	To	The A. G. O.		
	G.R.S. Form #114 B			3274 21
8	common de la commo	DEC 1 6 1925	DATE	
1.	NAME ARGO, William L	/	SERIAL No	
	RANK lst Lt. OI	RGANIZATION	Charles one	
	GRAVE LOCATION American Cty. Chaum	ont.Haute-Marn	ed shown	10
	CTY. NAME			NUMBER
	229			Officers.
	GRAVE	ROW		PLOT
2.	ORIGINAL BATTLE AREA GRAVE LOCATION	229	CHAUMO	NT (Haute-Marne
		GRAVE	COMMUNE	DEPT,
	COORDINATES E. 307.6 N. 150	0.1		
				are the second s
	CONCENTRATED TO 3/28/21 229		0	fficers Plot,
	DATE	GRAVE	ROW	PLOT
	AEFCem. CHAUMONT	(HM.)		10
	CEMETERY		CT	Y. NUMBER
	Data concerning any identification f	ound on remain	s when concentra	ated such as
	collar insignias, letters, broken bo	nes, missing p	parts, etc.	ood, sadii as
	/ No tag found with body.	(From data	on form 16-A.	) No other data
	DATE OF DEATH ACT 17 "	1		
	TATE FROM WHICH HE CAME	Ja Cil	4	
	THE THOM WHICH HE CAME	my.		
1	SUBSEQUENT REBURIALS	record w	ne.	
			ROW PLOT	CEMETERY
	DATE	GRAVE I	ROW PLOT	CEMETERY
	GIONAPUDE ADEA GUDEDUIGOD (//o	0, 8	12	
	SIGNATURE, AREA SUPERVISOR WALTER	F. BROWN, C.	APT O C. Suna	rvisor Area N°
3.	FINAL GRAVE LOCATION August 9th, 19:	22. 27	5	D

St. Mihiel American Cemetery, THIAUCOURT

DATE

ROW

Block

CEMETERY

GRAVE

### 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. Head-quarters, American Graves Registration Service, Q.M.C., in Europe.
- 3. Paragraph 2 will be accomplished by Area Supervisor from data on file in his office.
- 4. If data is entered on Form 114-B from Form 1, Form 16, Form 1-A or Form 16-A, statement to this effect will be made on Form 114-B STATING WHICH G.R.S. form data is taken from. If data concerning co-ordinates is approximate and NOT accurate, statement to this effect will be made on these forms.

### **GRAVE LOCATION BLANK**

LOCATION OF THE GRAVE OF . (First Name and Initials.) (Surname.) (Number.) (Rank.) DATE OF BURIA PLACE OF BURIAL.... (Give Cemetery, Town and Department.) Map reference must specify clearly what map is used. GRAVE NUMBER... HOW MARKED: Name Peg Cross?X Headboard?..... Bottle?.... IDENTIFICATION TAGS: Was one buried with body? Was one fastened to name peg or stake used as a grave marker?. If name unknown and tags missing, description and marks should be given here: REPORTED BY: (Signature and Rank of Reporting Officer.)

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

G. R. S. Form. No. 16-A	Place Chaumont H. M.
RÉPORT OF DISINTERMENT AND REBURI	
1. Remains of Argo William L.	Serial Number None
	C. W. S.
	From (give complete location):
3 /28/81;	G. 229 Officers Plot
By: Group4 Unit	2
3. Reburied (date): In (	give complete location): G. 229 Officers Plot
By : Group 4 Unit	Nature of reburial Burlap & Pine Box
4. Report as to nature of original burial and condition  O; D; Uniform and metallic cash  dec. features unrecg.	
5. (a) Identification tags: Buried with body? No.	On grave marker ? Yes.
(b) Other means of identification found upon disinter  None	
6. What does examination of body show as regards the  (a) Height (actual measurement) 5 ft. IO  (b) Weight (estimated) ISO 1bs.  (c) Hair—Color Dark brown  full head  Quantity	Diagram represents the mouth wide open.  17  18  19  10  11  12  15  16  Diagram represents the mouth wide open.
(f) Wounds or missing parts (received at time of one visible  SoloTalmage  7. Disinterment	Porcelain teeth  B. 50495
Lt. R. F. O'Leary 2nd. QMC.	(Title) B.E. Fain Capt. Quo
8. Reburial supervised by	Approved:
Lt. R. F. O'Leary 2nd. QMC.	(Title) R.L.Fain Capt.QMC. Master of Section

## 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. Showtsoldier'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 (chowing 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 defermity of jaws found.

