

G.R.S. Form #114-B

To The A. G. O.

5179

APR 27 1920

ALIRED, George W.

FULL NAME

Pvt.

3177841

RANK.....SERIAL.....

Co. D, 320th Lab Bn.

DIVISION & ORGANIZATION

DATE OF DEATH.....

STATE FROM WHICH HE CAME.....

MEDALS OR DECORATIONS AWARDED.

FINAL GRAVE LOCATION.....

Date

19

Grave

38

Row

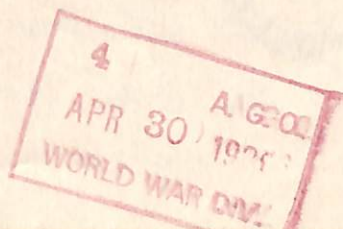
C

Block

Meuse-Argonne, #1232

Cemetery

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:

*Name Allred on S/R; correct
surname Elred.

REPORTED BY:

Malcolm S. Black 2nd Lt. Q.M.C.N.A.
MALCOLM S. BLACK (Rank of Reporting Officer.)

Reported to be forwarded to Adj. Gen'l. G. H. Q., A. E. F.
Q. M. Base Hosp. # 46

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

* Allred, (3177841), George W.
(Surname.) (Number.) (First Name and Initials.)

Private Co. D, 320 Labor Bn. QMCUSA
(Rank.) (Organization.)

DATE OF BURIAL August 19, 1918.

PLACE OF BURIAL American Cemetery # 6.

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

Bazailles-sur-Meuse, France.

GRAVE NUMBER 10, Plot # 3.

HOW MARKED: Name Peg? Yes Cross?

Headboard? Bottle? Yes

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:

*Name Allred on S/R; correct
surname Elred.

REPORTED BY:

Malcolm S. Black 2nd Lt. Q.M.C.N.A.
(Signature and Rank of Reporting Officer.)

2nd Lt. M.C.N.A. forwarded to Adj. Gen'l. G. H. Q., A. E. F.
Q. M. Base Hosp. # 46,

CODE SLIP

HEADING	SUB- HEADING	NO. OF COLS	CODE
NAME <i>Alfred</i>	<i>all</i>	3	<i>1 2 2</i>
<i>Ges. N.</i>	Cemetery <i>1232</i>	1	<i>1</i>
BURIED	GRAVE <i>19</i>	2	<i>19</i>
	ROW <i>38</i>	2	<i>38</i>
	BLOCK <i>C</i>	1	<i>3</i>
STATE	<i>N.C.</i>	2	<i>38</i>
RANK	<i>Priv.</i>	1	<i>2</i>
DIVISION	<i>2 Mc</i>	2	<i>57</i>
ORGANIZATION	<i>320</i>	3	<i>320</i>
AFM	<i>Labor Bn.</i>	1	<i>1</i>
MARITAL	<i>no</i>	1	<i>2</i>
NAME <i>Chick</i>	<i>C. H. C.</i>	3	<i>585</i>
<i>Mrs. M. J. (adm.)</i>	STATE <i>N.C.</i>	2	<i>38</i>
RESIDENCE	COUNTY <i>Rocky Mt.</i>	2	<i>97</i>
	CITY <i>Rocky Mt.</i>	3	<i>100</i>
RELATION	<i>mother</i>	1	<i>1</i>
OTHER	<i>no</i>	1	<i>1</i>
ELIGIBILITY	<i>Dead 6-23-16</i>	1	<i>6</i>
NATIVITY		1	
RACE	<i>Black</i>	1	<i>2</i>
ENGLISH		1	
ATTENDANT		1	
HEALTH			
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE		1	

AUDITED

MAR 29 1932

RB

McL
RB

29/514

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Allred, George W. - 1232 Adm X

July 7, 1930.

Mr. M. F. Cheek,
Franklinville, N. C.

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
Lead

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

If so, give her name and address:

No -
wid remarried

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

Respectfully
M. F. Cheek
A. D. HUGHES,
Captain, Q. M. Corps,
Assistant.

