

NOV 27 1925

DATE

1. NAME ARMISTEAD, Joseph G SERIAL No. 750778

RANK Cpl ORGANIZATION Hq. Co. 6th Inf.

GRAVE LOCATION St. Mihiel Amer. Cty. Thiaucourt, M.&M 1233
CTY. NAME NUMBER

89 Sec 22 2
GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION Isolated, Preny (M. & M)
GRAVE COMMUNE DEPT.

COORDINATES map 52 NE 1 242.3 E 368

CONCENTRATED TO 7-24-20 89 Sec 22 2
DATE GRAVE ROW PLOT

St Mihiel American Cemetery 1233
CEMETERY CTY. NUMBER

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

Sept. 14, '18
DATE OF DEATH

Texas
STATE FROM WHICH HE CAME

D.S.C.
MEDALS OR DECORATIONS AWARDED

SUBSEQUENT REBURIALS
DATE GRAVE ROW PLOT CEMETERY

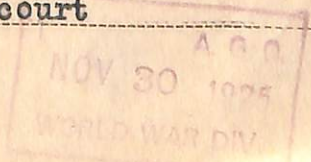
DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR

3. FINAL GRAVE LOCATION July 17, 1922 7 16 Block C
DATE GRAVE ROW PLOT

St. Mihiel American No. 1233, Thiaucourt
CEMETERY

AUDITED BY



1-1
1-3

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.

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Armistead *1* *Joseph J.*
(Surname.) (Number.) (First Name and Initials.)

Pvt *Hqrs. Co. 6th Inf Marine*
(Rank.) (Organization.)

DATE OF BURIAL... *Oct 4/1918*

PLACE OF BURIAL... *Grand Fontaine Bois de Bourcaux*

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

Map Ref -
Thraucourt 50000

367.8 - 242.8

GRAVE NUMBER... *Single Grave*

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:

.....

.....

.....

REPORTED BY:

[Signature]

(Signature and Rank of Reporting Officer.)

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

REPORT OF DISINTERMENT AND REBURIAL

Remains of:

Name: **ARMISTEAD, Joseph G.**

Number: **730778.**

Rank **Cpl.**

Organization: **Hq. Co. 6th Inf.,**

Disinterment and Reburial made by: **Capt. J.W.H. Reisinger, Jr. Q.M.C.**

Disinterred (Date)

From: (Give complete location)

July 24, 1920.

Isolated grave Commune of Prexy M et M. France.

Map 52 NE N242.3 E368.

Reburied (Date)

in: (Give complete location)

July 24 1920.

Amer. Cty # 1233 Thiaucourt M et M France.

Grave 89. Sect 22. Plot 2.

Report as to nature of original burial and condition of body upon disinterment: **No box. Uniform. Body badly decomposed. Ident, tag on cross.**

Was one identification tag found upon the body? **No**

What other means of identification were found upon the body? **None**

Remarks:

Rank and " Inf" on ident tag.

20985

Supervised by **Capt. J.W.H. Reisinger, Jr. QMC**

WR. Mann, Capt. Inf.
Area **xxxx** Zone Commander

.R.S. Form No. 16

Place THIAUCOURT M et M. France.Date August 2nd 1920.

REPORT OF DISINTERMENT AND REBURIAL

Remains of:

Name: ARMISTEAD. Joseph S.Number: 730778.Rank: Cpl.Organization: Hq. Co. 6th Inf.,Disinterment and Reburial made by: Capt. J. W. H. Reisinger, Jr. Q.M.C.

Disinterred (Date)

From: (Give complete location)

July 24. 1920.Isolated grave. Commune of Preny M et M. France.Map 52 NE N242.3 8362.

Reburied (Date)

in: (Give complete location)

July 24 1920.Amer. Cty. # 1233. Thiaucourt M et M France.Grave 89. Sect 22. Plot 2.Report as to nature of original burial and condition of body upon disinterment: No box. Uniform. Body badly decomposed. Ident. tag on cross.Was one identification tag found upon the body? NoWhat other means of identification were found upon the body? None

Remarks:

Rank and "Inf" on ident. tag.

20985

Supervised by Capt. J. W. H. Reisinger, Jr. QMCWR. Mann. Capt. Inf.

Area

Zone

Commander

REPORT OF DISINTERMENT AND REBURIAL

Date April 29, 1921.

1. REMAINS OF ARMISTEAD, Joseph E. SERIAL NUMBER 730778

RANK Pvt. ORGANIZATION Hdq. Co., 6th Inf.

2. Disinterred (date): From (give complete location):

April 29, 1921, Grave 89, Sec. 22, Plot 2, Cem. 1233.

By: Group 3 Unit 8

3. Reburied (date): In (give complete location):

April 29, 1921, Grave 89, Sec. 22, Plot 2, Cem. 1233.

By: Group 3 Unit 8 Nature of reburial Burlap and pine box.

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

Burlap, pine box. Skeleton disarticulated.

5. (a) Identification tags: Buried with body? No. On grave marker? ~~Yes~~ Yes.

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

None.

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

(a) Height (actual measurement) Unable to ascertain.

(b) Weight (estimated) Impossible to estimate.

(c) Hair—Color None visible.

Quantity

Characteristics

(d) Hair on face—Color None visible.

Location

Quantity

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

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

None visible.

