

Allred

(Surname.)

Everett

(Christian name in full.)

1,930,881

(Army serial number.)

Pvt.

326th Amb. Co. 307th San. Tr.

(Rank and organization.)

State your relationship to the deceased

*Sister*

Do you desire the remains brought to the United States?

*Yes*

(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:

(Name of person to receive remains.)

(Express office.)

(Telegraph office.)

(Number and street.)

(City or town.)

(State.)

(Sign here)

*Mrs. Effie Allred Boles  
Boatland, Tenn.*

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

293

G.R.S. Form #114-B

FULL NAME ..... ALLRED, Everett ✓

RANK ..... Pvt. ✓ SERIAL ..... 1930881 ✓

82 Div.

DIVISION & ORGANIZATION ..... 326th Amb. Co., 307th San. Trn. ✓

DATE OF DEATH ..... 1-21-19

STATE FROM WHICH HE CAME ..... Tenn.

MEDALS OR DECORATIONS AWARDED. ✓

FINAL GRAVE LOCATION ..... 1 13 A  
Date Grave Row Block

Suresnes, #34

Cemetery

REC'D WORLD WAR DIV

AUG 22 1924

23/306/ARK

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: Arrie May Allred

ADDRESS: Boatland, Tenn.

RELATIONSHIP: Sister

REPORTED BY:

*Robert M. ...*  
(Signature and Rank of Reporting Officer)

This portion to be forwarded to Central Records Office, A. G. O., A. E. F.

7. Disinterment supervised by

*A. J. Harvey*  
A. J. Harvey, Sup. Emb.

Approved; *O. E. Davis*  
O. E. Davis, 1st Lt., Q.M.C.  
(Title)

8. Reburial Supervised by

*R. G. Richards*  
R. G. RICHARDS,  
1st Lieut. Q.M.C.

Approved: *R. P. Harbold*  
R. P. HARBOLD,  
Major, Q.M.C.  
(Title)

NRRLT 3/11

# GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

**ALLRED** ..... **1930881** ..... **EVERETT**  
(Surname). (Number). (First Name and Initials).

**PRIVATE** ..... **326 AMBULANCE CO 307** .....  
(Rank). (Sanitary Train)

Date of death **21 January 1919**

PLACE OF DEATH: **U.S. BASE HOSPITAL #71**

CAUSE OF DEATH: **Bronchopneumonia**

DATE OF BURIAL: **23 January 1919**

PLACE OF BURIAL: **American Cemetery**

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

**Monesterol-Montignac, Dordogne, France**

GRAVE NUMBER: **183 (One hundred eighty three)**

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

Headboard? ..... Bottle? .....

IDENTIFICATION TAGS:

Was one buried with body? ..... **yes** .....

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

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

NEAREST RELATIVE: **Arrie May Allred**

ADDRESS: **Boatland, Tenn.**

RELATIONSHIP: **Sister**

REPORTED BY:

*Leafforvado*  
(Signature and Rank of Reporting Officer)  
*medic*

This portion to be forwarded to Central Records Office, A. G. O., A. E. F.

**GEO. D. PARKER, CHECKER.**

7. Disinterment supervised by

*A. J. Harvey*  
A. J. Harvey, Sup. Emb.

Approved;

*O. E. Davis*  
O. E. Davis, 1st Lt., QMC.

(Title)

8. Reburial Supervised by

*R. G. Richards*  
R. G. RICHARDS,  
1st Lieut. Q.M.C.

Approved:

(Title)

*R. P. Harbold*  
R. P. HARBOLD,  
Major, Q.M.C.

1 pocket knife

2 combs

1 Durham Duplex razor

1 pocket book with

One franc fourty centimes

Five cents

Thirteen one-cent stamps

1 I O U for 50 francs

*Clyde V. Hudson*  
CLYDE V. HUDSON

2nd Lt. Sanitary Corps

REGISTRAR



*Abbe Clifford D 22nd Lt*  
*Post B. H. 7/11-12-15*  
*no receipt at*  
*Justly*  
*Cherishly*

Disinterred (date):

Oct. 6th, 1921

From (give complete location):

Gr. 183, Cem. 212

By: Group 2

Unit \_\_\_\_\_ Section 7.