Allred, Geo. W.

C 36 823

Pvt. Co., 320th Lab. Bn. N.C.

Date of mother's death? 6-23-18 (North. Car

~~SM?~~

~~Loco?~~

fat her died 12-13-28

Seabode

Sister - Mrs Esther Manley
Box 41
Franklinville
N.C.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

DATE January 16, 1930

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
ALIRED, George W	Private	3177841	Co. D, 320th Lab Bn.	Aug 18, 1918

STATE North Carolina	CTY. NO. 1232	GRAVE 19	ROW 38	BLOCK C
----------------------	---------------	----------	--------	---------

	<u>Check relationship</u>	<u>Living - Deceased</u>	
	MOTHER	: : ✓ :	
	STEPMOTHER (For the year prior to commencement of service)	: : : :	
NAME	MOTHER THRU ADOPTION	: : : :	
AND	(For the year prior to commencement of service)	: : : :	
ADDRESS		: : : :	
	MOTHER IN LOCO PARENTIS	: : : :	
	(For the year prior to commencement of service)	: : : :	
	WIDOW <i>Single</i>	: : : :	
	(Who has not remarried)	: : : :	

(Adm' *m. F. Check.*
Franklinville N.C.

Veterans Bureau Claim Number
 29/156/

XC. 36-823-1-22 *jh*

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Allred, George W.

June 28, 1929.

Mr. Henry Allred,
Franklinville, N. C.

Dear Sir:

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

The records of this office show that you are the father of the late Private George W. Allred, Co. D, 320th Labor Battalion, whose remains are now interred in the Meuse-Argonne Amer. Cty., Romagne-sous-Montfaucon, Meuse, France.

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

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

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

For The Quartermaster General,

Very truly yours,

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, George W. - 1232 Adm

July 7, 1930.

Mr. M. F. Cheek,
Franklinville, N. C.

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

Allred, George W.
1232

August 30, 1929.

Mr. Henry Allred,
Franklinville, N. C.

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated June 28, 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
Allred, George W.

June 28, 1929.

Mr. Henry Allred,
Franklinville, N. C.

Dear Sir:

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

The records of this office show that you are the father of the late Private George W. Allred, Co. D, 320th Labor Battalion, whose remains are now interred in the Meuse-Argonne Amer. Cty., Romagne-sous-Montfaucon, Meuse, France.

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

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

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

For The Quartermaster General,

Very truly yours,

2 incs.
Act of Congress.
Envelope.

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

In reply refer to:
293.8 C-R

12947

Dec. 1, 1922.

Mr. Henry Allred,
Franklinville,
N. C.

Dear Sir: The Quartermaster General desires that you be informed that the permanent grave of

the late George W. Allred, Private, Co. D, 320th Labor Bn., is Grave 19, Row 33, Block C, Meuse-Argonne American Cemetery. ~~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, 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,

MAILED

DEC 2 1922

H. J. CONNER,
Assistant.

22/1281/ARK

G.R.S.

hs
H. J. C.

DATE 11/28/211. NAME Allred, George W SERIAL No. 3177841RANK Pvt. ORGANIZATION Co. D 320th Lab. Bn.GRAVE LOCATION Amer. Bazoilles-sur-Meuse - Vosges 6

CTY. NAME

NUMBER

29

GRAVE

ROW

PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION 29. Bazoilles-sur-Meuse. Vosges.

GRAVE

COMMUNE

DEPT.

COORDINATES E.346-21. N.170-12. Map: Mirecourt NW 84.CONCENTRATED TO No record of concentration.

DATE

GRAVE

ROW

PLOT

CEMETERY

CTY. NUMBER

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

Nothing of record.SUBSEQUENT REBURIALS Not of record.