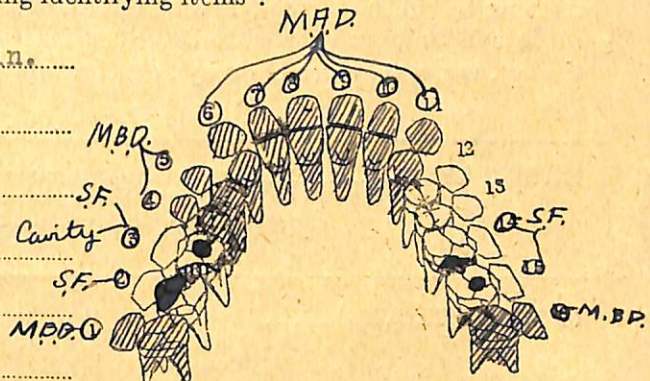
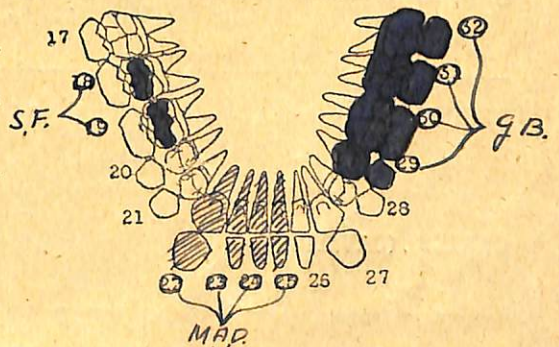


Diagram represents the mouth wide open.



Bert Mc Glaughlin, Checker.

7. Disinterment supervised by

Approved:

(Title)

8. Reburial supervised by

Approved:

C. E. Mc Avin, Sup. Emb.

Frederic H. Whippler, 1st Lt., QMC






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".

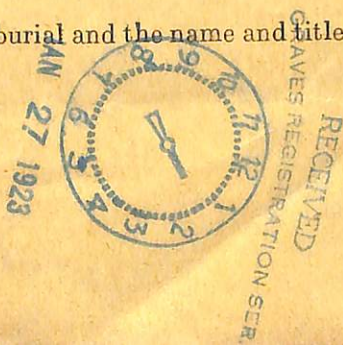
(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying 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), bicuspid (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

<p>MISSING TEETH All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:</p>	 <p style="text-align: center;">TOOTH MISSING TOOTH MISSING</p>
<p>CROWNED TEETH Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus:</p>	 <p style="text-align: center;">GOLD CROWN PORCELAIN CROWN</p>
<p>BRIDGE WORK Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:</p>	 <p style="text-align: center;">GOLD AND PORCELAIN BRIDGE GOLDBRIDGE</p>
<p>FILLINGS Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:</p>	 <p style="text-align: center;">SILVER FILLING GOLD FILLING</p> <p style="text-align: center;">GOLD FILLING GOLD FILLING</p>
<p>CARIES (CAVITIES) Outline location and size of cavity, shade in thus:</p>	 <p style="text-align: center;">CAVITY DECAYED DECAYED DECAYED</p>
<p>DENTURES (PLATES) Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."</p>	

7. Show name of person supervising the disinterment and the name and title of the person approving same.

8. Show name of person supervising the reburial and the name and title of the person approving same.



CODE SLIP



HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>Armistead</i>	<i>ARM</i>	3	<i>1 8 3</i>
BURIED	CEMETERY <i>1233</i>	1	<i>3</i>
	GRAVE <i>7</i>	2	<i>07</i>
	ROW <i>16</i>	2	<i>16</i>
	BLOCK <i>C</i>	1	<i>3</i>
STATE	<i>Texas</i>	2	<i>49</i>
RANK	<i>Chf</i>	1	<i>2</i>
DIVISION	<i>5</i>	2	<i>05</i>
ORGANIZATION	<i>6</i>	3	<i>006</i>
ARM	<i>Inf</i>	1	<i>1</i>
MARITAL	<i>no</i>	1	<i>2</i>
NAME <i>Burrus. (sister)</i>		3	
<i>Mary Elizabeth</i>	STATE	2	
	RESIDENCE	2	
	<i>R. 7. 19. # 2, Napkinsville, Ky.</i>	3	
RELATION	<i>mother</i>	1	<i>1</i>
OTHER <i>N.E.</i>		1	
ELIGIBILITY	<i>head</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	
<i>93</i> 29/514/			

audited
 DEC 8 1931
Y D
LM

Armistead, Joseph G. 1233

Cpl., Hq. Co., 6th Inf. Serial 730778

vd

Mother died May 8 - 1919

~~Widow~~

Single

C-42143

11-14 aeo

~~Loco~~

~~Step-M~~

S. Mary Elizabeth Burrows

P. F. W # 28

Hopkinsville
Ky.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-M

Armistead, Joseph G. (STM) M

September 28, 1931 ed

Mrs. Susan F. Armistead,
Hopkinsville, Ky.

Dear Madam:

Reference is made to previous correspondence relative to the pilgrimage to the cemeteries of Europe, authorized by the Act of Congress of March 2, 1929, as amended May 15, 1930. To date information has not been received as to whether or not you desire to make a pilgrimage during the summer months of 1932, in honor of the deceased veteran named above.

In order that the records may be complete, and arrangements made accordingly, it is requested you complete the form below by writing in the space provided, your answers to the questions listed, sign your name, and return this letter in the enclosed envelope which requires no postage.

1. Do you desire to make a pilgrimage in 1932?	
2. Please state your age and condition of health:	Age: Health:
3. Do you speak English?	
4. What other language do you speak?	

Sign here

For The Quartermaster General,

Very truly yours,

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

Encl:
Env.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM-293-AM
Armistead, Joseph G. Cpl. (Sgt. M) M-

July 9, 1931.

