

hw

16

G.R.S. Form #114 B

DATE 10/15/21
10/15/21

1. NAME ALLEN, Ralph E

SERIAL No. 369163

RANK Pvt

ORGANIZATION Co. F, 116th Inf

GRAVE LOCATION Meuse-Argonne Am. Romagne/s/Montfaucon

1232 sec 61

CTY. NAME

NUMBER

149

sec 61

3

GRAVE

ROW

PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION 22 Bac

Consenvoye

Meuse

GRAVE

COMMUNE

DEPT.

COORDINATES 35NE

280.37N

325.1E

CONCENTRATED TO May 19/19

149

61

3

DATE

GRAVE

ROW

PLOT

Meuse-Argonne

1232

CEMETERY

CTY. NUMBER

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

Tag on Body

DATE OF DEATH

Oct 9 1918

Data F.1

STATE FROM WHICH HE CAME

Maine

MEDALS OR DECORATIONS AWARDED

None

SUBSEQUENT REBURIALS

DATE

GRAVE

ROW

PLOT

CEMETERY

DATE

GRAVE

ROW

PLOT

CEMETERY

M. B. BIRDSEYE

SIGNATURE, AREA SUPERVISOR

1st Lt., Q.M. Corps, U.S. Army

3. FINAL GRAVE LOCATION 10/15/21

1

22

Block F.

DATE

GRAVE

ROW

PLOT

Rec'd World War Div

AUDITED APR 4 1928

Meuse-Argonne American Cemetery #1232. Romagne-s-Montfaucon. Meuse.

CEMETERY

A.G.O.

AUG 11 1926

WORLD WAR DIV.

CODE SLIP

| HEADING | SUB- HEADING | NO. OF COLS | CODE |
|-----------------------------------|----------------------|----------------|--------------|
| NAME <i>Allen</i> | <i>ALL</i> | 3 | <i>1 0 2</i> |
| BURIED <i>Ralph E</i> | CEMETERY <i>1232</i> | 1 | <i>1</i> |
| | GRAVE <i>1</i> | 2 | <i>01</i> |
| | ROW <i>22</i> | 2 | <i>22</i> |
| | BLOCK <i>7</i> | 1 | <i>6</i> |
| STATE | <i>Maine</i> | 2 | <i>23</i> |
| RANK | <i>Pvt</i> | 1 | <i>2</i> |
| DIVISION | <i>29</i> | 2 | <i>29</i> |
| ORGANIZATION | <i>116</i> | 3 | <i>116</i> |
| ARM | <i>Inf</i> | 1 | <i>1</i> |
| MARTIAL | <i>Mar</i> | 1 | <i>2</i> |
| NAME <i>Allen</i> | | 3 | |
| RESIDENCE <i>Mr Philip (Bro.)</i> | STATE | 2 | |
| | COUNTY | 2 | |
| | CITY | 3 | |
| RELATION <i>no Sm no Low</i> | <i>Mother</i> | 1 | |
| OTHER | | 1 | |
| ELIGIBILITY | <i>Dead-1910</i> | 1 | |
| NATIVITY | | 1 | |
| RACE | | 1 | |
| ENGLISH | | 1 | |
| ATTENDANT | | 1 | |
| HEALTH | | 1 | |
| NO. OF SONS | | 1 | |
| DATE OF | MO. | 1 | |
| TRIP | YR. | 1 | |
| ACCEPTANCE 29/514/PJ. | | 1 | |

AUDITED

MAR 29 1932
RB

47



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.



XC-89738
4-12-2

Allen, Ralph E.

Pvt.

Co.F, 116th Inf.

Maine

B 2-8-91

enl 5-1-18

Date of mother's death?

Jan 1910

~~SM?~~

~~father~~

died 5-30-08

~~Loco?~~

Seebode

L

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Allen, Ralph E. - 1232 Bro

July 7, 1930.

Mr. Philip S. Allen,
North Berwick, Maine.

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

Respir
Philip S. Allen
No. Berwick
ME

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

No. Brunswick July 7/79

War Department —

Dear Sir —

In regard to yours of The
7th — will state That The deceased
had no mother or widow living —
Thanking you very much —

Respect —

Philip S. Allen

No. Brunswick.

M.E.



WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Allen, Ralph E.

June 29, 1929.

Mr. Philip S. Allen,
North Berwick, Maine,

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 brother of the late Private Ralph E. Allen, Co.F, 116th Inf. 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 incls.
Act of Congress.
Envelope.

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

Allen

Ralph E

369,163

(Surname.)

Pvt

(Christian name in full.)

