who stood in loco parentis to him according to the terms of Section 4 (a) of the enclosed Act as amended?

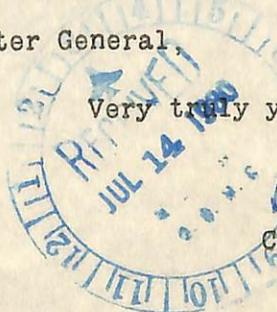
If so, give her name and address:

No

For The Quartermaster General,

Very truly yours,

Enclosures:
Envelope
Act
Amendment



A. D. Hughes
A. D. HUGHES,
Captain, Q. M. Corps,
Assistant.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

DATE January 16, 1930

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
<u>ALLEN, Clay C.</u>	<u>Private</u>	<u>1454406</u>	<u>Co. A. 130th MG Bn.</u>	<u>Aug. 30, 1918</u>

STATE	CTY. NO.	GRAVE	ROW	BLOCK
<u>Missouri</u>	<u>1232</u>	<u>27</u>	<u>42</u>	<u>D</u>

	<u>Check relationship</u>		<u>Living</u>	<u>-</u>	<u>Deceased</u>
NAME	MOTHER	:	:	✓	Father -
AND	STEPMOTHER (For the year prior to commencement of service)	:	:	:	Gas. H. Allen -
ADDRESS	MOTHER THRU ADOPTION (For the year prior to commencement of service)	:	:	:	Marshall -
	MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	:	:	:	W.R.
	WIDOW (Who has not remarried)	:	:	:	
	Single man	:	:	:	

Veterans Bureau Claim Number XC.39-554 1-122-1
 29/156/

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Allen, Clay C.
1232

September 3, 1929.

Mr. James Allen,
Marshall, Arkansas.

Dear Sir:

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
Allen, Clay C.

June 29, 1929.

Mr. James Allen,
Marshall, Ark.

Dear Sir:

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 father of the late Pvt. Clay C. Allen, Co. A, 130 Mg. Bn., whose remains are now interred in the Meuse-Argonne American Cemetery, 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,

2 incs.
Act of Congress.
Envelope.

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

Allen,

Clay C.

1,454,406

(Surname.)

(Christian name in full.)

(Army serial number.)

Pvt.

Co A 130 M.G. Bn.

(Rank and organization.)

C 39544 ✓

State your relationship to the deceased.

Father (over)

Do you desire the remains brought to the United States?

(Yes or no.)

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

yes

(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:

None

(Name of person to receive remains.)

(Express office.)

(Telegraph office.)

(Number and street.)

(City or town.)

(State.)

(Sign here)

James H Allen
Marshall

Ark.

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

Casualty Division gives name as Clay C. Allen.

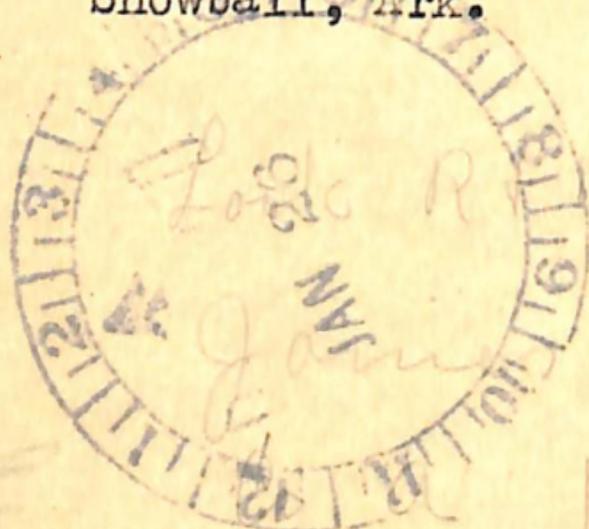
E.A. James H. Allen
Showball, Ark.

ok

Drawn by MKS

456-1

10-30-20



Look R for

James C. Allen Pat

13.0 mg Ben

no carbon
for name

456

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

WASHINGTON

May 3rd, 1922.

FILE: 293.8 C-R #14640 (Allen, Clay C. Private.)
FROM: The Quartermaster General, U. S. Army.
TO: Mr. James Allen, Marshall, Arkansas.
SUBJECT: Permanent Grave Location of Private Clay C. Allen,
Company A., 130th M.G. Bn.

1. The permanent grave of this soldier is No. 27, Row 42,
Block D., The American Cemetery of the Meuse-Argonne, Romagne-sous-
Montfaucon, 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
exactd 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 - 4 1922
G.R.S.

