

REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Name: Allen, William L.

Number: 114854

Rank: Pvt.

Organization: Co.A, 2nd M.P.

Disinterment and Reburial made by Group _____ Unit "B"

Disinterred (Date)

From: (Give complete location)

June 12, 1919

Plot-4 Myers at Montreuil-aux-Lions, Aisne

Coord. 256.8N - - 168.4E

Grave 4.

1764

Reburied (Date)

in: (Give complete location)

June 12, 1919

American Cemetery at Belleau Woods, Aisne

Coord. 262.60N - - 176.04E

Plot-2, Sec. S, Grave 87.

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

Body in poor condition.

Was one identification tag found upon the body? yes

What other means of identification were found on the body? none

203451

Note:

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

Supervised by: Sgt. R. Turner

H.C. McCann
C.O. Group _____ Unit _____

file

REPORT OF DISINTERMENT AND REBURIAL

Date 6.18.21

1. REMAINS OF ALLEN, WILLIAM J. SERIAL NUMBER -----

RANK PVT. ORGANIZATION 1st. CO. MIL. POL. 2nd. DIV.

2. Disinterred (date) : 6.18.21 From (give complete location) : GR. 87 SEC. SEPT. 2.

By : Group Bosse. Unit FIELD SECTION # 7

3. Reburied (date) : 6.18.21 In (give complete location) : GR. 87 SEC. S. PT. 2.

By : Group Bosse. Unit FIELD SECTION # 7 Nature of reburial BURLAP & BOX.

4. Report as to nature of original burial and condition of body upon disinterment :
BADLY DECOMPOSED
FEATURES UNRECOGNIZABLE
U.S. Army Uniform (leather puttees) & burlap.

5. (a) Identification tags : Buried with body ? YES On grave marker ? NO

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

Improvised Mil. Pol. billy. Body disc gave ser. No. 114854
Brassard on sleeve of uniform.

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

(a) Height (actual measurement) IMPOSSIBLE TO DET RMINE

(b) Weight (estimated) IMPOSSIBLE TO DET RMINE

(c) Hair—Color IMPOSSIBLE TO DET RMINE

Quantity IMPOSSIBLE TO DET RMINE

Characteristics IMPOSSIBLE TO DET RMINE

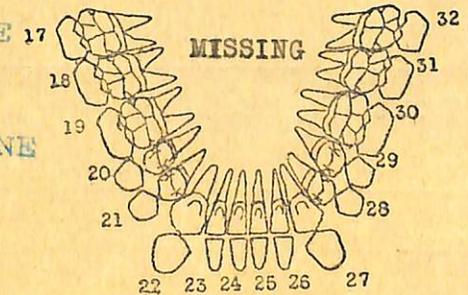
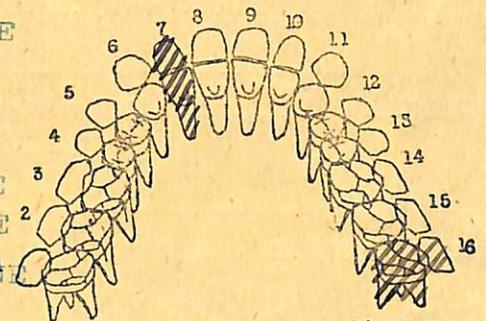
(d) Hair on face—Color IMPOSSIBLE TO DET RMINE

Location IMPOSSIBLE TO DET RMINE

Quantity IMPOSSIBLE TO DET RMINE

(e) Permanent marks on body (old scars, peculiarities, or missing parts) IMPOSSIBLE TO DET RMINE

(f) Wounds or missing parts (received at time of casualty) 7 e.ext; 16 mis.a.d.



MISSING: Lower jaw.

FRACTURES : top of skull

7. Disinterment supervised by Harry A Bosse
H.V. BOSSE. SUP. EMB.

Approved : M.B. Birdseye
M.B. BIRDSEYE, 1st. LT. MC.
(Title)

8. Reburial supervised by Harry A Bosse
H.V. BOSSE. SUP. EMB.

Approved : M.B. Birdseye
M.B. BIRDSEYE, 1st. LT. MC.
(Title)

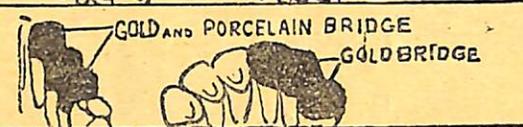
INSTRUCTIONS FOR THE PROPER COMPLETION OF G. R. S. FORM NO. 16-A

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 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".

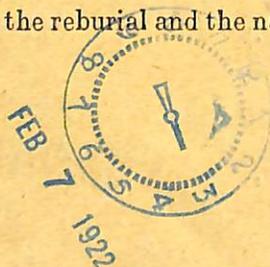
(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying 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.