MISSING TEETH. All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:	TOOTH MISSING TOOTH MISSING
CROWNED TEETH Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus:	
BRIDGE WORKBlock in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:	GOLDAND PORCELAIN BRIDGE GOLDBRIDGE
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:	DECAYED DECAYED

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."

<sup>7.</sup> Show name of person supervising the disinterment and the name and title of the person approving same.

<sup>8.</sup> Show name of person supervising the reburial and the name and title of the person approving same.

1		
6	The same	
1	-	

	HEADING	SYB= HRADIMA	118 . 8F	9 9 B B
<u> </u>	NAME Crys	an	3	1 8 7
	I. I. l. hm L	CEMETERY / 203 3	1	J
	BURIED	CRAYE 21	2	27
		ROW 5	2	05
		BLOCK 10	1	7
	STATE	Calif	2	04
	RANK	jst It.	1	
	DIVISION	Chem War Ser	7 2	47
	ORGANIZATION	X	3	XXX
	ARM	X	1	
	MARITAL	Remarried	11	3
	NAME Cupy mrs.		3	
W.	sleafind et.	STATE	. 2	
27//	RESIDENCE	COUNTY	2	
Be	rhely, Calif	CITY	3	3
m	RELATION	Midow	1	<u> </u>
	OTHER		1 1	
	ELIGIBILITY	no	1	. 95
	MVLIAIA		1	
	RACE		1 1	
	INGLISH		1 1	
	ATTENDANT		1 1	In IT
	HEALTH		1	NPR 1 1933
	NO. OF SONS		1"	- New Of
	DATE OF	MO.	1	
p .	TRIP	YR.	1 1	
13	ACCEPTANCE 29/514			Kin

### CODESLIP

HEADING	SUB- HEADING	NO. OF C O L S	CODE
NAME Cras	arg	3	1087
William L	CEMETERY 1233	1	39
BURIED	GRAVE	2	
	ROW	2	
	BLOCK	1	
STATE		2	
RANK		11	
DIVISION		2	
ORGANIZATION		3	
ARM		11	
MARITAL		7	
NAME		3	
	STATE	2	
RESIDENCE	COUNTY	2	
	CITY	3	
RELATION	mother	1	
OTHER		ļ. 1	
ELIGIBILITY	hlead	1	6
NATIVITY		11	
RACE		1 1	•
INGLISH		1	-20
ATTENDANT		1	TEL
HEALTH		Un	V3.8 7 1.035
NO. OF SONS		1	P3.8 Ct
DATE OF	MO.	1	
TRIP	YR.	1 1	
ACCEPTANCE 29/514		1	

# WAR DEPARTMENT OFFICE OF THE QUARTERMASTER GENERAL WASHINGTON

IN REPLY REFER TO QM 293 A-C

Argo, William L. - 1233 W

July 3, 1930

Mrs. William L. Argo 2711 Virginia Street Berkeley, Calif.

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 demeteries 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.

ALC: NAME OF STREET	THE RESIDENCE OF THE PARTY OF T	COLUMN TO THE PARTY OF THE PART
1.	Is the deceased survived by a mother?	ns.
	If so, give her name and address:	
2.	Is the deceased survived by a widow who has not remarried?	no vivia and an analysis and a second and a
	If so, give her name and address:	Re-married June, 1929
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?	no.
******	If so, give her name and address: NFD	
	A WAR BIT	A. A. Violation

Enclosures: Envelope Act Amendment

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

#### WAR DEPARTMENT

## OFFICE OF THE QUARTERMASTER GENERAL WASHINGTON

Argo, William L

August 27, 1929.

Mrs. William L. Argo, 2711 Virginia St., Berkeley, Calif.

Dear Madam:

The records of this office do not indicate that a reply has been received to our communication dated May 25, 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?

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.

M. & R. DIV. For The Quartermaster General,

0. Q. M. G.

Very truly yours,

2 Incis.
Act of Congress
Envelope

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

# WAR DEPARTMENT OFFICE OF THE QUARTERMASTER GENERAL WASHINGTON

Argo, William L.

May 25, 1929.

Mrs. William L. Argo, 2711 Virginia St., Berkeley, Calif.