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

FILE
P
513-2 ✓



MAIL

4 copies

DATE _____

1. NAME ALIEN, Clay C. SERIAL No. 1454406
 RANK Pvt. ORGANIZATION Co. A. 130th M.G. Bn
 GRAVE LOCATION French Military Cemetery, Linthal, Alsace #456
 CTY. NAME _____ NUMBER _____
 _____ 20 _____
 GRAVE _____ ROW _____ PLOT _____

2. ORIGINAL BATTLE AREA GRAVE LOCATION 196. Linthal. Alsace.
 GRAVE COMMUNE DEPT.

COORDINATES Not known.

CONCENTRATED TO Jan. 13, 1921. 30
 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.

Nothing of information. *Record 448*

SUBSEQUENT REBURIALS Not of record.
 DATE GRAVE ROW PLOT CEMETERY

DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR Stanley J. Grogan
 STANLEY J. GROGAN, Capt. Inf. USA,

3. FINAL GRAVE LOCATION 10/12/21 27 42 D
 DATE GRAVE ROW ~~Block~~ Block

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

*Audited
4/13/72
JHG*



121 1920
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 I6, 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 August 30, 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 ALLEN, Clay C.

10. Name

2. No. 1454406

11. No.

3. Rank Pvt.

12. Rank

4. Org. Co. A. 130th M.G. Bn.

13. Org.

5. D.D. Aug. 30th

14. (a) D.D.

6. C.D. D. of W.

(b) D.B. No discrepancy

Discrepancy found upon disinterment

7. Grave No. 20 Sec.

15. Grave No. Sec.

8. Plot Row

16. Plot Row

9.

17. No discrepancy

18. Cemetery French Military

19. Commune or town Linthal

20. Dept. or County Alsace

21. Country France.

22. G.R.S. Hdqrs. Code No. 456

23. Disinterred (Date) August 30, 1921.

By E.T. ANDERSON

24. Inscription on grave marker:

Name ALLEN, Clay C.

Serial No. ---

Rank Pvt.

Organization Co. A. 130th M.G. Bn.

25. Was identification disc found on grave marker? No On body? Yes

Signature J.A. DOUGHERTY

J.A. DOUGHERTY

PREPARATION

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).

None

27. Condition of body Badly decomposed.

28. Nature of burial In pine box and blanket

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? None

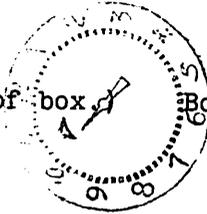
30. Body prepared and placed in casket: Date August 30, 1921. By E.T. ANDERSON

31. Casket sealed by E.T. ANDERSON

Signature of Embalmer, (Supervisor)

E.T. ANDERSON

E.T. ANDERSON



SHIPMENT. (Show actual marking of box) Box No. C-2977

32. Designation of body:

Name ALLEN, Clay C. Serial No. 1454406

Rank Pvt. Organization Co. A. 130th M.G. Bn

33. Consigned to:

Name of Permanent Cemetery Argonne Amer. Cty. at Romagne-sous-Montfaucon #1232 Meuse, France.

34. Casket boxed and marked (Date) August 30, 1921. By E.T. ANDERSON

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 F.R. WHIPPLER, 1st, Lieut. Q.M.C. gbt

36. Remarks Bottle record agrees with 114-A, reburied 1-13-21.

Left Tibia and Fibula fractured.

37. Shipped from point of Operation: (Date)

To point of Concentration

Convoyer Signature Shipping Officer (Name)

38. Received at Railhead or Point of Concentration: Date

By G.R.S. Representative

39. Shipped from Railhead or Point of Concentration: Date Sept 24th 1921.

To Permanent Cemetery 1232. Meuse-Argonne. Remagne-sous-Montfaucon

Convoyer R.E. Williams Signature Shipping Officer F. Overholser, 1st. Lt. QMC

40. Received: Date Sept 27, 1921

G.R.S. Representative

41. Reinterred Meuse Argonne Cem. 1232, Oct, 12, 1921.

42. Grave No. Row 42 Bl. D. Gr. 27 (Date) Section

43. Plot Row

G.R.S. Representative JAMES W. YOUNGER CAPT. QMC.