3. Reburied (date):

In (give complete location):

October 14th, 1921. - Suresnes Cemetery. - Block A - Row 13 - Grave 1.

By: Group Field Operations Branch Unit \_\_\_\_\_

Nature of reburial Metal Casket and Blanket.

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

Wooden box and uniform. Badly decomposed, features not recognizable.

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

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

Body tag corroded to pieces, illegible. Surname in pencil on box lid read:

"Redall". Cross tag checks.

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

(a) Height (actual measurement) Indiscernable due

(b) Weight, (estimated) to Decomposition.

(c) Hair—Color Apparently brown

Quantity Medium.

Characteristics Long and Wavy

(d) Hair on face—Color None

Location \_\_\_\_\_

Quantity \_\_\_\_\_

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

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

None.

Geo. S. Parker, checker.

7. Disinterment

supervised by \_\_\_\_\_

A. J. Harvey, Sup. Emb.

Approved: \_\_\_\_\_

O. E. Davis, 1st Lt., QMC.

(Title)

8. Reburial

Supervised by \_\_\_\_\_

R. G. RICHARDS, 1st Lieut. Q.M.C.

Approved: \_\_\_\_\_

R. P. HARBOLD, Major, Q.M.C.

(Title)

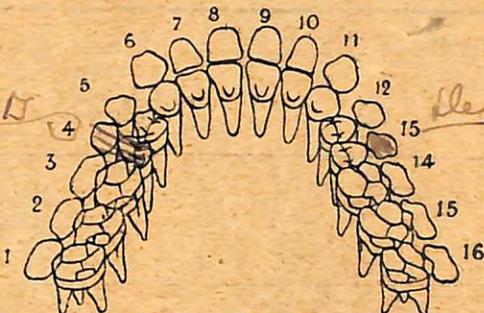
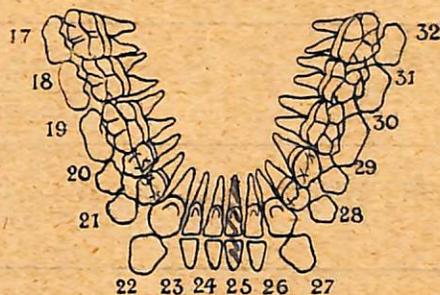


Diagram represents the mouth wide open



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

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

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.  
 2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.

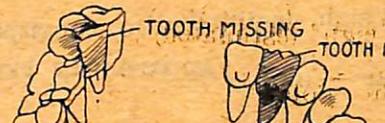
3. Give date and accurate information as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.

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

5. (a) State whether identification tags were found buried with body and for 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.



83794

# GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

... **ALLRED** ..... **1930881** ..... **EVERETT** .....  
(Surname). (Number). (First Name and Initials).

... **PRIVATE** ..... **326 AMBULANCE CO** .....  
(Rank). (Organization).  
**307. SANITARY TRAIN** .....

Date of death **21 January 1919**  
PLACE OF BURIAL: **U.S. BASE HOSPITAL #71** .....

CAUSE OF DEATH: **Broncho pneumonia** .....

DATE OF BURIAL: **23 January 1919** .....

PLACE OF BURIAL: **American Cemetery** .....

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

... **Menesterol-Montignac, Dordogne, France** .....

GRAVE NUMBER: **183 (one hundred eighty three)** .....

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.

**REVIEWED  
OSP SS**

NEAREST RELATIVE: **Arrie May Allred** .....

ADDRESS: **Boatland, Tenn.** .....

RELATIONSHIP: **Sister** .....

REPORTED BY:

*Beffowable*  
(Signature and Rank of Reporting Officer).  
*medic*

PERSONAL PROPERTY

- 1 pocket knife
- 2 combs
- 1 Durham Duplex razor
- 1 pocket book with
  - one franc fourty centimes
  - Five cents
  - Thirteen one-cent stamps
  - 1 I O U for 50 francs

*Clyde V. Hudson*  
CLYDE V HUDSON  
2nd Lt Sanitary Corps  
REGISTRAR



6-12-19

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.