Mrs. Susan F. Armistead,
Hopkinsville, Ky.

Dear Madam:

Arrangements are now being made for conducting pilgrimages during the year 1932 to the cemeteries in Europe under the provisions of the Act of Congress of March 2, 1929, as amended.

To assure proper and satisfactory accommodations, reservations for steamship transportation required during the summer of 1932 must be made by this office not later than August 1st of this year. It is therefore desired that you answer the question below by writing either of the words "Yes", "No", or "Undecided" in the blank space following the question.

As soon as you have answered the question, please sign your name and return this sheet in the enclosed addressed envelope which requires no postage. Do not delay, as a prompt reply is essential.

This letter is being sent to all eligible mothers and widows who did not make a pilgrimage at the expense of the Government during 1930 and are not making the journey in 1931.

For The Quartermaster General,

Very truly yours,

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

DO YOU DESIRE TO MAKE A PILGRIMAGE DURING THE YEAR 1932? _____

Write answer here

Sign here

QM 295 A-M

Armistead, Joseph G. Cpl. 1235-H

April 2, 1931.

Mrs. Susan F. Armistead,
Hopkinsville, Ky.

Dear Madam:

In order that your desires may be properly recorded and arrangements made for you accordingly, it is requested that you complete and return the enclosed questionnaire at your earliest convenience.

Kindly advise as to whether or not the late Corporal Joseph G. Armistead was married and is survived by a widow and if so, her name and address.

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

For The Quartermaster General.

Very truly yours,

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

Enclosures:
Questionnaire
Act - Amendment
Envelope

FM

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

June 5, 1930.

Armistead, Joseph G. - 1233 M

Mrs. Susan F. Armistead,
Hopkinsville, Ky.

Dear Madam:

Arrangements are now being made for conducting pilgrimages during the year 1931, to the cemeteries in Europe under the provisions of the Act of Congress of March 2, 1929.

To assure proper and satisfactory accommodations, reservations for steamship transportation required during the summer of 1931 must be made by this office not later than August 1st of this year. It is therefore desired that you answer the question below by writing the word "Yes" or "No" in the blank space following the question.

As soon as you have answered the question, please sign your name and return this sheet in the enclosed addressed envelope, which requires no postage. Do not delay, as a prompt reply is essential.

This letter is being sent to all mothers and widows who are not making the pilgrimage in 1930, regardless of whether or not they have expressed a desire to make the pilgrimage.

For The Quartermaster General,

Very truly yours,

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

DO YOU DESIRE TO MAKE THE PILGRIMAGE DURING THE YEAR 1931? _____

(Write answer here)

(Sign here)

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Armistead, Joseph G. 1233

February 12, 1930

Mrs. Susan F. Armistead
Hopkinsville,
Kentucky

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 mother of the late Corporal Joseph G. Armistead, Hdq. Co., 6th Inf., whose remains are now interred in the St. Mihiel American Cemetery, Thiaucourt, Meurthe-et-Moselle, 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
Armistead, Joseph G

May 25, 1929.

Mrs. Susan F. Armistead,
Hopkinsville,
Ky.

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 mother of the late Corporal Joseph G. Armistead, Hdq. Co., 6th Inf., whose remains are now interred in the St. Mihiel American Cemetery, Thioncourt, Marthe-et-Moselle, France.

Will you please advise this office whether or not he is survived by a widow 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.

In the event your son was survived by a widow who has since remarried it is 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 incl.
Act of Congress.
Envelope.

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

H

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-M

Armistead, Joseph G. (STM) M

September 28, 1931 ed

Mrs. Susan F. Armistead,
Hopkinsville, Ky.

Dear Madam:

Reference is made to previous correspondence relative to the pilgrimage to the cemeteries of Europe, authorized by the Act of Congress of March 2, 1929, as amended May 15, 1930. To date information has not been received as to whether or not you desire to make a pilgrimage during the summer months of 1932, in honor of the deceased veteran named above.

In order that the records may be complete, and arrangements made accordingly, it is requested you complete the form below by writing in the space provided, your answers to the questions listed, sign your name, and return this letter in the enclosed envelope which requires no postage.

1. Do you desire to make a pilgrimage in 1932?	
2. Please state your age and condition of health:	Age: Health:
3. Do you speak English?	
4. What other language do you speak?	

Sign here

For The Quartermaster General,

Very truly yours,

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

Encl:
Env.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM-293-AM

Armistead, Joseph G. Cpl. (St.M) M-

July 9, 1931.

Mrs. Susan F. Armistead,
Hickinsville, Ky.

Dear Madam:

Arrangements are now being made for conducting pilgrimages during the year 1932 to the cemeteries in Europe under the provisions of the Act of Congress of March 2, 1929, as amended.

To assure proper and satisfactory accommodations, reservations for steamship transportation required during the summer of 1932 must be made by this office not later than August 1st of this year. It is therefore desired that you answer the question below by writing either of the words "Yes", "No", or "Undecided" in the blank space following the question.

As soon as you have answered the question, please sign your name and return this sheet in the enclosed addressed envelope which requires no postage. Do not delay, as a prompt reply is essential.

This letter is being sent to all eligible mothers and widows who did not make a pilgrimage at the expense of the Government during 1930 and are not making the journey in 1931.

For The Quartermaster General,

Very truly yours,

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

DO YOU DESIRE TO MAKE A PILGRIMAGE DURING THE YEAR 1932?

Write answer here

Sign here

0104

48

DD

AM

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WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Armistead, Joseph G. Cpl. 1233-M

April 2, 1931.

Mrs. Susan F. Armistead,
Hopkinsville, Ky.