<p>MISSING TEETH All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus :</p>	 <p align="center">TOOTH MISSING TOOTH MISSING</p>
<p>CROWNED TEETH Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus :</p>	 <p align="center">GOLD CROWN PORCELAIN CROWN</p>
<p>BRIDGE WORK Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :</p>	 <p align="center">GOLD AND PORCELAIN BRIDGE GOLD BRIDGE</p>
<p>FILLINGS Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus :</p>	 <p align="center">SILVER FILLING GOLD FILLING GOLD FILLING GOLD FILLING</p>
<p>CARIES (CAVITIES) Outline location and size of cavity, shade in thus :</p>	 <p align="center">CAVITY DECAYED DECAYED</p>
<p>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."</p>	

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.



CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>Allen</i>	<i>ALL</i>	3	<i>1 0 0</i> <i>2 2</i>
<i>William L.</i>	CEMETERY <i>1764</i>	1	<i>4</i>
BURIED	GRAVE <i>45</i>	2	<i>45</i>
<i>342</i> <i>2nd. May 6 - 17</i>	ROW <i>8</i>	2	<i>08</i>
	BLOCK <i>a</i>	1	<i>1</i>
STATE	<i>Miss</i>	2	<i>27</i>
RANK	<i>Pvt 1/c</i>	1	<i>2</i>
DIVISION	<i>2</i>	2	<i>02</i>
ORGANIZATION	<i>2</i>	3	<i>002</i>
ARM	<i>Inf Pcb</i>	1	<i>6</i>
MARITAL (<i>Sister</i>)	<i>Divorced</i>	1	<i>4</i> <i>Rm</i>
NAME <i>Downing, Mrs.</i>		3	
<i>Carrie</i>	STATE	2	
RESIDENCE	COUNTY	2	
<i>Plainview, Miss</i>	CITY	5	
RELATION	<i>Mother</i>	1	<i>1</i>
OTHER		1	
ELIGIBILITY <i>not face</i>	<i>Dead</i>	1	<i>6</i>
NATIVITY <i>no</i>		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
. TRIP	YR.	1	
ACCEPTANCE		1	
<i>29/514/</i>			

AUDITED

AUG 17 1932

RS

M^eL

13
2013

1764.

aged 92

Plainville, Mass.

Aug. 25, 1932.

Dear Sirs;

In reply to
letter D.M. 293 A.M. I
am writing in regard
to William L. Allen.

He was under my
care after our
mother's death for
five or more years,
before he was
eighteen years of age.

As near as I can
remember our mother
died about 1893 ^{11 yrs old} and
our father in 1898. ^{16 yrs old} ^{no loco 128}

I remain
Yours Sincerely
Mrs. Carrie Downing

QM 293 A-M
Allen, William L. (AM)

August 19, 1932

Mrs. Carrie Downing,
Plainview, Minnesota.

Dear Madam:

This office is making an earnest endeavor to communicate with all women who may be eligible to make a pilgrimage to the cemeteries of Europe under the provisions of the Act of March 2, 1929, as amended May 15, 1930.

It is therefore requested that you advise whether or not your brother, the late Private first class William L. Allen, is survived by a stepmother or any woman who stood in loco parentis to him for a period of five years at any time prior to his reaching eighteen years of age, and if so, her name and address. It will be appreciated if you will also furnish the dates of death of your parents.

A self-addressed envelope which requires no postage is enclosed for your convenience in replying.

For The Quartermaster General.

Very truly yours,

CHAS. W. DIETZ,
Captain, Q. M. Corps,
Assistant.

Enclosure:
Envelope.

KK

0166

AUG 20 10:13
A QMG M & P B

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

December 12, 1930

IN REPLY REFER TO QM 293 A-M
Allen, William L. 1764

Mr. Richard Stevens,
Eyota,
Minnesota.

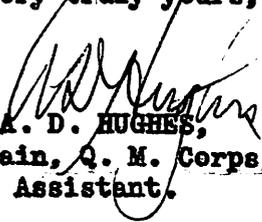
Dear Sir:

In order that the records of this office may be complete and correct, it is requested that you advise whether or not the late Private, first class, William L. Allen is survived by his mother, and if so, her name and address.

For your convenience in replying, there is enclosed, herewith, a self-addressed envelope which requires no postage.

For The Quartermaster General.

Very truly yours,


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

Enclosure:
Envelope.

(over A)

Cyota, Minn.
Dec. 30, 1930.

War Department

Office of Quartermaster General
Washington, D. C.

Dear Sir: This is to inform you
that the mother of the late, Private,
first class, William L. Allen is not
living and ^{that she} died long before he
entered the army.

If you wish any further infor-
mation concerning Mr. Allen you
may be able to get it by writing
to his sister Mrs. Carrie Downing or
his brother John Allen both of
whom live in Plainview, Minn.