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 widow of the late First Lioutenant William L. Argo, Chemical War Service, whose remains are now interred in the St. Mihiel American Cemetery, Thiaucourt, meurthe-et-Moselle, France.

Will you please advise this office whether or not he is survived by a mother who is entitled under the provisions of the above quoted Act, to make the pilgrimage, and if so, will you please furnish her full name and address in order that action may be taken to extend an invitation to her 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 relationship is that of a stepmother, mother through adoption or a woman who stood in loco parentis to the decedent, a statement as to her relationship is requested. In case you have remarried it is also requested that a statement to that effect be made.

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

For The Quartermaster General,

Very truly yours,

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

JOHN 1
2 incls. Major, G
Act of Congress. Ass
Envelope.

#### WAR DEPARTMENT

# OFFICE OF THE QUARTERMASTER GENERAL WASHINGTON

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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 ac-	
	cording 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 GENERA.

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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	pelow
1.	Is the deceased survived by a widow who has not since remarried? If so, give her complete address:			C 344 344	Walter and the second	
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

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For The Quartermaster General,

Very truly yours,

2 incls.
Act of Congress.
Envelope.

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

QM 293 A-C
IN REPLY REFER TO
ARGO, William L. - 1st Lt.

# WAR DEPARTMENT OFFICE OF THE QUARTERMASTER GENERAL WASHINGTON

. Jamary 26, 1924

Mrs. William L. Argo, 2711 Virginia St., Berkeley, Calif.

Dear Madam:

The Quartermaster General desires to invite your attention to the inclosed card which gives the permanent cemetery location of the soldier's grave in which you are interested.

This American military cemetery is one of those to be maintained by the United States for all time in Europe. Each grave will be marked by a headstone of white marble, of dignified design, with the name, rank, division, organization, date of soldier's death and State from which he came. 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.

Please be assured that in effecting removal of the dead, the utmost reverential care was exercised and more than willingly accorded by those who performed this sacred duty. For the future, these graves will be perpetually maintained by the Government in a manner befitting the last resting place of our heroes.

Very truly yours,

R.L. FOSTER Assistant.

1-Incl.
Record card.



### WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
WASHINGTON, D. C.

OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID



REGISTER
OR
INSURE
VALUABLEMAIL

Mrs. William L. Argo,

2711 Virginia

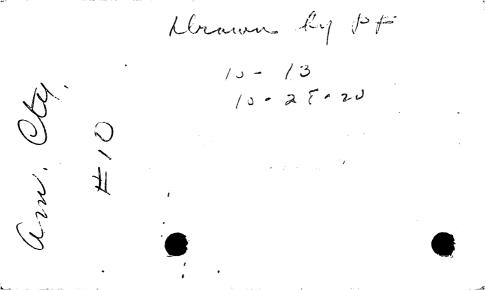
Bergel

Bertola St., Berto

## Soldier's Duerseas Grave

Name	ARGO, William L.	
Rank	lst Lieutenant	
Organization	nChemical Warfare Ser	rvice
Grave No	27 Row	5 Block D
Cemetery	St.Mihiel American (	Cemetery
Location	Thiaucourt, Meurthe-	et-Moselle, France

						-
Argo,	Wil			1 1		
(Surname.) 1st Li	eut. hen	n name in	<sup>full.)</sup> W <b>arfar</b> e	(Army seri	al number.)	
***************************************		k and orga				
state your relationsh	ip to the deceas	ed	wife	/		
o you desire the re	mains brought t	e the Un	ited States	9	no.	
f remains are broug Wish them interre		- 1		(3	es of no.)	
wish them interred f you desire the re- tion below as to w	mains interred	at the h	ome of the	e deceased,	give full inf	orma-
Name of person to recei	ve rema'ns.)	(E	xpress office.	)	(Telegraph offic	e.)
(Number and street,	ere) (mrs	Hild	City or town	argo	(State.	)
	. Ont			ano	A	
(Number and street					(State.	•
Réa	ad carefully the	letter a	ccompanyi	ng this card.	3—67	13



ARGO. William L. - 1st Lt.

Jamuary 26, 1924

Ers. William L. Argo, 2711 Virginia St., Berkeley, Calif.

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This American military cemetery is one of those to be maintained by the United States for all time in Europe. Each grave will be marked by a headstone of white marble, of dignified design, with the name, rank, division, organization; date of soldier's death and State from which he came. 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.