Co F 116th Inf

(Army serial number)

(Rank and organization.)

State your relationship to the deceased

brother.

Do you desire the remains brought to the United States?

No.

(Yes or no.)

If remains are brought to the United States, do you

wish 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)

Philip S. Allen
No. Brunswick Me

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

Drawn by L. H.

1232-561-1

5-5-21
checked 5/11/21
5-6-21

In reply refer to:
QM 293 C-R

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON September 5, 1923.

Mr. Philip S. Allen,
North Berwick,
Maine.

Dear Sir:

The Quartermaster General desires you be informed that the
is Grave 1, Box 22, Block F, House-Argonne American Cemetery, Romagne-
sous-Montfaucon (Meuse), France.

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, division, organization, date of soldier's death and State from which he came. 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.

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 maintained by this Government in a manner befitting the last resting place of our heroes.

Very Truly Yours,

Assistant.

RD

L

23/584/ARK

Place NEUFCHATEAUDate 12th., June, 1919REPORT OF DISINTERMENT AND REBURIAL

Remains of:

Name: ALLEN, Ralph E.Number 369163Rank: UnknownOrganization Co. F. 116th., Inf.

Disinterment and Reburial made by Group:

Unit

Disinterred (Date)

From (give complete location)

6 19th., May, 1919Grave #22 B. A. Cty. CONSENVOYE, MEUSEMap. 35 N. E. E. 325.1 N. 280.37

Reburied (Date)

In: (Give complete location)

19th., May, 1919Grave #149 Sec. #61 Plot #3ARGONNE AMERICAN CEMETERY. #1232ROMAGNE, MEUSE

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

Burial good. Buried in uniform. Badly decomposed.Was any identification tag found upon the body? YesWhat other means of identification were found on the body? None

Note:

If upon disinterment, effects are found on bodies, they will be promptly sent to the Effects Depot direct as is required by G.O. 170, G.H. 2, 1918a, after being carefully examined for clues of identity in doubtful cases, notation thereon will be made and reported to Chief, Graves Registration Service.

Supervised by: Lt. Ammitage.

R. H. ROSENTHAL
2nd Lieut. G.M.C.U.S.A.

G.O. Group Unit

GHD.

43457

1232

10621

CONFIRMED No. D

COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

File # 43457

(a) Name ALLEN, Ralph E. Ser. No. 369163
 (b) Rank Pvt. Organization Co F. 116th Inf.
 (c) Date of death 10-9-18 (d) Cause of death K/A

TYP. hmp

CKR. AB

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

(a) Grave No. 149 Row ---- Plot 3 Sec. 61 TYP. hmp

(b) Emerg. Address Mr. Phillips. S. Allen, (Father) South Berwick,
York, Maine.

III. Files of soldiers dying from contagious diseases /

CKR. AB

IV. A. G. O. DISPOSITION CARD:

Date of receipt -----

(a) Name Philip S. Allen (b) Relationship Brother

(c) Address no. Berwick, Me.

(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 L.G.

Date 5-5-, 1920.

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

-----, dated -----

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

Examiner's Initials -----

Date -----, 1920.

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

no request for disposition

(a) Cancellation memos referred to? yes

Examiner's Initials L.G.

Date 5-5-, 1920.

COUNTRY

FRANCE

CEMETERY No. 1232 Sec. 61

SHEET No. 1

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

Typed by _____, Checked by _____, _____, 1920.

VIII. FINAL ACTION:

Following advice forwarded to Europe by $\left\{ \begin{array}{l} \text{cable on } \text{-----}, 1920 \\ \text{letter on } \text{5 - 17 -}, 1920 \end{array} \right.$

Sec. 61

PARAGRAPH 2 - NOT TO BE RETURNED

29

IX.

CORRECTIONS

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

X. SUSPENSION REMARKS:

To be prepared in triplicate.

DATE Oct.14th 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 <u>ALLEN, RALPH E</u> | 10. Name _____ |
| 2. No. <u>369163</u> | 11. No. _____ |
| 3. Rank <u>Pvt</u> | 12. Rank _____ |
| 4. Org. <u>Co.F, 116th Inf.</u> | 13. Org. _____ |
| 5. D.D. <u>Oct.9 1918</u> | 14. (a) D.D. _____ |
| 6. C.D. <u>KIA</u> | (b) D.B. <u>No discrepancy.</u> |