Yours very truly
R. U. Stevens.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Allen, William L. - 1764 Gdn

July 7, 1930.

Mr. Richard Stevens,
Eyota, Minn.

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:

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

If so, give her name and address:

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:

For The Quartermaster General,

Very truly yours,

Enclosures:
Envelope
Act
Amendment

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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Allen, William L. 1764

March 10, 1930

Mr. Richard Stevens,
Eyota, Minnesota.

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 guardian of the child of the late Pvt. 1st Cl. William L. Allen, Co. A, 2 Mil. Pol., whose remains are now interred in the Aisne-Marne American Cemetery, Belleau, Aisne, France.

Will you please fill in the answers to the following questions in the space provided on this letter, and return 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?
2. If so, give her complete address.
3. 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.

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, William L.
1764

Aug. 21, 1929.

Mr. John Allen,
Plainview, Minn.

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated ~~June 11, 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 11, 1929.

Allen, William L.

Mr. John Allen,
Plainview, Minn.

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, first class William L. Allen, Co. A. 2nd Mil. Police 2nd Div., whose remains are now interred in the Aisne-Marne American Cemetery, Belleau, Aisne, 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.

DISPATCHED
1929 JUN 12 AM 10
O.D.M.G.M & R DIV.

QM 293 A-C

(Allen, William L.)

November 19, 1926.

Mr. John Allen,
Plainview,
Miss.

Dear Sir:

The inclosed card gives the permanent cemetery and grave location of the late William L. Allen.

The Quartermaster General desires that you be informed that all American military cemeteries, both in Europe and in our own country, will be maintained by the Government forever, the graves permanently marked by headstones showing the decedent's name, rank, organization, State, and date of death, all of which will be done without the necessity of requests emanating from relatives.

Please understand that in effecting the final disposition of our heroic dead the utmost care and reverence is exercised.

Very truly yours,

J. McCLINTOCK,
Major, Q. M. Corps,
Assistant.

1 Incl.
Record card.

26/570

O.O.M.G.M. & R. DIV.

NOV 19 AM 11 03

DISPATCHED

To be prepared in triplicate.

DATE Oct. 14, 1922

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, William L.

10. Name Body disc reads: William Allen

2. No. --

11. No. 114854

3. Rank Pvt. 1st Co. 2nd Div.

12. Rank

4. Org. 1st Co. Mil. Pol. 2nd Div.

13. Org. M.P. 2nd Div.

5. D.D. June 18, 1918

14. (a) D.D.

6. C.D. KIA

(b) D.B.

Discrepancy found upon disinterment

7. Grave No. 87 Sec. S

15. Grave No. Sec.

8. Plot 2 Row

16. Plot Row

9.

17. no discrep.

18. Cemetery Aisne-Marne Amer.

19. Commune or town Belleau

20. Dept. or County Aisne.

21. Country France

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

1764

23. Disinterred (Date) Oct. 14, 1922

By C.P. Keating

24. Inscription on grave marker:

Name William L. Allen

Serial No.

Rank Pvt.

Organization 1st Co. Mil. Pol. 2nd Div.

25. Was identification disc found on grave marker? no On body? yes

Signature Junior Technical Assistant

W. D. Wall Jr.

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).

Bottle record agrees. M.P.'s club on body. (Sent in as effects)

27. Condition of body Badly decomposed. Features unrecog.

28. Nature of burial Burlap and wooden box.

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? See Nos. 10 to 12 above.

30. Body prepared and placed in casket: Date Oct. 14, 1922 By C.P. Keating

31. Casket sealed by

C.P. Keating

Signature of Embalmer, (Supervisor)

C.P. Keating

ALTIMED 9/22 9/24/26

SHIPMENT. (Show actual marking of box.) Box No. C-31127

32. Designation of body:

Name William L. ALLEN. Serial No. _____

Rank Pvt. Organization 1st Co. Military Police, 2nd Div.

33. Consigned to:

Name of Permanent Cemetery Aisne-Marne Amer. Cty. 1764, Belleau, Aisne

34. Casket boxed and marked (Date) Oct. 14, 1922 By G.P. Keating

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 O.E. Davis, 1st Lt. QMC

36. Remarks _____

_____ none _____

37. Shipped from point of Operation: (Date) Oct. 14, 1922

To point of Concentration _____ (Name) _____

Convoyer _____ Signature Shipping Officer _____

38. Received at Railhead or Point of Concentration: Date _____

By G.R.S. Representative _____

39. Shipped from Railhead or Point of Concentration: Date Oct. 14, 1922

To Permanent Cemetery Aisne-Marne Cem. 1764, Belleau (Aisne)

Convoyer _____ Signature Shipping Officer O. E. Davis, 1st Lt. QMC

40. Received: Date _____

G.R.S. Representative _____

41. Reinterred Oct. 14, 1922, Aisne-Marne Cem. 1764, Belleau (Aisne)

42. Grave No. 45 Section _____

43. Plot BLOCK Row 8

G.R.S. Representative W.D. Cleary
W.D. Cleary
Lt., Chaplain, USA.