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Very truly yours,

1-Incl.
Record card.

Assistant.

RoL. FOSTER

RD Int

CENTRAL MAIL ROOM;



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LOCATION INDEX CARD:		0
( ) and walliam I.	Ser. No.	and the same
(a) Name ARGO, William L.		TYP MCH 3
(b) Rank 1st Lt. Organization Cause		ENTOS
(c) Date of death 10/17/18 death	Measles & Bronchitis.	jek
I. REGISTRATION CARD(Check Reg., Card	Inf.against Loc.Ind.Inf.)	
(a) Grave No. 229 Row Plo	t Officer. Bect	TYP RR
(b) Emerg. Address		
II. Files of soldiers dying from contag	ious diseases Card agrees	with #4CKR .EP.
V. Information on which advice to Euro	pe in letter of transmitta	l was based:
ago: card: nus Thi	lda W. argo (	widow)
Worth Bay Outario	Canada desir	es that
remains be not ret	usied acu'/6/2	
Januarus VC 141 / 100	······································	
		DE0 192
	(aphle on	
Following advice forwarded to Europ	e by (cable on(Lotter of transmittal	on 271920
Fallowing advice forwarded to Europ	e by (cable on (Lotter of transmittal)	on 271920
Following advice forwarded to Europ	aey	on 271920
·	LIAN 13 1021	192 192
Fallowing advice forwarded to Europ  L. Form 115 forwarded to G.R.S.Hoboken	LIAN 13 1021	
I. Form 115 forwarded to G.R.S.Hoboken	LIAN 13 1021	
I. Form 115 forwarded to G.K.S.Hoboken  II. SUPPLEMENTARY REAL 318 Date of Relationship	JAN 13 1921	
I. Form 115 forwarded to G.R.S.Hoboken  II. SUPPLEMENTARY REAL SIS  Date of Relationship  and Source and name	, N.J. <b>IJAN 13 1921</b> Desires	192 Action taken
I. Form 115 forwarded to G.R.S.Hoboken  II. SUPPLEMENTARY REAL SIS  Date of Relationship  and Source and name	JAN 13 1921	192 Action taken
I. Form 115 forwarded to G.R.S.Hoboken  II. SUPPLEMENTARY REAL SIS  Date of Relationship  and Source and name	JAN 13 1921  Desires	192 etion takan
I. Form 115 forwarded to G.R.S.Hoboken  II. SUPPLEMENTARY REAL 318  Date of Relationship and Source and name	JAN 13 1921  Desires	192 ection taken
I. Form 115 forwarded to G.K.S.Hoboken  TI. SUPPLEMENTARY REAL SIS  Date of Relationship  and Source and name	JAN 13 1921  Desires	192 .ction taken
I. Form 115 forwarded to G.K.S.Hoboken  II. SUPPLEMENTARY REAL SIS Date of Relationship and Source and name	JAN 13 1921  Desires A	192 oction taken
I. Form 115 forwarded to G.K.S.Hoboken  II. SUPPLEMENTARY REAL 318  Date of Relationship and Source and name	JAN 13 1921  Desires  A	192 oction taken
I. Form 115 forwarded to G.R.S.Hoboken  II. SUPPLEMENTARY REAL SIS Date of Relationship and Source and name	JAN 13 1921  Desires A	192 oction taken

m31-10.21

E. Hade (Date) ins (within custody of G.R.S.) to APR 13 1921 nat remains be left undisturbed by Checked b. (Date) S. FORM NO.114 made (Date) (19) Typed by \_\_\_\_\_ Checked by \_\_\_\_ (Date) C. SUSPENSION REMARKS: Hoboken advises Widow her request for body to remain in Europe will be complied with, and when remains are transferred Dispatched (Date) alex Approved by Date Let for Hilda Wallace aryo, wife, an w like to know lovation of ce 4-2-17-21 FORM 115 RETURNED BY HOBOKEN - BODY TO REMAIN IN EUROPE APR 13 1921 aBP;