COMPILATION OF DISPOSITION OF REMAINS DATA

File # 14640

I. LOCATION INDEX CARD:

(a) Name ALLEN, Clay C. Ser. No. 1454406
(b) Rank Pvt. Organization Co. A. 130th M. G. Bn.
(c) Date of death 8/30/1918 (d) Cause of death W/A

TYP. EK
CKR. [initials]

10-4-21 Request to Messrs. Cargonne 1232 10-26-21

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

(a) Grave No. 196 Row -- Plot -- Sec. P- TYP. EK
(b) Emerg. Address Mr. James Allen (father) Marshall, Arkansas.

III. Files of soldiers dying from contagious diseases

CKR. [initials]

IV. A. G. O. DISPOSITION CARD:

Date of receipt 1-26

(a) Name James H. Allen (b) Relationship Father
(c) Address Marshall - Ark.
(d) Remains to be brought to U. S.? No
(e) To be interred in National Cemetery in U. S. at
(f) Shipping instructions upon arrival of body in U. S.
(g) Disposition instructions if not brought to U. S.

Examiner's Initials MKS Date 10-30, 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 MKS Date 10-30, 1920.

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

No request for disposition

(a) Cancellation memos referred to? yes att

Examiner's Initials att Date 11-1, 1920.

CONCENTRATED INTO PAC 1232 COUNTRY France CEMETERY No. 456

SHEET No. 1-50

FORM 115 - A COMPLETED 9-0-11-16-20

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
GRAVES REGISTRATION SERVICE

-WASHINGTON-
Hoboken, N. J.

DEC 8 1920

FROM: Chief, Graves Registration Service, Q. M. G.

To: Mr. James H. Allen, Marshall, Arkansas,

SUBJECT: Remains of Pvt. Clay C. Allen, Serial No. 1454406

Co. A. 130th M. G. Bn.

The records of this office show that you have requested that his body remain in Europe.

If these are not the correct instructions, please correct them. Make corrections on reverse side of this sheet.

The nearest relative may choose between, (1) return of the body to any address in the United States; (2) interment in Arlington, Va., or any other National Cemetery; or (3) remain in Europe.

By authority of the Quartermaster General.

CHARLES C. PIERCE,
Major, U. S. A.

If all blank spaces below are not filled out, it will necessitate a return of this paper and a **SERIOUS DELAY** in the shipment of this body. State in each case WHETHER these relatives are STILL LIVING.

NAME OF--	NO. AND STREET.	TOWN.	STATE.
Was soldier married ?			
Soldier's widow			
Soldier's children. (Name oldest first.)	1		
	2		
	3		
Father			
Mother			
Brothers. (Name oldest first.)	1		
	2		
	3		
Sisters. (Name oldest first.)	1		
	2		
	3		

Date

Signature

Address

Relationship

IMPORTANT.—CAREFULLY read instructions before filling out this paper.

....., 1920.

RECEIVED
1921
Division
Order Section

I, the undersigned, am the 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.)

1. As stated on first page of this sheet.

2. To be returned to the U. S. and shipped to
(Name.)

.....
(R. R. station.) (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.

COMPILATION OF DISPOSITION OF REMAINS DATA

*See 115 -
10-26-21*

I. LOCATION INDEX CARD:

File # 14640

(a) Name ALLEN, Clay C. Ser. No. 1454406
 (b) Rank Pvt. Organization Co. A. 130th M. G. Bn. } TYP EK
 Cause of death W/A } R.B.
 (c) Date of death 8/30/1918

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

(a) Grave No. 196 Row -- Plot -- Sect. D TYP EK
Marshall (115-11-15-20)
 (b) Emerg. Address Mr. James Allen (father) Snowball, Arkansas.

III. Files of soldiers dying from contagious diseases..... CKR R.B.

IV. Information on which advice to Europe in letter of transmittal was based:

*A.G.O. Card: Father James H. Allen Marshall, Ark,
 requests body be not returned to U.S.
 (115-11-15-20)*

V. Following advice forwarded to Europe by (cable on NOV 12 1920
 (Letter of transmittal on 1920)

PARAGRAPH 2 - NOT TO BE RETURNED (115)

VI. Form 115 forwarded to G.R.S. Hoboken, N.J. NOV 17 1920 192

VII. SUPPLEMENTARY REQUESTS

Date of and Source	Relationship and name	Desires	Action taken
--------------------	-----------------------	---------	--------------

VIII. Form 115 received from G.R.S. Hoboken, N.J. 192

WAR DEPARTMENT
Quartermaster Corps
Graves Registration Service
Pier 12, Hoboken N.J.