Place **Belleau (Aisne)**

REPORT OF DISINTERMENT AND REBURIAL

Date **Oct. 14, 1922**

1. REMAINS OF **ALLEN, William L.** SERIAL NUMBER **- - 114854**
RANK **Pvt. 1st** ORGANIZATION **Coa 1st Co. Mil. Pol. 2nd. Div.**

2. Disinterred (date) : **Oct. 14, 1922. Gr. 87, Sec S. Pl. 2. Cem. 1764**
From (give complete location) :
By : Group **2** Unit **Aisne Marne**

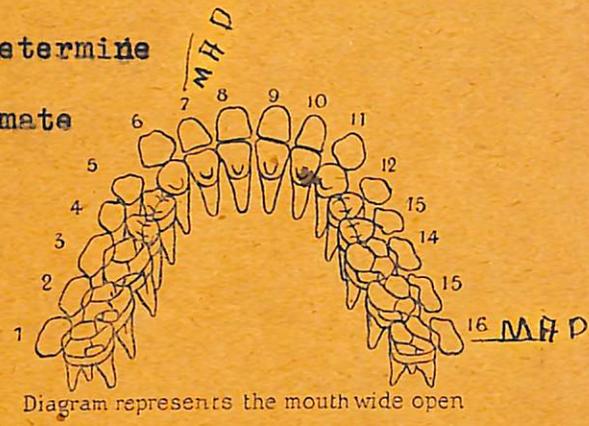
3. Reburied (date) : **Oct. 14, 1922** In (give complete location) : **Gr. 45, Block A, Row 8, Aisne-Marne Cem. 1764, Belleau (Aisne).**
By : Group **re-burial group** Unit _____ Nature of Reburial **Lined casket**

4. Report as to nature of original burial and condition of body upon disinterment :
Burlap and wooden box.
Badly decomposed. Features unrecog.

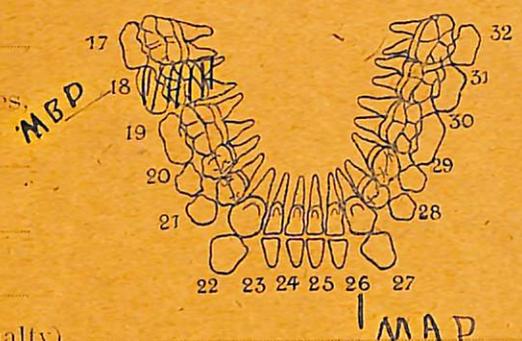
5. (a) Identification tags : Buried with body ? **yes** On grave marker ? **no**
(b) Other means of identification found upon disinterment, and general remarks :
M.P.'s club on body. Bottle record agrees.
(copy in an envelope) Disc on body read: "William Allen, M.P. 2nd. Div. 114854"

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

(a) Height (actual measurement) **Impossible to determine**
(b) Weight (estimated) **Impossible to estimate**
(c) Hair—Color **none visible**
Quantity _____
Characteristics _____
(d) Hair on face—Color **none visible**
Location _____
Quantity _____



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



(f) Wounds or missing parts (received at time of casualty)
Fractures: Top of skull shattered.
Missing parts: None visible

Checker: W. D Wall Jr.

7. Disinterment supervised by **C. P. Keating S.E.** Approved: **O.E. Davis, 1st. Lt. OMC**
(Title)

8. Reburial supervised by **L.D. Kays** Approved: **W.D. Cleary**
(Title) **Lt., Chaplain, USA.**

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.

COMPILATION OF DISPOSITION OF REMAINS DATA

File #4019

I. LOCATION INDEX CARD:

(a) Name ALLEN, William L. ok-(3-22-21) M. Ser. No. 114854 ok-(3-22-21) M. ✓
(b) Rank Pvt. 1/c - C.R. 9/30/21 - 5789 Organization 1st Co. Mil. Police 2nd Div. TYP. evs
(c) Date of death 6/18/18 (d) Cause of death k/a Co. A Mil. Police 2nd Div. CKR. B.J. (C.R. 10-14-21) 208

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

(a) Grave No. 87 Row - Plot 2 Sec. S TYP. evs
(b) Emerg. Address Mrs. Carrie Downing (Sister) Plainview, Minn. (Over)

III. Files of soldiers dying from contagious diseases - CKR. B.J.

IV. A. G. O. DISPOSITION CARD:

Date of receipt None

(a) Name John Allen (b) Relationship Brother
(c) Address Plainview, Minn.
(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 M OM Date 2-19-1920

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

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

No correspondence

Examiner's Initials M OM Date 2-19-1920

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

(a) Cancellation memos referred to?