9

STATION	Chaumant.	Ht.	Marne
27777011			

To	be	prepared	in	triplicate.
----	----	----------	----	-------------

DATE Feb 10, 1922

10	De	Pr.	chared	TII	or ipircate	ı
FC						

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

	REFORT OF DISINTERMENT, FREFARATIO	N, SHIPWENT AND REBURIAL OF BODY
DIS	INTERMENT COMPARATI	IVE REPORT
Rec	ords of G.R.S. Headquarters.	Discrepancy found upon exhumation of bod
1.	Name ARGO, William L.	10. Name
2.	No.	11. No.
	Rank 1st Lieut.	12. Rank
4.	Org. C.W.S.	13. Org.
5.	D.D. Oct. 17th. \{	14. (a) D.D
6.	C.D. Measles & Bronchitis	(b) D.B. None
	MISTER TITEST	Discrepancy found upon disinterment
7.	Grave No. 229 Sec.	15. Grave No. Sec.
	Plot Officers Row	16. Plot Row
9.		17. None
18.	Cemetery American	19. Commune or town
20.	Dept. or County Haute-Marne	21. Country France.
22.	G.R.S. Hdqrs. Code No. 10	Act (Borney)
23.	Disinterred (Date) Feb 10, 1922	By J E Benson
24.	Inscription on grave marker:	Non To Take
	Name ARGO, William L.	Serial No.
	Rank lst Lieut	Organization C W S
25.	Was identification disc found on grave	marker? Yes On body? No
		Helinahel
חסום	DADATION	Signature Junior Technical Assistant  J C Annabel
	PARATION	
26.	identification on body, give description	on body? (If no disc or other means of on of body in detail).
	No effects found. Reburaal record four	ad with body checks.
27.	Condition of body Badly decemposed, re	
28.	Nature of burial Burlap, wooden box.	and uniform
		of body as compared with G R S records
30.	Body prepared and placed in casket: Dat	
	Casket sealed by JE Bensen	

J E Benson

Signature of Embalmer, (Supervisor

3088

SHII	PMENT. (Show actual marking of box.) Box No. C= 26650
32.	Designation of body:
	Name william L. ARGO Serial No
	Rank 1st Lt. Organization C.W.S.
33.	Consigned to:
	Name of Permanent Cemetery St. Mihiel American Cty. # 1233 Thiaucourt M-et-M
34.	Casket boxed and marked (Date) Feb 10, 1922 By J E Benson
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 L Fain Capt QMC
36.	Remarks
	THE STREET
-	
37.	Shipped from point of Operation: (Date) Feb 10 1922
	To point of Concentration Charmont, Ht. Marne
	Convoyer Signature Shipping Officer State
38.	Received at Railhead or Point of Concentration: Date
	By G.R.S. Representative Stake
39.	Shipped from Railhead of Point of Concestration! Date 1922
	To Permanent Cemetery St. Mihiel (1233) Thiaucourt, M et M (Name)
	Convoyer Michael Plotkin Signature Shipping Officer Walter F. Brown Capt Off -
40.	
	Received: Date 2 3 FEB 1922
	Received: Date 2 3 FEB 1922  G.R.S. Representative G. D. GAMBLE, Captain, O.M.C.,
41.	G.R.S. Representative G. D. GAMBLE, Capitain, O. M. C.
41.	
42.	G.R.S. Representative  G. D. GAMBLE, Capiain, O.M.C.,  Reinterred. Aug. 9 1922  (Date)

G.R.S. Representative E Dewey Ist. Lt. QMC

THE THE TANK

## 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 wohm 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 for "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 (c) 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 jwas found.

MISSING TEETH	All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:	TOOTH MISSING TOOTH MISSING
CROWNED THETH	Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus:	GOLD CROWN GOLD CROWN
BRIDGE WORK	Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge) thu:	GOLD AND PORCELAIN BRIDGE GOLD BRIDGE
FILLINGS	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:	SILVER FILLING GOLD FILLING GOLD FILLING GOLD FILLING
CARIES (CAVITIES)	Outline location and size of cavity, snade in thus:	DECAYED DECAYED DECAYED
DENTURES (PLATES)	Draw diagram of relative size and sha retaining clasps on natural teeth wit	pe of plate block in teeth attached and indicate h the word " clasp"

<sup>7.</sup> Show name of person supervising the disinterment and the name and title of the person approving same.

ille der son

<sup>8.</sup> Show name of person supervising the reburial and the name and title of the person approving same.

March 26th, 1921.

File No. 295.8 Gem. Div. Cor. Br. (Argo, William L.)

Mrs. Hilda W. Argo, 2711 Virginia Street, Berkeley, California.