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.

The records of this office show that you are the ^{mother} of the deceased veteran named above and in order that plans may be completed for conducting the pilgrimages, it is requested you answer the following questions by filling out the blanks left therefor and return the letter to this office in the enclosed envelope which requires no postage.

1. Do you desire to make this pilgrimage?

2. Do you desire to make the pilgrimage in the calendar year 1931?

3. Please give your age and state your health.

4. Do you speak English?

5. What other language do you speak?

Age
Condition of Health

For The Quartermaster General,

Very truly yours,

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

Enclosures:
Envelope
Act
Amendment

U.S. M. G. & R. DIV.
1931 APR 2 PM 1 24
DISPATCHED

QM 293 A-M
Armistead, Joseph G. Cpl. 1233-M

April 2, 1931.

Mrs. Susan F. Armistead,
Hopkinsville, Ky.

Dear Madam:

In order that your desires may be properly recorded and arrangements made for you accordingly, it is requested that you complete and return the enclosed questionnaire at your earliest convenience.

Kindly advise as to whether or not the late Corporal Joseph G. Armistead was married and is survived by a widow and if so, her name and address.

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

For The Quartermaster General.

Very truly yours,

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

Enclosures:
Questionnaire
Act - Amendment
Envelope

O. Q. M. G. M. G. Q. M. G.

1931 APR 2 PM 1 24

DISPATCHED

QM 293 A-M

October 9, 1930

Armistead, Joseph G. Cpl 1233 M

Mrs. Susan F. Armistead
Hopkinsville
Kentucky

Dear Madam:

A reply has not been received to office letter of recent date relative to the pilgrimage to the cemeteries of Europe, authorized by the Act of Congress of March 2, 1929, as amended May 15, 1930.

The records of this office show that you are the mother of the deceased veteran named above and in order that plans may be completed for conducting the pilgrimages in 1931, it is requested you answer the following questions by filling out the blanks left therefor and return the letter to this office in the enclosed envelope which requires no postage.

1. Do you desire to make this pilgrimage?	
2. Do you desire to make the pilgrimage in the calendar year 1931?	
3. Please give your age and state your health.	Age Condition of health
4. Do you speak English?	
5. What other language do you speak?	

For The Quartermaster General:

Very truly yours,

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

Encls:
Act
Amendment
Envelope

30/150

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Armistead, Joseph G. - 1233 M

June 5, 1930.

Mrs. Susan F. Armistead,
Hopkinsville, Ky.

Dear Madam:

Arrangements are now being made for conducting pilgrimages during the year 1931, to the cemeteries in Europe under the provisions of the Act of Congress of March 2, 1929.

To assure proper and satisfactory accommodations, reservations for steamship transportation required during the summer of 1931 must be made by this office not later than August 1st of this year. It is therefore desired that you answer the question below by writing the word "Yes" or "No" in the blank space following the question.

As soon as you have answered the question, please sign your name and return this sheet in the enclosed addressed envelope, which requires no postage. Do not delay, as a prompt reply is essential.

This letter is being sent to all mothers and widows who are not making the pilgrimage in 1930, regardless of whether or not they have expressed a desire to make the pilgrimage.

For The Quartermaster General,

Very truly yours,

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

DO YOU DESIRE TO MAKE THE PILGRIMAGE DURING THE YEAR 1931? _____

(Write answer here)

(Sign here)

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Armistead, Joseph G. 1233

February 12, 1930

Mrs. Susan F. Armistead
Hopkinsville,
Kentucky

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 mother of the late Corporal Joseph G. Armistead, Hdq. Co., 6th Inf., whose remains are now interred in the St. Mihiel American Cemetery, Thiaucourt, Meurthe-et-Moselle, 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,

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

2 Incls.
Act of Congress
Envelope

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

August 27, 1929

Armistead, Joseph G
1233

Mrs. Susan F. Armistead,
Hopkinsville,
Ky.

Dear Madam:

The records of this office do not indicate that a reply has been received to our communication dated May 26, 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
Armistead, Joseph G

May 25, 1929.

Mrs. Susan F. Armistead,
Hopkinsville,
Ky.

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 mother of the late Corporal Joseph G. Armistead, Hdq. Co., 6th Inf., whose remains are now interred in the St. Mihiel American Cemetery, Thiaucourt, Marthe-et-Noelle, France.

Will you please advise this office whether or not he is survived by a widow 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.

In the event your son was survived by a widow who has since remarried it is 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.

QM 293 A-C

ARMISTEAD, Joseph G., Cpl.

March 7, 1924

Mrs. Susan F. Armistead,
Hopkinsville,
Kentucky.

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,

1-Incl.
Record card.

Assistant
CENTRAL MAIL ROOM

MFK

L.D.



MAR 7 1924
B.O.G.

To be prepared in triplicate.

DATE July 17th, 1922.

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name ARMISTEAD, Joseph G
 2. No. 730778
 3. Rank Cpl
 4. Org. Hq. Co. 6th Inf
 5. D.D. Sept. 14 1918
 6. C.D. KIA

10. Name _____
 11. No. _____
 12. Rank _____
 13. Org. _____
 14. (a) D.D. _____
 (b) D.B. None.

Discrepancy found upon disinterment

7. Grave No. 89 Sec. 22
 8. Plot 2 Row _____
 9. _____

15. Grave No. _____ Sec. _____
 16. Plot _____ Row _____
 17. None.

18. Cemetery St. Mihiel Amer

19. Commune or town Thiaucourt

20. Dept. or County H. & M

21. Country France

22. G.R.S. Hdqrs. Code No. 1233

23. Disinterred (Date) July 17th, 1922.

By G. V. Russell.