Examiner's Initials M OM Date 2-19-1920

COUNTRY FRANCE

CEMETERY No. 1764

SHEET No. 31

G. R. S. Form No. 115 Amended April 6, 1929

CARDED ✓

Make Form No. 114

FORM 115 - COMPLETED

AP 3/23/21

Check 3-22-21

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

RECEIVED.

APR 2 1921

VIII. FINAL ACTION:

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

RECEIVED
GENERAL INVESTIGATIVE DIVISION
OVERSEAS PROJECT SUB-SEC.

MAR 10 1921

Par. # 2 Not To Be Returned

mcf

IX.

CORRECTIONS

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

X. SUSPENSION REMARKS:

*B.A.M.R. Mrs. Carrie Downing (Pict)
Plainview, Minn. 3-16-21 E.M.*

COMPILATION OF DISPOSITION OF REMAINS DATA

File #4019

I. LOCATION INDEX CARD: *Allen, William L. oh. (3-22-21) M* 114854 *oh. (3-22-21) M*
 (a) Name *Pvt. 1/c* *C.R. 9/30/21 - DTES* *A (3-22-21) M* *Co. Mil. Police 2nd Div.* *(C.R. 10-14-21) M*
 (b) Rank *6/18/18* Organization *COA. Mil. Police* *2nd Div.*
 (c) Date of death _____ (d) Cause of death *B.J.*

II. REGISTRATION CARD.—(Check Reg., Card Inf. against Loc., Ind., Inf.): *87* *evs*
 (a) Grave No. _____ *Mrs. Carrie Downing (Sister) Plainview, Minn.* *Row Plot Sec* *TYP.*
 (b) Emerg. Address _____

III. Files of soldiers dying from contagious diseases _____ *CKR. B.J.*

IV. Information on which advice to Europe in letter of transmittal was based:
G. S. C. Card: John Allen Brother Plainview, Minn., desires body to remain in France
H.S. 3-23-21

V. Following advice forwarded to Europe by { cable on _____, 192
 letter of transmittal on _____, 192

Par. # 2 Not To Be Returned

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. _____

at 3/23/21

CEMETERIAL DIVISION
REGISTRATION SECTION

FILE

March 21st 1921

MEMO FOR:

Cards Department.

1.

CASE OF:

1st Company Military Police 2nd Division
ORGANIZATION (Old)

ALLEN 114854 William L. Private
(Name)

FILE

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) **Co.A. 2nd Military Police 2nd Div.**

FILE NO.	Date	Place	F-1A No.
SURNAME	Orig.		D-
SERIAL NUMBER	1st Reb.		D-
FIRST NAME AND INITIALS	2nd Reb.		D-
RANK Private First Class	3rd Reb.		D-
DATE OF DEATH			
CAUSE OF DEATH			

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

BY: Helen A. Souder

Investigation & Adjustment

(Department)

5 x 8 card was sent to file.

Corrections made
on Organization
File Card:

By [Signature]

S/1105/AML

9

293

C° A. 2nd M.P.
2nd Div.

ALIEN, William L. ~~II~~ ^{Pvt. 1st Class} II4854
Home ?..

Pfc Allen was killed instantly by enemy shell fire (H.E.) at Montreuil, France (Chateau-Thierry Sector) June 18th 1918.

Pfc Allen was buried by F.H. N° 1 but that Hospital advise that they have no record of burial. He was buried in cemetery on east side of road in Montreuil. Number of grave not known.

Informant : Pemberton, Richard L. Capt.
C° P.M. 2nd Div.

Home : 222 Vine Street, Chattanooga, Tenn.

Signed : By Informant.

March 22nd 1919

file
7/7/30

HC

CEMETERIAL DIVISION
REGISTRATION SECTION

October 11, 1921

MEMO FOR:

Cards Department.

1.

CASE OF:

Co. A. 2nd Mil. Police 2nd Division.ORGANIZATION (Old)ALLEN, #114854, William L. -- Private 1/class.(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) Co. A. Mil. Police 2nd Div.

FILE NO.	Date	Place	F-IA No.
SURNAME	Orig.		D-
SERIAL NUMBER	1st. Reb.		D-
FIRST NAME AND INITIALS	2nd Reb.		D-
RANK	3rd Reb.		D-
DATE OF DEATH			
CAUSE OF DEATH.			

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

BY: Muriel D. Towne.

Investigation & Adjustment.
(Department)

5 x 8 card was sent to file.