July 30, 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 #456.
Transmittal Memorandum H- #775.

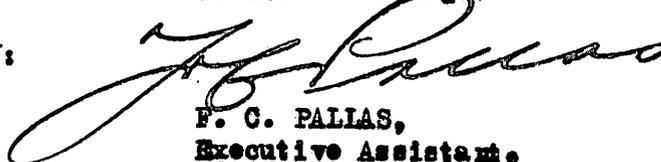
1. The records pertaining to the following cases are returned herewith, it having been definitely determined that the bodies are to remain in Europe.

REFERENCE NO.:

- 1 Allen, Clay C., Private, Serial Number 1454406, Company A, 130th Machine Gun Battalion.

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

BY:



F. C. PALLAS,
Executive Assistant.

8-5-21 M

14640

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Allen 1454406

Clay C

(Surname.)

(Number.)

(First Name and Initials.)

Pvt. Co. A. 130 M.G. Bn.

(Rank.)

(Organization.)

DATE OF BURIAL. Aug. 31 1918

PLACE OF BURIAL. Cem. D. Lindthal

Oberlauchen

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

16th. American grave in N row

from W to E

GRAVE NUMBER.....

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:

REPORTED BY:

Evan A. Edwards

Chaplain 140 Inf.

(Signature and Rank of Reporting Officer.)

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

13 SE Reg

14645

Allen Clay C.

#1454406

Pvt. Co. A. 130th M.G. Bn.

DB 8/31/18

Cmme Linthal (Hte Alsace)

C 391 Sht 100NE Coord E448.3
N127.3

456

B. 602

04971
14640

G.R.S. Form No. 8; Central Records Liaison.
 Memo For: G.R.S. representative, C.R.O.
 SUBJECT: Information required for G.R.S.

1. Items checked are to be completed:

- () Surname: Allen
 () Number: 145446 (1454406 Per M C)
 () First name: Clay C
 () Rank: Pvt.
 () Company: A
 () Organization: 130th., MG. BN.
 () Date of death:
 () Cause:
 () Place:

Location of hospital:

- Number " "
 Class " "
 (✓) Relative: Mr. James Allen,
 (✓) Relationship: Father.
 (✓) Address: Snowball, Arkansas.
 () Authority:
 Cablegram No:
 Telegram from:

dated:

- () Reported to Washington:
 C.C. Nos:
 (Underscore the "official" C.C.)
 () Remarks:
 () Show present status on reverse side.

CHARLES C. PIERCE,
 Lieut.-Colonel, Q.M.C., U.S.A.

Initials of Reporter:

FILE
CEMETERIAL DIVISION
REGISTRATION SECTION

December 21, 192 1.

MEMO FOR:

Cards Department.

1.

CASE OF:

Co. A 130th MG. Bn.
ORGANIZATION (Old)

ALLEN 1454406 Clay C.. 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.			D-
1st, Reb.	1/13/21	456	D- 30180
2nd Reb.			D-
3rd Reb.			D-

FILE

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

BY: Miss Iamon

Card.
(Department)

5 x 8 card was sent to file.

Corrections made
on Organization
File Card:

By B
S/3324/LML

Place LINTHAL, (VOSGES)

REPORT OF DISINTERMENT AND REBURIAL

Date August 30, 1921.

1. REMAINS OF ALLEN, Clay G. SERIAL NUMBER 1454406

RANK Pvt. ORGANIZATION Co. A. 130th M.G. Bn.

2. Disinterred (date): August 30, 1921. From (give complete location): Grave 20. French Mil Cem. 456

By: Group 3 Unit Section 5.

3. Reburied (date): Oct, 12, 1921, Meuse Argonne Cem. 1232, Row 42 Bl. D. Gr. 27. In (give complete location):

By: Group Reburial Sec. Unit Nature of reburial unlined casket

4. Report as to nature of original burial and condition of body upon disinterment: Unrecognizable. Badly decomposed. In pine box. and blanket

5. (a) Identification tags: Buried with body? Yes On grave marker? No

(b) Other means of identification found upon disinterment, and general remarks: Bottle record agrees with Form 114-A reburied 1-13-21-. Left Tibia and Fibula fractured.

6. What does examination of body show as regards the following identifying items? 1-15-16-M.B.D. 3-cavity 14-alloy filling.