**FILE.**

1. Items checked are to be completed:

( ) Surname: ALLRED  
 ( ) Number: 1930881  
 ( ) First Name: Everett  
 ( ) Rank: Pvt.  
 ( ) Company: 326th Amb. Co.  
 ( ) Organization: 307th San. Tr.  
 ( ) Date of Death: 1-21-19  
 ( ) Cause: B/P - *Boer War*  
 ( ) Place: *Boer War*

Location of hospital:

Number " "

Class " "

( ) Relative: *Officer Albert Boles*( ) Relationship: *son*( ) Address: *Boatland Tenn*

( ) Authority:

Cablegram No.: 569

Telegram from:

dated:

( ) Reported to Washington:

C.C. Nos:

( ) (Underscore the "official" C.C.)

( ) Remarks:

( ) Show present status on reverse side.

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

Initials of Reporter:

*ds*

Buried: 1-23-1919

Cemetery No. 212

Cemetery Amer. Menesterel-Montignac, D  
Dordogne.

Reported by the GRS.



CODE SLIP



HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>Alfred</i>	<i>all</i>	3	<i>1 2 2</i>
<i>Everett</i>	CEMETERY <i>34</i>	1	<i>6</i>
BURIED	GRAVE <i>1</i>	2	<i>01</i>
	ROW <i>13</i>	2	<i>13</i>
	BLOCK <i>A</i>	1	<i>1</i>
STATE	<i>Tenn</i>	2	<i>48</i>
RANK	<i>Pvt.</i>	1	<i>2</i>
DIVISION	<i>82</i>	2	<i>82</i>
ORGANIZATION	<i>307</i>	3	<i>307</i>
ARM	<i>San. Inv.</i>	1	<i>9</i>
MARTIAL <i>(Sister)</i>	<i>no</i>	1	<i>2</i>
NAME <i>Bolus,</i>		3	
<i>Mrs. Effie A.</i>	STATE	2	
RESIDENCE	COUNTY	2	
<i>Boatland, Tenn.</i>	CITY	3	
RELATION	<i>Mother</i>	1	<i>1</i>
OTHER <i>Father died 1912</i>		1	
ELIGIBILITY <i>no loco SM</i>	<i>Head-1910</i>	1	<i>6</i>
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE		1	

**AUDITED**

SEP 29 1932

*RS*

*pm*

(Sur)

Allred, Everett Pvt. 326th Amb. Co. 307th San. Tr. Tenn.

Mother died 1910

Father died 1912

SM? *no record*

Age and date of enl. *3-31-18 age 23*

RS

*0-234963*

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C  
~~Allred, Everett - 21 318~~

July 7, 1930.

Mrs. Effie A. Boles,  
Boatland, Tennessee.

Dear Madam:

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

Allred, Everett  
34

September 13, 1929.

Mrs. Effie A. Boles,  
Boatland,  
Tenn.

Dear Madam:

The records of this office do not indicate that a reply has been received to our communication dated Aug. 30, 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:

No, He was  
never married

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.

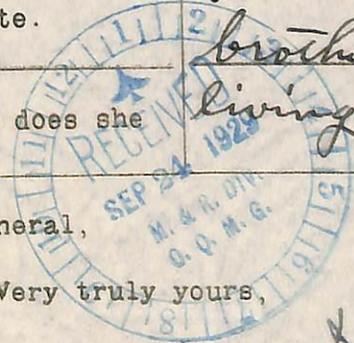
Mother died in 1910  
Father " " 1912  
Soldier has two  
sisters and one  
brother now  
living.

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

Allred, Everett

August 30, 1929.

Mrs. Effie A. Boles,  
Boatland, Tenn.

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 sister of the late Private Everett Allred, 326th Ambulance Company, 307th Sanitary Train, whose remains are now interred in the Suresnes American Cemetery, Suresnes, Seine, 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

Allred, Everett  
34

August 9, 1929.

Mr. Hardy Allred,  
Cowan, Tenn.

*Checked Office a 120 (low)  
Cowan, Tenn.*

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated May 3rd, 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*  
JOHN T. HARRIS,  
Major, Q. M. Corps,  
Assistant.

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO ~~CM 295~~ A-C  
Allred, Everett

May 3, 1929.

Mr. Hardy Allred,  
Cowan,  
Tenn.