Corrections made
on Organization
File Card:

By *B*
S/3324/LML

FROM: O.Q.M.G.
CEMETERIAL DIVISION
Munitions Building
Room

PLEASE
EXPEDITE

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

FILE

G.R.S. Form 8-W-A-0

Information requested of A.G.O.

Date 3/16/21.

File No. Requisition.

(SPECIAL)

From: The Quartermaster General, U. S. Army, (Cemeterial Division)

To: The Adjutant General of the Army, 6th & B Sts., N.W., Washington, D.C.

Subject: Information required for G.R.S.

1. It is requested that the items checked below be completed, Request confirmation of all information shown.

- | | | | |
|-------------------|--|----------------------|--|
| a. Surname | Allen <i>OK</i> | f. Date of death | 6/18/18 <i>OK</i> |
| b. Christian name | William L. <i>OK</i>
(William Lorenzo) | g. Cause of death | K/A <i>OK</i> |
| c. Serial Number | 114854 <i>OK</i>
(?) | h. Authority (C.O.#) | 170
2nd Div. |
| d. Organization | 1st Co. Mil. Police
<i>Co d Mil Pol 2nd Div</i> | i. Emergency address | <i>Carrie Downing
Plainview, Minn.</i> |
| e. Rank | Pvt. <i>OK</i> | j. Relationship | <i>Sister.</i> |

DENTAL CHARTS
(See Physical report of examination prior to enlistment)

- | | | | |
|---|--|---------------------------------|--|
| a. Age of enlistment | | a. Strike out teeth missing | |
| b. Color of eyes | | 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 | |
| c. Color of hair | | upper right upper left | |
| d. Height | | 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 | |
| e. Weight | | lower right lower left | |
| f. Permanent marks and physical defects at enlistment (Old fractures or breaks) | | | |

Adjustment Made
APR 4 1921
File No. *4019*

NOTED FORM 115
DATE 3-22-21 M1

*Donnelly Enl. Rec Sec
L.V.L. Mng 8 3-18-21*

H. L. ROGERS,
Quartermaster General, U.S.A.

BY:

[Signature]
H. J. CONNER,
1st. Lieut. Q.M.C.

CEMETERY NO: 1764

SHEET NO: 31

TAKEN BY: *JBS*
prev. correction
B/713/LML

Rec'd War Div.
MAR 18 1921

MAR 18 1921

OFFICE OF THE QUARTERMASTER GENERAL
CEMETERIAL DIVISION

C. W. Harlow

OVERSEAS PROJECT SUB-SECTION

Please make

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

ALLEN, William L.

Pvt.

C-21950

1764: 31

2-19-21

SERIAL NUMBER

ORGANIZATION

114854

1st Co. M / P 2nd Div.

D/D: 6-18-18

WAR RISK INSURANCE INFORMATION

Copy forwarded to

Adjustment Department

Date *2-16-21 E.M.*

DATE March 12, 1921.

NAME OF BENEFICIARY

RELATIONSHIP

Mrs. Carrie Downing,

Sister

Address

Plainview, Minn.

S/709/LML

copy

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

C.W. Harlow

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

ALLEN, William L.

Pvt.

1764: 31

2-19-21

SERIAL NUMBER

ORGANIZATION

114854

1st Co. M / P 2nd Div.

D/D: 6-18-18

FILE

Adjustment Made
3/10/21 19 1922

4019

File No.

WAR RISK INSURANCE INFORMATION

NOTED FORM 115

DATE 3/16/21 E.M.

DATE

3/10/21

NAME OF BENEFICIARY

RELATIONSHIP

Mrs. Carrie Downing

Wife

Address

Plainview, Minn.

S/709/LML

Classification _____
Adjustment _____

CEMETERY DIVISION
GRAVES REGISTRATION SERVICE
REGISTRATION SECTION

Date JUN 15 1920

MEMORANDUM:

To: Registration Files Sub-Section.

Subject: Adjustments made on Registration Files.

1. Changes as checked have been made in the Registration Files which will necessitate a corresponding change in the Classification Files.

	CORR.	ADD. DATA		CORR.	ADD. DATA
File Number			Date of Burial		
Name			Date of Reburial		
Serial Number			Burial Information		✓
Rank			Nearest Relative		
Organization			Notified Nearest Relative		✓
Cause of Death			Blue Card thrown out		
Date of Death			White Card set up		
Casualty Cablegram Number					

O.K. Alphabetical Files N.C. 6-19-20

~~O.K. Organization Files~~ _____

~~O.K. State Files~~ _____

✓ Card Department
Cemetery Audit Department
Investigation & Adjustment Dept.
By A. Soffer

1 Cards attached.

FROM: O. Q. M. G.
CEMETERIAL DIVISION
Munitions Building
Room 1128

PLEASE
EXPEDITE

Adjustment Made
MAR 24 1921

WAR DEPARTMENT

Office of the Quartermaster General of the Army
Washington

G.R.S. Form 8-W-A-0
Information Requested of A.G.O.