Discrepancy found upon disinterment

| | |
|---|---|
| 7. Grave No. <u>149</u> Sec. <u>61</u> | 15. Grave No. _____ Sec. _____ |
| 8. Plot <u>3</u> Row _____ | 16. Plot _____ Row _____ |
| 9. _____ | 17. <u>No discrepancy.</u> |
| 18. Cemetery <u>Meuse-Argonne Am.</u> | 19. Commune or town <u>Romagne/s/Montfauc</u> |
| 20. Dept. or County <u>Meuse</u> | 21. Country <u>France</u> |
| 22. G.R.S. Hdqrs. Code No. <u>1232 sec 61</u> | |
| 23. Disinterred (Date) <u>Oct.14th 1921</u> | By <u>H.E.STRONG?</u> |
| 24. Inscription on grave marker: | |
| Name <u>Ralph E. Allen.</u> | Serial No. <u>None.</u> |
| Rank <u>Pvt.</u> | Organization <u>Co. F. 116 Inf.</u> |
| 25. Was identification disc found on grave marker? <u>Yes</u> On body? <u>Plaque.</u> | |

W.D.WISLONW.D. Wilson
Signature Junior Technical Assistant

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). Plaque on body and tag on peg over body agree with G.R.S. records and are attached to Body.

27. Condition of body Badly decomposed, features unrecognizable.

28. Nature of burial Uniform burlap and wooden box.

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 Oct.14th 21 By H.E.STRONG.

31. Casket sealed by H.E.STRONG.

Signature of Embalmer, (Supervisor) H.E. StrongH.E.STRONG.

SHIPMENT. (Show actual marking of box.) Box No. C-11807

32. Designation of body:

Name ALLEN, RALPH E Serial No. 369163

Rank Pvt Organization Co. F, 116th Inf.

33. Consigned to:

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

34. Casket boxed and marked (Date) Oct 14th 1921 By H. S. Strong.

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

Geo. C. Bland, 1st Lieut U.S.C.

36. Remarks

None.

37. Shipped from point of Operation: (Date) Oct. 14th 1921

To point of Concentration Morgue Romagne.

Convoyer W. J. ROYD Signature Shipping Officer Albert M. Jackson, Capt. U.S.C.

38. Received at Railhead or Point of Concentration: Date

By G.R.S. Representative

39. Shipped from Railhead or Point of Concentration: Date

To Permanent Cemetery

Convoyer Signature Shipping Officer

40. Received: Date

G.R.S. Representative

41. Reinterred Meuse Argonne Cemetery #1232. Oct. 15, 1921.

42. Grave No. Row 22, Block F. Grave 1 (Date) Section

43. Plot Row

G.R.S. Representative

hw

James W. Younger,
Capt. Q.M.C.



REPORT OF DISINTERMENT AND REBURIAL

Date Oct. 14, 1921.1. REMAINS OF ALLEN, Ralph. E SERIAL NUMBER 369163RANK Pvt. ORGANIZATION Co. F. 116th Inf.

2. Disinterred (date):

Oct. 14, 1921

From (give complete location):

Gr 149 sec 61, plot 3.

By: Group

4

Unit

sec 2.

3. Reburied (date):

In (give complete location):

Oct. 15, 1921.Meuse Argonne Cemetery #1232. Row 22, Block F. Grave 1

By: Group

Reburial S

Unit

Nature of reburial unlined casket.

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

wooden box and burlap and uniform, badly decomposed, features not recognizable.5. (a) Identification tags: Buried with body? plaque On grave marker? yes.

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

Plaque on body and tag on peg over body agree with G.R.S. records and are attached to body.5, 14, 17, 18, 31 decayed cavity.6. What does examination of body show as regards the following identifying items? 1, 3, 19, 30 M.B.D.(a) Height (actual measurement) impossible to determinedo

(b) Weight (estimated)

(c) Hair—Color dark brown apparentlyQuantity mediumCharacteristics straight.(d) Hair on face—Color none.none.

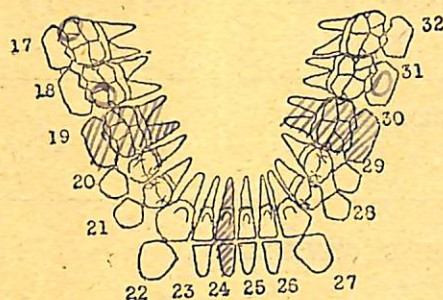
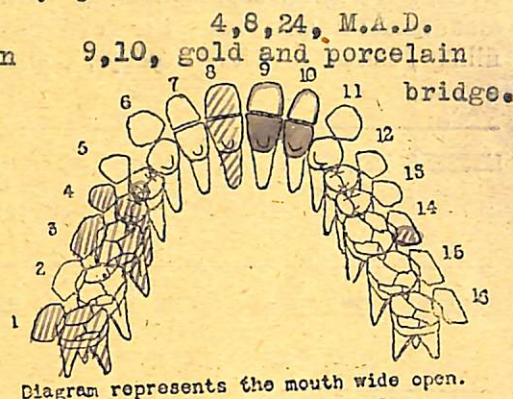
Location

Quantity none.