24. Inscription on grave marker:

Name Joseph G. Armistead
 Rank Cpl.

Serial No. 730778
 Organization Hq. Co. 6th, Inf.

25. Was identification disc found on grave marker? Yes On body? No

J. T. White
 Signature Junior Technical Assistant

PREPARATION

26. What other means of identification were on body? (If no disc or other means of identification on body, give description of body in detail).
No evidence found on body to disprove identity.

27. Condition of body Badly decomposed, features unrecognizable.

28. Nature of burial Wooden box U. S. Uniform.

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? None.

30. Body prepared and placed in casket: Date July 17th, 1922. By CVR Russell

31. Casket sealed by CV Russell.

Signature of Embalmer, (Supervisor)

C. V. Russell
 Signature of Embalmer, (Supervisor)

AUDITED BY
DWB 11/5/23

SHIPMENT. (Show actual marking of box.) . Box No. G-28779

32. Designation of body:

Name Joseph G. ARMISTEAD Serial No. 730778

Rank Cpl Organization Hq. Co. 6th Inf

33. Consigned to:

Name of Permanent Cemetery St. Mihiel Amer. Cty. #1233 Thiaucourt, M.&M

34. Casket boxed and marked (Date) July 17th, 1922 By C. V. Russell.

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 J. J. Powers
J. J. Powers, 1st Lt. Q.M.C.

36. Remarks _____
None.

37. Shipped from point of Operation: (Date) July 17th, 1922.

To point of Concentration _____ (Name)

Convoyer _____ Signature Shipping Officer _____

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

By G.R.S. Representative _____

39. Shipped from Railhead or Point of Concentration: Date _____

To Permanent Cemetery St. Mihiel Amer 1233. Thiaucourt, France. (Name)

Convoyer _____ Signature Shipping Officer J. J. Powers
J. J. Powers. 1st Lt. Q.M.C.

40. Received: Date July 17, 1922.

G.R.S. Representative A. E. Dewey
A. E. Dewey, 1st Lt. Q.M.C.

41. Reinterred July 17, 1922. (Date)

42. Grave No. 7 Section _____

43. ~~Block~~ Block C Row 16

G.R.S. Representative A. E. Dewey
A. E. Dewey, 1st Lt. Q.M.C.

REPORT OF DISINTERMENT AND REBURIAL

Place Thi court, France,

Date July 17, 1922.

1. REMAINS OF ARMISTEAD, Joseph G.

SERIAL NUMBER 730778

RANK Cpl.

ORGANIZATION Hq. Co. 6th Inf.

2. Disinterred (date) :

From (give complete location) :

July 17, 1922

Gr. 69, Sec. 22 Plot 2, Cem. 1233.

By : Group 1

Unit 1

3. Reburied (date) July 17, 1922.

In (give complete location) :

Gr 7, row 16, Block C. Cty. 1233, Thaicourt, France.

By : Group reburial

Unit

Nature of reburial regulation casket.

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

Wooden box, U.S. uniform, badly decomposed, features unrecognizable.

5. (a) Identification tags: Buried with body? No On grave marker? Yes

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

No evidence found on body to disprove identity.

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

(a) Height (actual measurement) impossible to determine

(b) Weight (estimated) do

(c) Hair—Color do

Quantity do

Characteristics do

(d) Hair on face—Color do

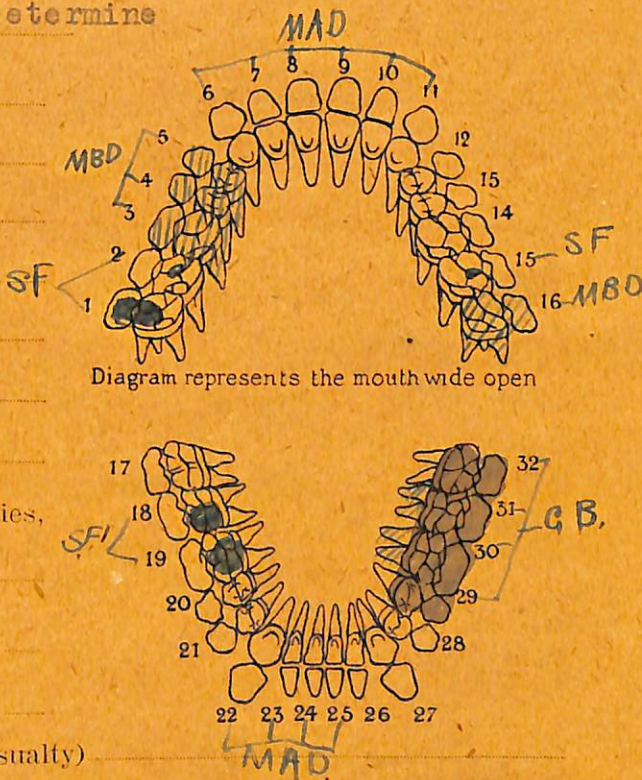
Location do

Quantity do

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

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

none visible



7. Disinterment supervised by

C.V. Russell
C.V. Russell

Approved :

J.J. Powers
J.J. Powers, 1st Lt., Q.M.C.
(Title)

8. Reburial supervised by

H.L. Kramer
H.L. Kramer.