Date 2/21/21.

File No. Requisition.

From: The Quartermaster General, U. S. Army, (Cemeterial Division)
To: The Adjutant General of the Army, 6th & B Sts., N.W., Washington, D.C.
Subject: Information required for G.R.S.

1. It is requested that the items checked below be completed, Request confirmation of all information shown.

- a. Surname Allen *OT*
- b. Christian name ~~William Lorenzo~~
or (William L.) *OT*
- c. Serial Number 114854 *OT*
- d. Organization ~~1st Co., Mil. Pol., 2nd Div.~~ Emergency address *Mrs. Carrie Brown*
or (~~1 Co., Mil. Pol., 2 Div.~~) *Haw River, Minn.*
- e. Rank Pvt. 1st Cl. *Co 9 2nd M. Div. 2nd Ser.* Relationship *Sister*
- f. Date of death 6/18/18. *OT*
- g. Cause of death K/A. *OT*
- h. Authority (C.O.#) 170.

BODY DESCRIPTION
(See page #2 of the Service Record)

DENTAL CHARTS
(See Physical report of examination prior to enlistment)

- a. Age of enlistment
 - b. Color of eyes
 - c. Color of hair
 - d. Height
 - e. Weight
 - f. Permanent marks and physical defects at enlistment (Old fractures or breaks)
 - a. Strike out teeth missing
- 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
upper right upper left
- 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
lower right lower left

*Donnelly Ent Des Sec
L. V. W. 2-24-20*

H. L. ROGERS,
Quartermaster General, U.S.A.

BY: *H. J. Conner*
H. J. CONNER,
1st. Lieut., Q.M.C.

C.W.
CEMETERY NO: 1764
SHEET NO: 31
TYPED BY: I.W.
S/713/LML

Rec'd S & S Div., A.G.O.
FEB 23 1921 6

WAR DEPARTMENT
OFFICE OF THE DIRECTOR OF PURCHASE AND STORAGE
WASHINGTON

Date 1-28-20.

FILES

MEMORANDUM TO

A.G.O.

Miss Bartell, Br. 1388.

Confirming telephonic conversation of 1-22-20.

re. case of Pvt. 1cl. William L. Allen, Co. A, 2nd Mil. Police,
the records of this office show that #114854.
Pvt. 1cl. William L. Allen,
1st Co. Mil. Police, 2nd Div. was reburied in Grave #87, sec. S,
Plot 2, American Cty. #1764, Belleau Woods, Aisne.

Original burial Grave #4, Amer. Plot French Civ. Cty. #224,
Date of original burial Montreuil-aux-Lions, Aisne.
6-13-18.
Date of reburial 6-12-19.

By authority of the Quartermaster General:

CHARLES C. PIERCE,
Colonel, U. S. Army,
Chief, Graves Registration Service.
By:

ER

CHARLES J. WYNNE,
Captain, Q.M.C.,
Graves Registration Service.

TO:- REGISTRATION BRANCH, G.R.S.

Date 1-22-20

FROM:- INQUIRY BRANCH.

Please furnish information as checked (✓) below regarding the following soldier:

NAME Allen, William L. Serial Number 114834

RANK Pvt 1cl. ORGANIZATION Co A 2nd Military Police

NO.	QUESTION	REPLY
1.	Do particulars of soldiers given above agree with Records?	1 1st Co. Mil. Police
2.	Date of Death.	2nd Div.
3.	Cause and place of death	2. 6-18-18
4.	Number of Casualty Cablegram	3 - N/A
5.	Date buried	4 CC 170
6.	Grave Location. (a) Complete record required. (b) Name of Cemetery or Commune only required. (c) Note reinterments.	5-6-18-18
7.	Who reported burial?	Disinterred from
8.	Confirmed by G.R.S.?	Grave 4, Amer. Plat
9.	Report as to Grave Marker.	French Civ. City 2nd
10.	Identification Tags: (a) Buried with body? (b) Attached to grave marker?	material - and Lims Aisne
11.	Complete Emergency Address?	6 Reburied 6-12-19 in
12.	Has above been notified? (Give date)	Grave 874 Sec. 1, Plot 2
13.	Report the exact position of your inquiry on this case. (Reply in all cases if no information on record)	Amer. City 1764 Belleau Woods, Aisne
14.	What is the Photograph No.?	10 - record
15.	Inquiry made by?	10 b. " "
	<u>Miss Cartell</u> 1388 Correr Sec # 2201	11 - Mrs Carrie Downing Blamrew, Minn
	N.B. All Proper names to be typewritten, or printed in PLAIN BLOCK LETTERS.	12 - 10-26-18
	MSL 2886/MB	Released by Information Control Dept. Directory Cards 5 x 8 Cards 4 x 6

201 (Allen, William L.)