DATE

GRAVE

ROW

PLOT

CEMETERY

DATE

GRAVE

ROW

PLOT

CEMETERY

SIGNATURE, AREA SUPERVISOR

Wm.H. QUARTERMAN, Capt. F.A. USA.3. FINAL GRAVE LOCATION 11/28/21 19 38 C

AUDITED BY

DATE

GRAVE

ROW

BlockM.M.E. -10-21-22Meuse-Argonne American Cty. Romagne-sous-Montfaucon (Meuse) 1232

CEMETERY

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.

Place Bazailles, (Vosges) France.

REPORT OF DISINTERMENT AND REBURIAL

Date September 24th 1921.1. REMAINS OF ALLRED, GEORGE W. SERIAL NUMBER 3177841.RANK Pvt. ORGANIZATION Co. D 320th Lab. Bn.2. Disinterred (date): September 24th 1921. From (give complete location): Grave 29.American Military Cemetery, G.R.S. Code # 6, Bazailles, (Vosges) France.By: Group 4 Unit Section 4.3. Reburied (date): Nov. 28, 1921 In (give complete location): Cty. 1232, Gr. 19, Block C, Row 38By: Group Reburial S Unit metallic lined casket Nature of reburial metallic lined casket

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

Buried in uniform, blanket and wooden box. Body badly decomposed, recognition impossible.5. (a) Identification tags: Buried with body? Yes. On grave marker? Yes.

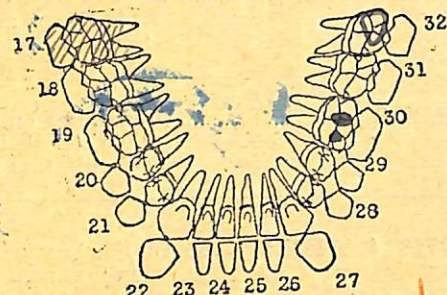
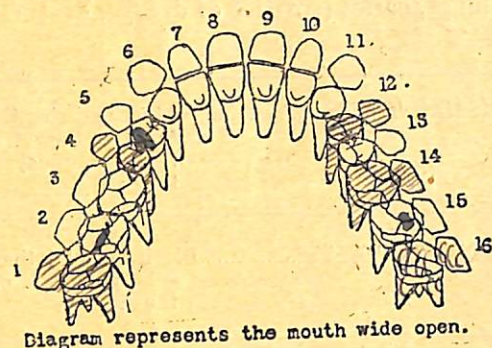
(b) Other means of identification found upon disinterment, and general remarks:

Bottle containing hospital record found on body. No effects found.

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

(a) Height (actual measurement) Unable to determine.(b) Weight (estimated) -(c) Hair—Color Black.Quantity Plentiful.Characteristics Curly.(d) Hair on face—Color Unable to determine.Location -Quantity -(e) Permanent marks on body (old scars, peculiarities, or missing parts) Unable to determine.

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

None.

Nos. 2, 15, 30, 32 Silver fillings.
 No. 5 Composite filling.
 Wide space between # 8 & 9.
 No. 16 Decayed.

7. Disinterment supervised by W. C. RAPINEApproved: R. L. FAIN hem
(Title) Capt. Q.M.C.8. Reburial supervised by A. U. DUBAULTApproved: JAMES W. YOUNGER
(Title) CAPT. QMC dmd

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 :



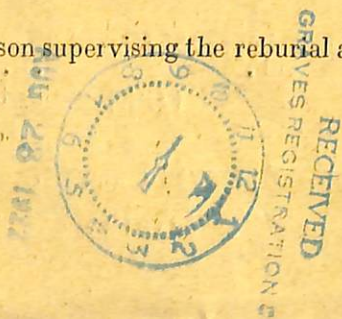
CARIES (CAVITIES).....Outline location and size of cavity, shade in thus :



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.



To be prepared in triplicate.

DATE September 24th 1921.