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 Everett Allred, 326th Ambulance Company, 307th Sanitary Train, whose remains are now interred in the Suresnes American Cemetery, Suresnes, Seine, 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,

5/17

Very truly yours,

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

2 incls.  
Act of Congress.  
Envelope.

LEB

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY  
WASHINGTON

FILE  
7CX-1  
June 6, 1922.

FILE: 293.8 C-R - #83794 (Allred, Everett - Private)

FROM: The Quartermaster General, U. S. Army.

TO: Arrie May Allred, Boatland, Tenn.

SUBJECT: Permanent Grave Location of Private Everett Allred,  
326th Ambulance Company,  
307th Sanitary Train.

1. The permanent grave of this soldier is No. 1 Row 13  
Block A, The American Cemetery of the Suresnes, Department of Seine,  
France.

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

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

MAILED  
By authority of the Quartermaster General:

JUN 6 1922

G.R.S.

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

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY  
WASHINGTON

FILE  
HCK

June 6, 1922.

FILE: 293.8 C-R - #83794 (Allred, Everett - Private)  
FROM: The Quartermaster General, U. S. Army.  
TO: Mr. Hardy Allred, Cowan, Tenn.  
SUBJECT: Permanent Grave Location of Private Everett Allred,  
326th Ambulance Company,  
307th Sanitary Train.

1. The permanent grave of this soldier is No. 1 Row 13  
Block A, The American Cemetery of the Suresnes, Department of Seine,  
France.

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

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

By authority of the Quartermaster General:

MAILED

JUN 6 1922

G.R.S.

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

DATE \_\_\_\_\_

1. NAME ALLRED, Everett SERIAL No. 1930881

RANK Pvt. ORGANIZATION 326th Amb.Co. 307th San.Tr.

GRAVE LOCATION Menesterol-Montignac, Dordogne, France. #212.  
CTY. NAME NUMBER

183  
GRAVE ROW PLOT

2. ORIGINAL ~~BASE AREA~~ GRAVE LOCATION 183 Menesterol-Montignac, (Dordogne)  
GRAVE COMMUNE DEPT.

COORDINATES None.

CONCENTRATED TO Jan.23,1919. 183,  
DATE GRAVE ROW PLOT

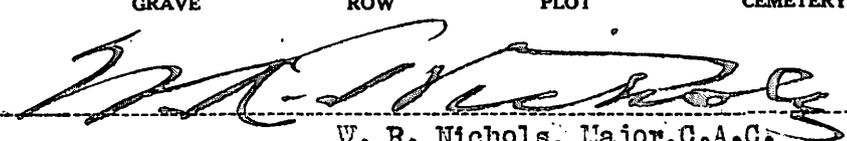
Menesterol-Montignac, (Dordogne) 212  
CEMETERY CTY. NUMBER

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

SUBSEQUENT REBURIALS

DATE GRAVE ROW PLOT CEMETERY

DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR   
W. R. Nichols, Major, C.A.C.

3. FINAL GRAVE LOCATION 10/14/21 1 13 A.  
DATE GRAVE ROW PLOT Block

Suresnes American Cemetery #34, Suresnes (Seine).  
CEMETERY

AUDITED BY  
C/K 3-9-22

REGISTRY  
GENERAL DIVISION



FEB 6 1922

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.

114-B (REV. 11-1-21) (G.P.O. 1921)

173

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REGISTRY - GENERAL DIVISION

114

REGISTRY - GENERAL DIVISION

REGISTRY - GENERAL DIVISION

114-B

Menesterol-Montignac, Cem. 212

To be prepared in triplicate.

DATE

Oct. 6th, 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	ALLRED, Everett	10. Name	(See item 25)
2. No.	1930881	11. No.	"Redall"
3. Rank	Pvt	12. Rank	
4. Org.	326th Amb. Co. 307th San. Tr.	13. Org.	
5. D.D.	Jan. 21/19	14. (a) D.D.	
6. C.D.	Broncho Pneumonia & Pericarditis	(b) D.B.	