1st Ind.

MCT-H^{MS}-59

4019

War Dep't., A.G.O., May 14, 1919-To the Commanding General, American Expeditionary Forces, France.

For all available information regarding the death of this soldier in order to enable this office to answer the inquiries in the foregoing communication.

By order of the Secretary of War.

W. V. Carter,

Adjutant General.

(Synopsis made)

Received
A.G.O.
MAY 20 1919

201 A.G.O.

2nd Ind.

CCP/tvh.

201.3 Allen, Wm. L., Pvt.) GRS.

Graves Registration Service, Office of the Quartermaster General, Munitions Building, Washington, D. C., Sept. 10, 1919. To: Adjutant General's Office, War Department, Washington, D. C.

1. Returned. This soldier is buried in Grave 87, Section S, Plot 2, American Concentration Cemetery at Belleau, Department of Aisne. Cause of death: "Killed in Action", according to casualty cablegram 170. This is a case of disinterment and reburial.

By authority of the Quartermaster General.

RECEIVED
MAY 20 1919
A.G.O.
G.R.S.

Charles C. Pierce
Colonel, Q. M. C.
Chief, Graves Registration Service.

Allen,
(Surname.)

William ~~Lorenzo~~
(Christian name in full.)

114 854
(Army serial number.)

Pvt 1 Co Mil Pol 2 Div

(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 rema'ns.) (Express office.) (Telegraph office.)

(Number and street.) (City or town.) (State.)

(Sign here)

John Allen
Blairview *Miss.*

(Number and street or rural route.) (City, town, or post office.) (State.)

Read carefully the letter accompanying this card.

30

1861
Herb
Museum

Drawn by
mom 2-19-21
1764- (31)

G.R.S. Form #114-B CAUSE OF DEATH

killed in action

FULL NAME..... ALLEN, William L.

RANK..... Pvt. 1/cl

SERIAL..... 114854

DIVISION & ORGANIZATION..... Co. A, 2nd Military Police, 2nd Div.

DATE OF DEATH..... 6-18-1918

STATE FROM WHICH HE CAME..... *Missouri*

MEDALS OR DECORATIONS AWARDED..... *none*

FINAL GRAVE LOCATION.....
Date Grave Row Block

Cemetery # 1764

Cemetery

MAY 9 1927
A. G. O.
WORLD WAR DIV.

✓

85-13-27

Journal

Allen, William Lorenzo

Pvt 1st Co Military Police, 2d Div.

Killed in action June 18, 1918.

Emergency address: Carrie Downing,
sister, Plainview, Minn

AGO 7/5/18

Card on file

Write nothing below this line.

TO:- REGISTRATION BRANCH, G.R.S.S.

FILE NUMBER

FROM:- Chief, G.R.S.

DATE: 9/10/19

4019

Please furnish information as indicated below regarding the following soldier:

NAME Allen, Wm. L.

NUMBER 114854

RANK Private.

ORGANIZATION 1st. Co. Mil. Police, 2nd Div.

NO	QUESTION	REPLY
1.	Do particulars of soldier given above agree with Records.	(1) yes
2.	Date of Death.	Disinterred } 6/12/19 Reburied }
3.	Cause and place of Death.	
4.	Number of Casualty Cablegram.	
5.	Date buried.	
6.	Grave Location. (a) Complete record required. (b) Name of Cemetery or Commune only required.	(6) Grave #87 - Sec. 5 - Plot 2 - Cty., Belleau - #1764 Amer. Concentration Camp. Arise
7.	Who reported burial,	
8.	Has report been confirmed by G.R.S.?	
9.	Report as to Grave Marker.	
10.	Report as to Identification Tags. (a). Buried with body? (b). Attached to grave marker?	(11) (Sister) Mrs. Carrie Downing, Plainview, Miss.
11.	Who is nearest relative? (Name and address)	
12.	Has N/R been notified? (Give Date)	
13.	Report the exact position of your inquiry on this case. (Reply in all cases if no information on record)	(12) 10-26-18
14.	What is the Photograph No.? N.B. All Proper names to be printed in PLAIN BLOCK LETTERS.	
15.	Inquiry made by? A.G.O.	

Name Allen, 114854, William L.

Rank Pvt. Co. A {Corps Regt.} 2nd M.P.

Date of Death

Place

Cause

Date of Burial 6/18/18

Grave No. 4

Cemetery N. 1

Identified by { Tag Papers Clothing }

List of Effects

I. G. MYERS,
2nd. LIEUT. Q. M. CORPS, N. A.

Field Record Made by

Group 1, Company 303, Graves Registration Service

For additional data use reverse side

JUN 30 1918

10 JUL 1918

4019

224