(a) Height (actual measurement) Unable to report

(b) Weight (estimated) Unable to report

(c) Hair—Color None

Quantity None

Characteristics None

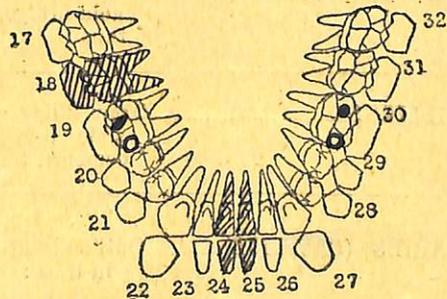
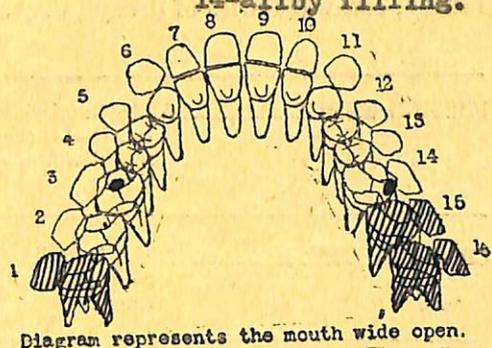
(d) Hair on face—Color None

Location None

Quantity None

(e) Permanent marks on body (old scars, peculiarities, or missing parts) Unable to report

(f) Wounds or missing parts (received at time of casualty) Impossible to determine. 18-M. B. D. 24-25-M. A. D. 19-30-cavity 19-30-alloy filling.



7. Disinterment supervised by E. T. Anderson Approved: F. R. Whipple
E. T. ANDERSON (Title) 1st. Lieut. U.S. MC gtt.

8. Reburial supervised by W. B. Sheild Approved: James W. Younger
W. B. SHEILD (Title) CAPT. U.S. MC

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 Question 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:



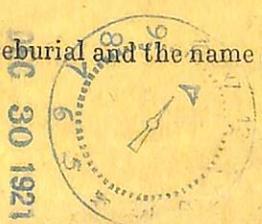
CARIES (CAVITIES).....Outline location and size of cavity, shade in thus:



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.



MAY 14 1926

FULL NAME ALLEN, Clay C.

RANK Pvt. SERIAL 1454406

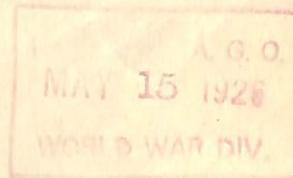
DIVISION & ORGANIZATION Co. A, 130th MG Bn. 35 Div.

DATE OF DEATH Aug 30 1918

STATE FROM WHICH HE CAME Missouri

MEDALS OR DECORATIONS AWARDED. None

FINAL GRAVE LOCATION 27 42 D
Date Grave Row Block
Meuse-Argonne, #1232
Cemetery



23/306/ARK

France. He died en route
France, to Base Hospital
France, Hospital Cemetery

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

pvt
M.G. Bn.

REPORTED BY: Evan A. Edwards
Chaplain 140 Inf.
(Signature and Rank of Reporting Officer.)

Pers. Adj.

This portion to be forwarded to Adj. Gen'l., G. H. Q., A. E. F.

Emergency address:
James H. Allen,
Snowball, Ark.

Feb. 16/1919

S/A

() wounds or missing parts (received at time of casualty)

Head band ages

D-30180

7. Disinterment supervised by W.C. Follmer

Approved: John N. Merrick
(Title) 1st Lt., M.C.

8. Reburial supervised by W.C. Follmer

Approved: Orville D. Davis
(Title) 2nd Lt., Q.M.C.

V

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Allen 1454406 Clay C.
(Surname.) (Number.) (First Name and Initials.)

Pvt. Co. A. 130th. M.G. Bn.
(Rank.) (Organization.)

DATE OF BURIAL August 31 1918

PLACE OF BURIAL Gen. D. Lindthal
 Oberlauchen
(Give Cemetery, Town and Department.) Map reference must specify clearly what map is used.

16th. American grave in N row
 reading from W to E.

GRAVE NUMBER.....

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:

06

sace
 sace,
 n Boussat

pvt
 M.G. Bn.

REPORTED BY:

Evan A. Edwards
 Chaplain 140 Inf.

(Signature and Rank of Reporting Officer.)

Pers. Adj.

This portion to be forwarded to Adj. Gen'l., G. H. Q., A. E. F.