## Discrepancy found upon disinterment

7. Grave No.	183	Sec.		15. Grave No.		Sec.	
8. Plot		Row		16. Plot		Row	
9.				17.			
18. Cemetery	American			19. Commune or town	No discrep.		Menesterol-Montignac
20. Dept. or County	Dordogne			21. Country	France		
22. G. R. S. Hdqrs. Code No.				Cty. #212			
23. Disinterred (Date)	Oct. 6th, 1921			By	A. J. Harvey		
24. Inscription on grave marker:							
Name	Everett Allred			Serial No.			
Rank	Pvt.			Organization	326th Amb. Co. 307th San. Tr.		
25. Was identification disc found on grave marker?				On body?	Yes		Yes
				Signature	<i>A. J. Harvey</i>		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).

Body tag corroded to pieces, illegible. Surname in pencil on box lid read: *Redall*. Cross tag checks.

28. Nature of burial *Badly decomposed, features not recognizable.*

*Wooden box and uniform.*

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

30. Body prepared and placed in casket: Date *See item 25.* By *Oct. 6th, 1921 A. J. Harvey*

31. Casket sealed by *A. J. Harvey*

Signature of Embalmer, (Supervisor) *A. J. Harvey*

SHIPMENT. (Show actual marking of box.) Box No. \_\_\_\_\_

32. Designation of body:

Name \_\_\_\_\_  
Rank ALLRED, Everett Organization \_\_\_\_\_  
Serial No. 1930881

33. Consigned to:

Name of Permanent Cemetery SURESNES AMERICAN CEMETERY #34

34. Casket boxed and marked (Date) Oct. 6th, 1921 By A. J. Harvey

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  
O. E. Davis, 1st Lt., QMC.

36. Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

37. Shipped from point of Operation: (Date) Oct. 6th, 1921

To point of Concentration Menesterol-Montignac.  
(Name) \_\_\_\_\_  
Convoyer George H. Huggins Signature Shipping Officer C. S. Denny, 1st Lt., CAC

38. Received at ~~Railhead~~ Point of Concentration: Date Paris Morgue, Oct. 10, 1921.

By G.R.S. Representative Howard H.L. WARD, Major Q.M.C.

39. Shipped from ~~Railhead~~ Point of Concentration: Date Oct. 14, 1921

To Permanent Cemetery No. 34, SURESNES (SEINE)  
(Name) Howard  
Convoyer H. DeLong Signature Shipping Officer H.L. WARD, Major QMC

40. Received: Date \_\_\_\_\_

G.R.S. Representative October 14th, 1921.

41. Reinterred R. G. RICHARDS, 1st/Lieut. Q.M.C.  
(Date) \_\_\_\_\_

42. Grave No. Suresnes Cemetery. October 14th, 1921 Section \_\_\_\_\_

43. Plot 1. Row \_\_\_\_\_

xxxx Block A. 13.

G.R.S. Representative R. G. RICHARDS,  
1st Lieut. Q.M.C.

963  
 COMPILATION OF DISPOSITION OF REMAINS DATA

File #83794

*1-17-22 E. G. ...  
 for Concentration # 34 at 2/7/00  
 Swames*

1. LOCATION INDEX CARD:

(a) Name Allred, Everett Ser. No. 1930881 )  
 ) TYP. ILH  
 (b) Rank Pvt. Organization 326th Amb. Co. 307th San. Tr. )  
 ) (d) Cause CKR M.  
 (c) Date of death 1-21-19 of death Broncho Pneumonia and Peri-  
carditis

11. Registration Card: - (Check Reg. Card Inf. against Loc. Ind. Inf.)

(a) Grave No. 183 Row --- Plot --- Sect. --- ) TYP. ILH  
 (b) Emerg. Address Arrie May Allred, (sister), Boatland, Tenn.

111. Files of soldiers dying from contagious diseases; No Card ) CKR M. G. T.

IV. A.G.O. DISPOSITION CARD:

Date of receipt none  
 (a) Name Mrs. Edie Allred Boles (b) Relationship Sister  
 (c) Address Boatland, Tenn.  
 (d) Remains to be brought to U. S.? yes  
 (e) To be interred in National Cemetery in U. S. at yes  
 (f) Shipping instructions upon arrival of body in U.S. ---