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name <u>Allred, George W</u>	10. Name <u>ELRED, GEORGE W.</u>
2. No. <u>3177841</u>	11. No. _____
3. Rank <u>Pvt.</u>	12. Rank _____
4. Org. <u>Co. D 320th Lab. Bn.</u>	13. Org. _____
5. D.D. <u>8-18</u>	14. (a) D.D. _____
6. C.D. <u>Lobar Pneumonia</u>	(b) D.B. _____

Discrepancy found upon disinterment

7. Grave No. <u>29</u> Sec. _____	15. Grave No. _____ Sec. _____
8. Plot _____ Row _____	16. Plot _____ Row _____
9. _____	17. <u>No Discrepancies.</u>
18. Cemetery <u>Amer.</u>	19. Commune or town <u>Bazoilles- sur-Meuse</u>
20. Dept. or County <u>Vosges</u>	21. Country <u>France</u>
22. G.R.S. Hdqrs. Code No. <u>6</u>	
23. Disinterred (Date) <u>September 24th 1921.</u> By <u>W.C. RAPINE.</u>	
24. Inscription on grave marker:	
Name <u>ELRED, GEORGE W.</u>	Serial No. _____
Rank <u>Pvt.</u>	Organization <u>Co. D 320th Lab. Bn. Grave 29.</u>
25. Was identification disc found on grave marker? <u>Yes.</u> On body? <u>Yes.</u>	

Ray Brown
Signature Junior Technical Assistant
RAY BROWN.

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 containing hospital record found on body. No effects found. Form-16a accomplished.27. Condition of body Badly decomposed, recognition impossible.28. Nature of burial In uniform, blanket and wooden box.29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? See number 10.30. Body prepared and placed in casket: Date Sept. 24th 1921. By W.C. RAPINE.31. Casket sealed by W.C. RAPINE.

Signature of Embalmer, (Supervisor)

W.C. Rapine
W.C. RAPINE.

SHIPMENT. (Show actual marking of box.)

Box No.

C-10671

32. Designation of body:

Name Allred, George W

Serial No. 3177841

Rank Pvt.

Organization

Co.D 320th Lab.Bn

33. Consigned to:

Name of Permanent Cemetery Meuse Argonne Amer: Cem. #1232 -Romagne-sous-Montfaucon
Meuse

34. Casket boxed and marked (Date) September 24th 1921. By W.C.RAPINE.

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

Signature of G.R.S. Inspector

R.F.FAIN,
Capt. Q.M.C.

hem

36. Remarks

37. Shipped from point of Operation: (Date) September 24th 1921.

To point of Concentration

Convoyer

Signature Shipping Officer

Capt. Q.M.C.

38. Received at Railhead or Point of Concentration: Date

By G.R.S. Representative

39. Shipped from Railhead or Point of Concentration: Date

To Permanent Cemetery Romagne-sous-Montfaucon, (Meuse) France.

Convoyer

C. L. RIELEY

Signature Shipping Officer

W.R. Buckley, Capt. Q.M.C.

40. Received: Date

G.R.S. Representative

41. Reinterred Meuse-Argonne Cty. 1232

Nov. 28, 1921

42. Grave No. 19, Block C, Row 38

(Date

Section

43. Plot

Row

el

G.R.S. Representative

JAMES W. YOUNGER, CAPT. QMC

dmd

6-7 nl

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

~~WASHINGTON~~
Hoboken, N. J.

JAN 7 1921

FROM: Chief, Graves Registration Service, Q. M. C.
To: Mr. Henry Allred, Franklinville, N. Carolina.
SUBJECT: Remains of Pvt. George W. Allred, #2177841, Co. D, 320 Lab. Bn.

The records of this office show that ~~you have requested that his body~~ no request has been
made for the disposition of his remains.

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

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

By authority of the Quartermaster General.

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

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

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

Date

Signature

Address

Relationship

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

....., 1920.

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

1. As stated on first page of this sheet.

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

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

.....
(State.)

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

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

Signature

INSTRUCTIONS FOR FILLING OUT.

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

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

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

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

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

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

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

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

9. Use the inclosed envelope—pay no postage.

COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

(a) Name ALLRED, George W. ^{OK 10/26} Ser. No. 3177841
 (b) Rank Private Organization Co.D, 320th Lab.Bn.
 (c) Date of death 8-18-18 (d) Cause of death Lobar Pneumonia ^(OMCUSA)

TYP. vbbCKR. 11-21-21

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

(a) Grave No. 29 Row -- Plot -- Sec. -- TYP. vbb
 (b) Emerg. Address Mr. Henry Allred (father) Franklinville, N. C.