Co A. 130th MACHINE GUN B
 35th Division

Fatally wounded in act
 France. He died en route
 France, to Base Hospital
 France, Hospital Cemetery

Emergency address:
 James H. Allen,
 Snowball, Ark.

Feb. 16/1919

S/A

(7) wounds or missing parts (received at time of casualty).....

Head band ages.....

D-30180

7. Disinterment supervised by.....
 W.C. Follmer

Approved: *John N. Merrick*
 (Title) John N. Merrick,

8. Reburial supervised by.....
 W.C. Follmer

Approved: *Orville D. Davis*
 (Title) Orville D. Davis,
 2nd Lt., Q.M.C.

Co A. 130th MACHINE GUN BN.
35th Division

ALLEN, Clay C. pvt I454406
Home: Snowball, Ark.

Fatally wounded in action Aug.30.1918 by shrapnel fire, Alsace France. He died en route from field hospital at Mittlock, Alsace, France, to Base Hospital at Boussat, France. Hew as buried in Boussat France, Hospital Cemetery.

Informant: Jeffries, Lucian B. pvt
I454390, Co A. 130th M.G. Bn.

Searcher: Malcolm H. Crump jr.
1st Lt, 130th M.G.Bn Pers.Adj.

Emergency address:
James H. Allen,
Snowball, Ark.

Feb. 16/1919

S/A

(7) wounds or missing parts (received at time of casualty).....

Head band ages.....

D-30180

7. Disinterment
supervised by.....

W.C.Follmer

Approved:.....

(Title).....

John N. Merrick
John N. Merrick,
1st Lt., M.C.

8. Reburial
supervised by.....

W.C.Follmer

Approved:.....

(Title).....

Orville D. Davis
Orville D. Davis,
2nd Lt., Q.M.C.

DISINTERMENT AND REBURIAL

Place Linthal #456

Date Jan. 13, 1921.

ALLEN, Clay E. SERIAL NUMBER 1454406

Pvt ORGANIZATION Co. A. 130th M.G. Bn.

Disinterred (date): _____ From (give complete location): _____

1-13-21 Grave #196 in cemetery #456
commune of Linthal, Alsace, France
By: Group #1 Unit Section II Field Forces

3. Reburied (date): _____ In (give complete location): _____

1-13-21 Grave #20 in cemetery #456
commune of Linthal, Alsace, France
By: Group #1 Unit Section II Field Forces Nature of reburial Wooden box, blank et

4. Report as to nature of original burial and condition of body upon disinterment:

Wooden box (Uniform and blanket) Badly decomposed

5. (a) Identification tags: Buried with body? Yes On grave marker? No

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

Tag on body badly corroded but partly discernible.

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

(a) Height (actual or estimated) 68 inches

(b) Weight (estimated) 145 lbs

(c) Hair—Color none left

Quantity none

Characteristics none

(d) Hair on face—Color none

Location none

Quantity none

(e) Permanent marks on body (old scars, peculiarities, or

missing parts) none appearing

(f) Wounds or missing parts (received at time of casualty) _____

Head band aged

7. Disinterment supervised by W.C. Follmer Approved: John N. Merrick

(Title) John N. Merrick,
1st Lt., M.C.

8. Reburial supervised by W.C. Follmer Approved: Orville D. Davis

(Title) Orville D. Davis,
2nd Lt., Q.M.C.

1, 15 & 16 missing before death

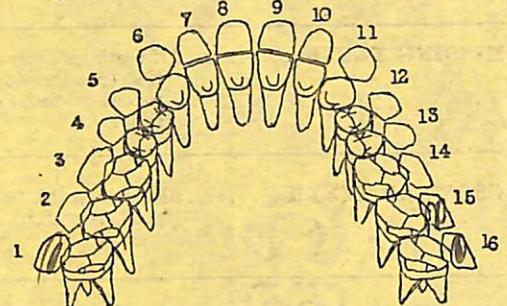
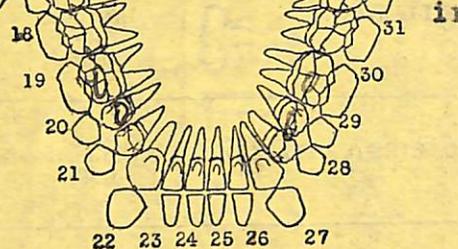


Diagram represents the mouth wide open.

17 & 32 never cut, 19, 20, 29 & 30 cavities, 22, 23, 24, 25, 26 & 27 irregular.



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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."

3-7532

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.