SEE SUSPENSION REMARKS

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

Examiner's Initials FB Date 5-3- 1920

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

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

*No Correspondence*

Examiner's Initials MM Date 5-8- 1920

VI. G.R.S. Files - Correspondence - shows as follows:

*No request for disposition*

(a) Cancellation memos referred to? Yes - a

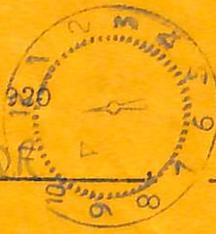
Examiner's Initials --- Date 5-3- 1920

COUNTRY France CEMETERY NO. 212 SHEET NO. 4  
 G.R.S. Form #115 Make Form #114  
 Amended April 6, 1920.  
 Concentrated into P.A.C. 34

*rechecked 12-2-20  
 MM*

VII. G. R. S. FORM No. 114 made 5/4 1920  
Typed by LTW, Checked by \_\_\_\_\_ 1920

RECEIVED



VIII. FINAL ACTION  
Following advice forwarded to Europe by-  
( cable on \_\_\_\_\_ 1920  
( letter on MAY 10 1920

Par. 1. To be returned to U. S. Alfred 12-7-20.

IX. CORRECTIONS

CHANGE OF ADVICE

METTERIAL ADVISE  
OVERSEAS ACTION TAKEN

Desires body be

Body to be shipped to



X. SUSPENSION REMARKS:

4.6-28-20

Form 120, 6-22-20, from Hardie Alfred, Cowan, Tenn., brother + nearest kin, requests that body remain in Europe. 6-28-20 J.

JUN 30 1920 OVERSEAS ADVISED by proposed cable #103 not to return body M&B.

FORM 115 RETURNED BY HOBOKEN BODY

DEC 14 1920

TO REMAIN IN EUROPE.

C.M.

5/2/20 Form 120 - Sister, Mrs. Effie Alfred Boles, Boatland, Tenn., Request body returned and interred in Arlington National Cemetery. 1-12-21-P

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

MAY 7 1920

212-4

FROM: Chief, Graves Registration Service, Q.M.C.  
TO: Mrs. Effie Allred Boles, Boatland, Tenn.  
SUBJECT: Remains of Pvt. Everett Allred.

*Push Answer*

The records of this office show that you have requested that his body be returned to U.S.

*Remain*

shipped to: Quartermaster General, Graves Registration Service.

Hoboken, N.J. (Arlington National Cemetery.)

*France*

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

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

Noted on Form No. 115

By authority of the Quartermaster General:

Date 6-28-20

CHARLES C. PIERCE / 2-21-P  
Colonel, U.S. Army.

NAME OF NO. & STREET TOWN STATE

Soldier's Widow

*Not married*

*new request to prop*

Soldier's Children 1.

(Name oldest first) 2. *none*

JUN 30 1920

OVERSEAS ADVISED

Father

*James Allred (deceased)*

*not to return body by prop. cable #109 met.*

Mother

*Mrs. Lucilla Allred (deceased)*

Brothers

(Name oldest first) 1. *Hardy Allred, Cowan, Tenn.*

Sisters

*Mrs. Effie Allred Boles, Boatland, Tenn.  
Mrs. Pearl Cole, Cowan, Tenn.  
Archie May Allred, Manson, Tenn.*

Date *May 12, 1920*

Signature *Mrs. Effie Allred Boles*

Address

*Boatland, Tenn.*

Relationship

*Sister*

Note:- Instructions on the reverse side of this sheet should be carefully read before filling out this paper.

(OVER)

LTW

The transfer of bodies will be made primarily at government expense.



---

INSTRUCTIONS FOR FILLING OUT

1. This paper **MUST** be signed by the person who is the **NEXT** of kin in the order shown in the square on other side of this sheet.
2. 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.
3. 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.
4. If **YOU** are not the nearest relative, please ask the nearest relative, if living near you, to fill out this paper.
5. 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.
6. You are requested to return this paper **AT ONCE** in order to avoid delay in the case of this body.
7. Use the enclosed envelope - pay no postage.

JUN 11 1920

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

212-4

*2nd 120*

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

TO: Mr. Hardy Allred, Cowan, Tenn.

*Rush Answer*

SUBJECT: Remains of Pvt. Everett Allred.