III. Files of soldiers dying from contagious diseases

NO CARDCKR. 11-21-21

IV. A. G. O. DISPOSITION CARD:

Date of receipt no card in file 68R-10-12-20

(a) Name _____ (b) Relationship _____
 (c) Address _____
 (d) Remains to be brought to U. S.? _____
 (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 _____ Date _____, 1920.

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

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

no correspondenceExaminer's Initials 68R Date 10-12-, 1920.

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

No request for disposition(a) Cancellation memos referred to? yes momExaminer's Initials mom Date 10-12-, 1920.COUNTRY FRANCECEMETERY No. 6SHEET No. 7

COMPILATION OF DISPOSITION OF REMAINS DATA

See 115
11-21-21

I. LOCATION INDEX CARD:

(a) Name **ALLRED, George W.** ^{OK 10/26} Ser. No. **3177841** } TYP **vbb**
 (b) Rank **Private** Organization **Co.D, 320th Lab.Bn.** }
 (c) Date of death **8-18-18** Cause of death **(OMCUSA) Lobar Pneumonia** } **D 12**

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

(a) Grave No. **29** Row **--** Plot **--** Sect. **--** TYP **vbb**
 (b) Emerg. Address **Mr. Henry Allred (father) Franklinville, N. C.**

III. Files of soldiers dying from contagious diseases. **NO CARD** CKR **7**

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

No card in file, no request for disposition
(H.S. 11-18-20)

V. Following advice forwarded to Europe by (cable on **192**
(Letter of transmittal **NOV 17 1920**) **192**

PARAGRAPH 2 - NOT TO BE RETURNED (H.S.)

VI. Form 115 forwarded to G.R.S.Hoboken, N.J. **DEC 18 1920** **192**

VII. SUPPLEMENTARY REQUESTS

Date of and Source	Relationship and name	Desires	Action taken

VIII. Form 115 received from G.R.S. Hoboken, N.J. **6-151** **1921**

COUNTRY
 G.R.S. FORM 115-A
 August, 1920

CEMETERY NO.

SHEET NO.

S-666/MB **FRANCE**

6

7

MB 12-16-20

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

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

Elred, or

Allred, George W. Pvt.

6

7

Oct. 20, 1920

SERIAL NUMBER

ORGANIZATION

3177841

Co. B. 320th Inf. Bn.

Date of death - 8-18-18

WAR RISK INSURANCE INFORMATION

DATE

NAME OF BENEFICIARY

RELATIONSHIP

Address

S-709/MB

Harlow

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

C-36823

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

~~First~~ or

Allred, George W. Pvt.

6 - 7

Oct. 20, 1920

SERIAL NUMBER

ORGANIZATION

3177841

Co. D. 320th Lab. Bn.

Date of death - 8-18-18

WAR RISK INSURANCE INFORMATION

DATE 11/6/20.

NAME OF BENEFICIARY

RELATIONSHIP

Miss Onie Allred,

(Sister)

Address

Franklinville, North Carolina.

S-709/MB

Duplicate

2nd Request

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

*Please
Rush*

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

Allred, George W. Pvt.

6 - 7

Nov. 3, 1920

C-36823

SERIAL NUMBER

ORGANIZATION

3177841

Co. D. 320th Lab. Bn.

Date of death - 8-18-18

WAR RISK INSURANCE INFORMATION

DATE

11/9/20

NAME OF BENEFICIARY

RELATIONSHIP

Miss Onie Allred

Sister

Address

Franklinville N. Carolina

S709/MB

6-7
S-4/30/81

April 11th, 1921

File No. 293.8 Cem.Div.Cor.Br.
(Allred, George W.)

Mr. Henry Allred,
Franklinville, N.C.