Approved :

A.E. Dewey
A.E. Dewey, 1st Lt., Q.M.C.
(Title)

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

Enter information, as noted below, on reverse side of sheet in the *corresponding numbered space*. This form is supplemental to and is to be forwarded with G. R. S. Form 1-a, reporting reburial locations. To be used in answer to Question 26, Form 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 (b) 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:	 <p style="text-align: center;">TOOTH MISSING TOOTH MISSING</p>
CROWNED TEETH	Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus:	 <p style="text-align: center;">GOLD CROWN PORCELAIN CROWN GOLD CROWN</p>
BRIDGE WORK	Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge) thus:	 <p style="text-align: center;">GOLD AND PORCELAIN BRIDGE GOLD BRIDGE</p>
FILLINGS	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:	 <p style="text-align: center;">SILVER FILLING GOLD FILLING GOLD FILLING GOLD FILLING</p>
CARIES (CAVITIES)	Outline location and size of cavity, shade in thus:	 <p style="text-align: center;">CAVITY DECAYED DECAYED DECAYED</p>
DENTURES (PLATES)	Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"	

7. Show name of person supervising the disinterment and the name and title of the person approving same.

8. Show name of person supervising the reburial and the name and title of the person approving same.

COMPILATION OF DISPOSITION OF REMAINS DATA

File # 22591

I. LOCATION INDEX CARD:

(a) Name ARMISTEAD, Joseph G. Ser. No. 730778
(b) Rank Cpl. Organization Hdq. Co. 6th Inf.
(c) Date of death 9-14-18 (d) Cause of death K/A

TYP. DB
CKR. JA

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

(a) Grave No. _____ Row _____ Plot _____ Sec. _____ TYP. _____
(b) Emerg. Address Mrs. Susan Armistead (mother) Hopkinsville, Ky.

III. Files of soldiers dying from contagious diseases _____ CKR. JA

IV. A. G. O. DISPOSITION CARD:

Date of receipt _____

(a) Name Mrs. Susan Frances Armistead (b) Relationship mother
(c) Address Hopkinsville, Ky.
(d) Remains to be brought to U. S.? no
(e) To be interred in National Cemetery in U. S. at _____

(f) Shipping instructions upon arrival of body in U. S. _____

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

Examiner's Initials OK Date 1-29, 1920.

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

no correspondence, dated _____
confirming request in Par. IV., item _____, above, or requesting that _____

Examiner's Initials OK Date 1-29, 1920.

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

no request for disposition

(a) Cancellation memos referred to? Yes PF

Examiner's Initials PF Date 1-31, 1920.

COUNTRY FRANCE

CEMETERY No. 1233

SHEET No. 86

JA 3/23/21

Serial No.

Org.

Remarks

A. G. O. Card & Corr. *Clark 1-29*

Discrepancies

Name

Rank

Serial No.

Org.

Remarks *C. Q.*

G. R. S. Corr.

Discrepancies

Name

Rank

Serial No.

Org.

Remarks

OK sent 2-2-21 *B*

Chackers

Discrepancies

Name

Rank

Serial No.

Org.

Remarks

S-1357/MB

Checked
1-21-21
E. M.

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

CEMETERIAL DIVISION

WASHINGTON

APR 9 - 1921

FROM: Chief, Cemeterial Division, O. Q. M. G.

To: Mrs. Susan Frances Armistead, Hopkinsville, Ky.

SUBJECT: Remains of Cpl. Joseph G. Armistead, Ser. No. 730778, Hdq. Co. 6th Inf.

The records of this office show that you have requested that the body of the above-named
 soldier remain in Europe.

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

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

By authority of the Quartermaster General.

GEORGE H. PENROSE,
 Colonel, Q. M. G.

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 or not these relatives are STILL LIVING.

Was soldier married? _____

NAME OF—	NO. AND STREET.	TOWN.	STATE.
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 _____

I, the undersigned, am the _____ and nearest living next of kin 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 instructions for the disposition of a body are not received from the next of kin 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 next of kin 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 next of kin, please ask the nearest next of kin, if living near you, to fill out this paper.
7. If YOU are not the nearest living next of kin 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.

NOTE.—INSTRUCTIONS FOR THE DISPOSITION OF REMAINS will be issued by this office upon the properly executed authority of the legal next of kin in each case. The widow is the first person having disposition of the remains of her husband. Should there be no widow or children, the father and, in turn (upon his decease), the mother, is the proper authority. The brothers, in order of seniority, and then the sisters in order of seniority, if there are no brothers, rank next in authority to decide. Under an opinion rendered by the Judge Advocate General of the Army, if a widow has remarried she forfeits her right, and the next of kin as given above will make decision.

COMPILATION OF DISPOSITION OF REMAINS DATA

File # 22591

I. LOCATION INDEX CARD:

(a) Name... **ARMISTEAD, Joseph G.** Ser.No. **730778**

(b) Rank... **Cpl.** Organization ... **Hdq. Co. 6th Inf.** TYP... **DB**

(c) Date of death... **9-14-18** Cause of death **K/A**

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

(a) Grave No.....RowPlot.....Sect..... TP.....

(b) Emerg. Address... **Mrs. Susian Armistead(mother), Hopkinsville, Ky.**

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

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

.....

.....

.....

.....

V. Following advice forwarded to Europe by (letter of transmittal on.....192.....)

Par. 2 Not to be returned.

me **FEB 28 1921**

FEB 18 1921

VI. Form 115 forwarded to G.R.S. Hoboken, N.J.....192.....

VII. SUPPLEMENTARY REQUESTS

Date of Relationship
and Source.....and name.....Desires.....Action taken..

.....

.....

.....

.....

.....

VIII. Form 115 received from G.R.S. Hoboken, N.J.....**6-15-**.....192.....

COUNTRY CEMETERY NO. SHEET NO.