Dear Madam:

Receipt of your letter of recent date, relative to the disposition of the remains of your husband, the late 1st Lieutenant William L. Argo, Chemical War Service, is acknowledged.

In accordance with your wishes, the remains will be left in France for burial in a permanent American Cemetery and upon removal of your late husband to a permanent cemetery, you will be advised of the new grave location. You are assured that the grave site will always be maintained as a fitting memorial of the late o

The Department desires to convey to you renewed assurance of its sympathy in your bereavement.

By authority of the Quartermaster General:



2711 voia mia St Beskeleg, Calif. Captain R. E. Shannon, Pier 2, Hoboken, h.j. bear Sir In reply to enclosed non I wish
be say that I passing the
remains of judg hashand
to be left that topostee the

in a fernanent american cemetery. I would be uned let me know the location of the cemetery as soon as possible. yours sincerely Hilda Vallace Propo. February sixth.

WAR DEPARTMENT

CEMETERIAL DIVISION, GRAVES REGISTRATION SERVICE, Q.M.C. Pier 2, Hoboken, New Jersey.

January 26, 1921 CORRESPONDENCE BRANCH

File No. 293.8 Cem. Div.Cor.Br. (ARGO, William L.)

14 that

FEB 1215

Dear Madam:-

North Bay,

Mrs. Hilda W. Argo.

Ontario, Canada.

Kindly inform this office without delay whether or not you wish the remains of your husband the late William L. Argo, 1st Lieut. Chemical War Service, left in France in a permanent American Cometery, returned to the United States and shipped to you at Government expense, or interred in the National Cemetery, at Arlington, Virginia.

Your early reply will be greatly appreciated.

By authority of the Quartermaster General.

R. E. SHANNON. Captain, Quartermaster corps, Officer in charge.

Lieut. Infantry.

1G-15 S-2-12-21

WAR DEPARTMENT

CEMETREIAL DIVISION, GRAVES REGISTRATION SERVICE, Q.M.C. Pler 2, Hoboken, New Jersey.

January 26, 1921.

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> Your early reply will be greatly appreciated. By authority of the quartermaster General.

R. E. SHANNON. Captain, Quartermaster Corps. Officer in charge.

Byz

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400

BIL/ICE



Const. S. - Sochen Centered Division

GIOVE LOCATION BLANK

LOCATION OF THE GRAVE OF
(Surpame.) (Number.) (First Name and Initials.)
(Rank.) (Organization.)
DATE OF BURIAL OCT. 19 1918
PLACE OF BURIAL
(Give Cemetery, Town and Department.) Map reference must specify clearly what map is used.
A.M.C. Plat Officers
Chaument 1
Haute marne
GRAVE NUMBER. 229
HOW MARKED: Name Peg? Cross?
Headboard? Bottle?
IDENTIFICATION TAGS:
Was one buried with body?
Was one fastened to name peg or stake used as a grave marker?
If name unknown and tags missing, description and marks should be given here:
27
REPORTED BY:
Robt S. Caupland Challain
(Signature and Rank of Reporting Officer)

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

1. G.R.S. Form No.1. HQ. GRS Fil 2. Soldier's No. Surname (block letters) lstname& Initials CHEM. WAR. SERVICE Rank Co. Ret & Corps Date of Death Cause if Known Date of Burial Cometeru Town-Commune (block letter) Dept. Grave No. Plot No. or lett 9. Name peg?... Cross? ... Hdboard?... BTIE?... Check method of marking 10. Buried with body. . . Attached grave mark 11. If name uncovertags missing give mark and description Reference if intermented outside cemetery Give name of Chaplain-Burial Officer Signed ....

A.P.O. 706 PORT OF DEATH

JOa:

Argo, William L.#---

Rank:

1st Lieut.

Organization:

C.W.S.

Date of death:

Oct. 17th, 1918

Cause of death

Measles, bronchitis.

Autopsy findings:

Broncho Pneumonia, bilateral all lobes. Acute purulent bronchitis and tracheitis and lymphadenitis. Acute splenic tumor. Cloudy swelling of the parenchymatous organs.

Place of burial:

American Military Cemetery Nº 10, Chaumont (Haute Marne) France.

No.& Location of grave: Grave No#229 , plot OFFICER'S

Diposal of effects: As prescribed in G.O.40