Dear Sir:-

The Department desires to be assured that no relative properly entitled to a voice in the disposition of the remains of your son the late, Private George W. Allred, Serial Number 3177841, Company D, 320th Labor Bn., is denied an opportunity of expressing his or her wishes. Kindly inform this office if the deceased is survived by widow or children, giving the name and address of each.

If the deceased is not survived by the above mentioned persons, please state definitely if you desire the remains left in France for burial in a permanent American Cemetery, returned to the United States and shipped to you, or interred in the National Cemetery at Arlington, Va.

Your prompt attention to this matter will be greatly appreciated.

By authority of the Quartermaster General:

MAILED

APR 14 1921

COR BR. G. R. S.

BY:

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

F.C. PALLAS,
Executive Assistant.

PP/11

cm

OCT 22 1920

FROM: ~~C. M. G.~~ M. G.
CEMETERIAL DIVISION
Munitions Building
Room 1128

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington.

PLEASE
EXPEDITE

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

Date Oct. 20, 1920

File No. *12947* Registration.

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 ~~Allred~~ *or Allred*
b. Christian name *George W.*
c. Serial Number *3177841*
d. Organization *Co. D. 320th Lab. Bn.*
e. Rank *Pvt.*
f. Date of death *8-18-18*
g. Cause of death *Lobar pneumonia*
h. Authority (C.C.#) *245*
i. Emergency address *Henry Allred*
Franklinville
N.C.
j. Relationship *Father*

BODY DESCRIPTION

(See page #2 of the Service Record)

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)

DENTAL CHARTS

(See Physical report of examination prior to enlistment)

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

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

BY:

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

CEMETERY NO: 6

SHEET NO: 7

TYPED BY: FED

8-713/MB

10/22/20

Donnelly, M.C.K., Serv. Sec. 2/343

1. G. R. S. Form No. 1.

Hq. G. R. S. File

2. Soldier's No.

3477841

3.

Surname (in block letters) First Name and Initials

4.

ELRED GEORGE

W

Rank

Company

Regt. or Corps

5.

Date of Death

Cause, if known

6.

Date of Burial

Cemetery

7.

BATOILLES

Town or Commune (in block letters) Department

8.

Grave No.

29

Plot No. or Letter

2

9. Name Peg?

Cross? Headboard? Bottle?

Check Method of Marking

10. Buried with Body?

Attached to Grave Marker?

Identification Tags

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

12.

Map Reference, if interment is outside of cemetery

13.

Give name of Chaplain or Burial Officer

Signed

Group

Unit

G. R. S.

Confirmed by *ABG* 2947

Name *Elfred (Allred) (377841)* *George W.*

Rank *Pvt.* Co. *D.* {Corps
Regt.} *320. Labor. Bn.*
Q.M.C.

Date of Death *August 18- 1918*

Place

Cause

Date of Burial

Grave No. *47*

Cemetery *Amer. A. Bazalle*

Identified by {Tag
Papers
Clothing}

List of Effects

Field Record Made by *J. R. Walfrum*
C

Company, Graves Registration Service

26 SEP 1918

For additional data use reverse side

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

* Allred, (3177841), George W.
(Surname.) (Number.) (First Name and Initials.)

Private Co. D, 320 Labor Bn. QMCUSA
(Rank.) (Organization.)

DATE OF BURIAL August 19, 1918.

PLACE OF BURIAL American Cemetery # 6
(Give Cemetery, Town and Department.) Map reference must specify clearly what map is used.

Bazoilles-sur-Meuse, France.

GRAVE NUMBER 10, Plot # 3

HOW MARKED: Name Peg? Yes Cross?

Headboard? Bottle? Yes

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:

*Name Allred on S/R; correct
surname Elred.

REPORTED BY:

Malcolm S. Black 2nd Lt. Q.M.C. N.A.
MALCOLM S. BLACK Rank of Reporting Officer.)

2nd Lt. Q.M.C. N.A. Chief of Graves Registration Service.

Q. M. Base Hosp. # 46

24 AOU Reg