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

S/666/LML

FRANCE

1233

86

Priority 104

Armistead

(Surname)

Joseph G.

(Christian name in full.)

730,778

(Army serial number.)

Corporal

HdQRS., Co., 6th Infantry

(Rank and organization.)



State your relationship to the deceased.

Mother.

Do you desire the remains brought to the United States?

No

(Yes or no.)

If remains are brought to the United States, do you wish them interred in a national cemetery?

(Yes or no.)

If you desire the remains interred at the home of the deceased, give full information below as to where they should be sent:

(Name of person to receive remains.)

(Express office.)

(Telegraph office.)

(Number and street.)

(City or town.)

(State.)

(Sign here)

Mrs. Susan Frances Armistead

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Hopkinsville Ky

Read carefully the letter accompanying this card.

Drawn by all

1233-8

1-29-21

checked
1-31-21

E.M.

22591

from

91062

22591
GRAVE LOCATOR BLANK

LOCATION OF THE GRAVE OF

ARMISTEAD, 730778, Joseph G.

(Surname). (Number). (First Name and Initials).

Corp. Hq. Co. 6th., Infantry

(Rank). (Organization).

PLACE OF DEATH:

CAUSE OF DEATH:

DATE OF BURIAL:

PLACE OF BURIAL:

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

FILE

GRAVE NUMBER:

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?

NEAREST RELATIVE:

ADDRESS:

RELATIONSHIP:

REPORTED BY:

(Signature and Rank of Reporting Officer).

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

GENERAL HEADQUARTERS
AMERICAN EXPEDITIONARY FORCES
ADJUTANT GENERAL'S OFFICE

FROM : ADJUTANT GENERAL.

TO : C.O.Hq.Co. 6th., Infantry

SUBJECT : Information for burial Register.

1. You are directed to transmit without delay to the Chief, Graves Registration Service, the information indicated on enclosed Grave Location Blank as necessary for the completion of official records.

By Command of General Pershing:

Robert C. Davis
Adjutant General.

Note:

In case this item is checked, you will note hereon:

Nearest relative of deceased:

Relationship: _____

Address: _____

22591

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Ormistead *jos. H.*
(Surname). (Number). (First Name and Initials).

Pod. *Hdq.* *6th Inf. Marine*
(Rank). (Organization).

PLACE OF DEATH:

CAUSE OF DEATH:

DATE OF BURIAL: *Oct. 4, 1918*

PLACE OF BURIAL: *Grand Fontaine*

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

Thiencourt 1/50000

367.8 - 242.8

GRAVE NUMBER: *single grave*

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:

Preby
Jaurin (M. et M.)

(C-~~738~~) SHT *52 N.E.* COORD. {E. -367.8}
NEAREST RELATIVE: {70. 242.8}

C-256
ADDRESS:

RELATIONSHIP:

REPORTED BY:

Chaplain 312 Inf.

(Signature and Rank of Reporting Officer).

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

NOV 1918

Communal List No. 256-1410
Daily Report No. _____

FROM: O. Q. M. G.
CEMETERIAL DIVISION
Munitions Building
Room 1109

22591

PLEASE
EXPEDITE

INVESTIGATION AND ADJUSTMENT DEPARTMENT.

FILE

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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
WASHINGTON

FILE

File No. 22591 Registration.

Date January 18, 1921.

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

To: The Adjutant General of the Army, Sixth and B Streets NW., 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. **ARMISTEAD** OK
- ✓ b. Christian name. **Joseph G.** OK
- ✓ c. Serial number. **730778** OK
- ✓ d. Organization. **Hdq. Co., 6th Inf.** OK
- ✓ e. Rank. **Cpl.** OK
- ✓ f. Date of death. **9/14/18** OK
- ✓ g. Cause of death. **K/A** OK
- ✓ h. Authority (C. C. No.) **260** OK
- ✓ i. Emergency address. **Mrs. Susian Armistead,** OK
Hopkinsville, Ky. OK
- ✓ j. Relationship. **Mother** OK

BODY DESCRIPTION.

(See page 2 of the Service Record.)

- a. Age at 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.							

1921 12 14

Donnelly - Emb
925 1/20/21 By

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

H. J. Conner

H. J. CONNER,
1st Lt. *Captain*, Q. M. G.

Rec'd World War Div.
Date JAN 20 1921

Rec'd S & S Div. A.G.O.

JAN 20 1921

mkm
Mr. Wilson

Hq Co 6 Inf. Mar 23, 1919

Memo to the Chaplain 6 Inf

~~It is desired to know~~

Should you not be able to furnish the desired information please return the attached correspondence.

This man was killed at St. Michel Offensive

Kurt T. Pautge.

Capt 6 Inf
Comdg Hq Co 6 Inf

w/p

we have no record of this soldiers burial. He may have been buried by some other Division that relieved the 5th.

Overs
Chaplain

C. M. Bingham



22591

FROM: G. R. S. Officer, Paris.

FILE NO. 22591

TO: Chief, G. R. S., (Registration Branch), Tours,

DATE **July 8th. 1919.**

SUBJECT: Location, grave of:

NAME **ARMISTEAD, Joseph. G.**

SERIAL NUMBER

RANK

ORGANIZATION **Inf.**

FILE

NO.	QUESTION	REPLY
1.	Do particulars of soldier given above agree with records?	1. Cpl. #730778, Hdq. 6th Inf.
2.	Date of death:	2. 9/14/18
3.	Grave location:	3. No burial information
4.	Who reported burial?	
5.	Confirmed by G. R. S.?	
6.	How is grave marked?	
7.	Identification tags:	
	(a) Buried with Body?	
	(b) Attached to grave Marker?	
8.	Emergency address:	4. Mrs. Susian Armistead (Mother) Hoprinville, Ky.
9.	Has above been notified? (Give Date)	5. No

REMARKS:

Requested by **HESS, Miss Elizabeth**European address **4 rue de l'Elysee - PARIS -**Relationship to deceased **Friend.**Inq. informs: **Home address.**
PEMBROKE, Ky.