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

missing parts) do

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

do

7. Disinterment supervised by

H.E. Strong

Approved:

Geo. C. Bland 1st Lt. Q.M.C.
(Title)

8. Reburial supervised by

W.B. Shields

Approved:

James W. Younger, Capt. Q.M.C.
(Title)

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 #14, 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.



COMPILATION OF DISPOSITION OF REMAINS DATA

File # 43457

I. LOCATION INDEX CARD:

(a) Name ALLEN, Ralph E. Ser. No. 369163
 (b) Rank Pvt. Organization Co F. 116th Inf.
 (c) Date of death 10-9-18 (d) Cause of death K/A

hmp
TYP.

CB

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

(a) Grave No. 149 Row ---- Plot 3 Sec. 61 TYP. hmp
 (b) Emerg. Address Mr. Phillips. S. Allen, (Father) South Berwick,
York, Maine.

III. Files of soldiers dying from contagious diseases / CKR. CB

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

V. Following advice forwarded to Europe by { cable on MAY 17 1921, 192
 letter of transmittal on Sec. 61 -, 192

PARAGRAPH 2 - NOT TO BE RETURNED SL

VI. Form 115 forwarded to G. R. S., Hoboken, N. J., _____, 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

COUNTRY

CEMETERY No.

SHEET No.

43457
GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Allen, **369163** **Ralph L.**
(Surname). (Number). (First Name and Initials).

Pvt. **Co F, 116th Inf.**
(Rank). (Organization).

PLACE OF BURIAL:.....

CAUSE OF DEATH: **Killed in action**

DATE OF BURIAL: **October 14, 1918.**

PLACE OF BURIAL: **At point 25.2 - 80.3**

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

Map Verdun B 1/20,000 Tirage du 19 Mai
1918. 2 kilo. north of Brabant sur Meuse.

GRAVE NUMBER: **14**

HOW MARKED: Name Peg? **Yes** Cross?.....

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:

ADDRESS:

RELATIONSHIP:

REPORTED BY:

F.C. Reynolds Chaplain 115th Inf.
(Signature and Rank of Reporting Officer).

43 458
1. U.S. Form No. 1. Hq. G. File

2. Soldier's No. 369163

3. Allen

Ralph E.

Surname

First Name and Initials

4. F 116th Inf.

Rank

Company

Regt. or Corps

5. Date of Death

Cause, if known

6. Battle Area

Date of Burial

Cemetery

7. Consenvoye

Meuse

Town or Commune

Department

8. 22

Grave No.

Plot No. or Letter

9. Name Peg? Cross? yes Headboard? Bottle?
Check Method of Marking

10. Buried with Body? Attached to Grave Marker? yes
Identification Tags

11. If name unknown and tags missing, give marks and description

12. Map Reference, if interment is outside of cemetery

Sketch No. 26

13. Give name of Chaplain or Burial Officer

Signed Philip Taliaferro

Group 3 Unit 311 G.R.S.

RBSk
659

File 43457

Reg. Cards.

March 11th 1919

G.R.S. For: Mr. S; General Records Division.

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: **369163**

() First name: **Ralph E.**

() Rank: **Pvt**

() Company: **Co F**

() Organization: **116th Inf**

() Date of death: **Oct 9th 1918**

() Cause:

() Place:

Location of hospital:

Number " "

Class " "

() Relative: **Mr. Phillip S. Allen**

() Relationship: **Father**

() Address: **Berwick, Me.**

() Authority: **South Berwick, York**

Cablegram No: **301**

Telegram from:

dated:

() Reported to Washington:

C.C. Nos:

(UnderSCORE the "official" C.C.)

() Remarks:

() Show present status on reverse side.

Burial notification was sent to this address and returned; verify address;

CHARLES C. PIERCE,
Lieut.-Colonel, G.H.C., U.S.A.

Initials of Reporter:

WAR DEPARTMENT

GRAVES REGISTRATION SERVICE
American Expeditionary Forces

OFFICIAL BUSINESS

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

43451
JAB

RETURN TO WRITER



Mr. Phillips S. Allen,

Meino.

UNKNOWN



WAR DEPARTMENT.

GRAVES REGISTRATION SERVICE.

WASHINGTON, D. C.

OFFICIAL BUSINESS.

Unknown.

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~~South Berwick~~

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