The records of this office show that you have ~~requested~~  
~~body be~~ not expressed your wish as to the return of the body.

mmmm

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

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

Noted on Form No. 115

Date 6-28-20 J

By authority of the Quartermaster General:

CHARLES C. PIERCE,  
Colonel, U.S. Army.

NAME OF	NO. & STREET	TOWN	STATE
Soldier's Widow			
Soldier's Children	1.		
(Name oldest first)	2.		
	3.		
Father			
Mother			
Brothers	1. <i>Mr Hardy Allred</i>		
(Name oldest first)	2. <i>Cowan Tenn</i>		
Sisters			

**JUN 30 1920**  
**OVERSEAS ADVISED**  
*not to return body by prop. cable #109 MCB.*

*Remain in France*

The transfer of bodies will be made entirely at Government expense.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Note: - Instructions on the reverse side of this sheet should be carefully read before filling out this paper.

(OVER)



JUN 22 1920

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INSTRUCTIONS FOR FILLING OUT

1. This paper **MUST** be signed by the person who is the **NEXT** of kin in the order shown in the square on other side of this sheet.
2. 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.
3. 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.
4. If **YOU** are not the nearest relative, please ask the nearest relative, if living near you, to fill out this paper.
5. 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.
6. You are requested to return this paper **AT ONCE** in order to avoid delay in the case of this body.
7. Use the enclosed envelope - pay no postage.

REPORT OF DISINTERMENT, PREPARATION AND SHIPMENT OF BODY

DISINTERMENT

COMPARATIVE REPORT

Records Office Chief G.R.S.

Discrepancy found upon examination  
of body

1. Name ALLRED, Everett  
 2. No. 1930881  
 3. Rank Pvt.  
 4. Org. 326th Amb.Cc.307th San.Tr.  
 5. D.D. 1-21-19  
 6. C.D. Broncho Pneumonia & Pericarditis.

10. Name.....  
 11. No.....  
 12. Rank.....  
 13. Org.....  
 14. (a) D.D.....  
 (b) D.B.....

*Handwritten:* **ALLRED**  
*Stamp:* JUN 30 1920

Discrepancy found upon disinterment

7. Grave No. 183 Sect. --  
 8. Plot -- Row --  
 9. ---

15. Grave No. .... Sect. ....  
 16. Plot..... Row.....  
 17. ....

18. Cemetery American  
 19. (Commune or Town) Menesterol Montignac.  
 20. (Dept. or County) Dordogne,  
 21. (Country) France  
 22. G.R.S. Hdqrs. Code No. 212  
 23. Disinterred (Date) ..... By.....  
 24. Inscription (Name) ..... SERIAL NO. ....  
 on  
 Grave Marker (RANK) ..... ORGANIZATION.....  
 25. Was Identification Disc found on Grave Marker? ..... On Body? .....

Signature of Junior Technical Assistant

(The following space is reserved for notations to be made by office Chief Graves Registration Service.)

Cable Ref. No. 4

PREPARATION

CENTRAL DIVISION  
OVERSEAS PROJECT SECTION



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)

27. Condition of body

28. Nature of burial

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above

30. Body prepared and placed in casket (Date) By

31. Casket sealed by

(Signature of Embalmer Supervisor)

SHIPMENT (Show actual marking of box) Box No.

32. DESIGNATION (Name **ALLRED, Everett** Serial No. **1930881**)  
OF (  
BODY (Rank **Pvt.** Organization **326th Amb. Co. 307th San. Tr.**)

33. CONSIGNEE - Name **Quartermaster General, Graves Registration Service.**  
Address **Hoboken, N.J. (Arlington National Cemetery.)**

34. Casket boxed and marked (Date) By

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

36. Remarks

37. Shipped from Cemetery (Date) To (Point of Concentration)

Convoyer Sign. Shpg. Officer

38. Received at Point of concentration (Date)

Sign. Receiving Officer

39. Shipped from Point of Concentration (Date)

To (Port) Convoyer

Sign. Shipping Officer

40. Received European Port (Date)

Signature of G.R.S. Representative

41. Shipped to (U.S. Port) On (Boat)

Date Convoyer (Sign. Shpg. Officer)

42. Received (Date) By G.R.S. Rep. (Signature)

43. Shipped to destination (Date) B/L or Express Order No.

Convoyer Shpg. Officer