Checked by

22591

AMERICAN EXPEDITIONARY FORCES
HEADQUARTERS SERVICES OF SUPPLY
OFFICE OF THE CHIEF QUARTERMASTER, A.E.F.
GRAVES REGISTRATION SERVICE.

Reference-22591.

May 8, 1919.

FROM : Chief, Graves Registration Service, American E.F.
TO : Mrs Thomas S. Eastland, Ch'm Home Service Section
SUBJECT : Pembroke Chapter A.R.C. Pembroke Kentucky,
Corpl Joseph Armistead Headquarters Detachment 6th Inf
American E.F.

1. In reply to your letter of inquiry, I am very sorry to have to inform you that my field force has not as yet succeeded in obtaining any definite burial information regarding this soldier. You may rest assured that every possible effort will be made to locate the grave, and, if necessary, a special search will be made of the area where he died and is, no doubt, buried.
2. Careful note is being made of your name and address, and immediately the burial information is received, you will be informed.

By direction

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

Per

MAURICE B. DIX,
Captain, American Red Cross
Representative assigned to
Graves Registration Service.

(Enclosure G.R.S.)
(10-B. 004.5.)

MBD-je.j.

AMERICAN EXPEDITIONARY FORCES
HEADQUARTERS SERVICES OF SUPPLY
OFFICE OF THE CHIEF QUARTERMASTER, A.E.F.
GRAVES REGISTRATION SERVICEZ

2nd April, 1919.

From: Chief, Graves Registration Service, American E.F.
To: Commanding Officer, Hdqrs. Co. 6th Inf., A.P.O. 745. AEF.
Subject: Grave Location.

1. Your letter of recent date, addressed to the Effects Depot, asking for grave location of Corporal J. G. Armistead, Serial No. 730778, Hdqrs. Co., 6th Inf., has been referred to this office for reply.

2. The only information on record here is that this soldier was killed in action September 14th, 1918. No burial information is yet on record.

ACL/MH.

CHARLES G. PIERCE.
Lieut. Colonel, Q.M.G., U.S.A.

AMERICAN RED CROSS



PEMBROKE, KY. CHAPTER

PEMBROKE, KY. March 29th. 1919

Chief - Graves Registration Service,
Headquarters - Services of Supply,
A.P.O. 717 A.E.F.

Please give me any information you may have about the grave of Corporal Joseph Armstead who was killed in action September 1918 , he was attached to the Headquarters Detachment of the 6th. Infantry.

I will greatly appreciate any information you may send me so I may communicate with his mother who is very old and a complete invalid.

Very truly,

Mrs. Thos. D. Eastland

Mrs. Thos. D. Eastland, Ch'm Home Service Section.

Pembroke Chapter A.R.C.

Pembroke, Kentucky.

American Expeditionary Forces
Headquarters Services of Supply
Office of the C.Q.M., A.E.F.
Graves Registration Service

FROM : The Chief, G.R.S.

TO :

SUBJECT : Burial information.

1. Replying to your inquiry concerning

I regret to say that complete official reports have not yet been received by this office

2 We are instituting inquiries and will forward a reply to the family of the deceased immediately upon the receipt of the definite information.

3 Condition following warfare and the clearing of battlefields make the rapid gathering and transmission of such information very difficult to regulate, and this office is necessarily dependent upon these often uncontrollable circumstances for its ability to satisfy the reasonable desires of the friends with whom we sympathize, in the matter of prompt notification.

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

Re - Information for burial Register
Joseph G. Armistead, 730 778
Cpl, Hq Co 6th Infantry

03

1st Indorsement

Commanding Officer, Headquarters Company, Sixth Infantry,
USAPO No 745, Amer Expd Force, Mamer, Luxemburg, March 24th, 1919
- To the Adjutant General, Am Ex F. - Returned

1. Information requested cannot be furnished by this
Company.

w/w

Stat
19
Inc

Kurt F. Pantzer
Kurt F. Pantzer
Captain, Sixth Infantry

✓

Re - Information for burial Register
Joseph G. Armistead, 730 778
Cpl, Hq Co 6th Infantry

1st Indorsement

Commanding Officer, Headquarters Company, Sixth Infantry,
USAPO No 745, Amer Expd Force, Mamer, Luxemburg, March 24th, 1919.
- To the Adjutant General, Am Ex F. - Returned

1. Information requested cannot be furnished by this
Company.

w/w

Kurt F. Pantzer
Captain, Sixth Infantry



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

FILE NUMBER 22591

FROM:-

DATE 3-31-19

Please furnish information as indicated below regarding the following soldier:

NAME ARMISTEAD JOSEPH, G. NUMBER 730778
RANK 1 PL ORGANIZATION Hq. Co. 441 INF.

NO.	QUESTION	REPLY
1.	Do particulars of soldier given above agree with Records?	① yes
2.	Date of Death.	② 9-14-18
3.	Cause and place of death.	③ KIA
4.	Number of Casualty Cablegram.	④ CCC# 260
5.	Date buried.	
6.	Grave Location. (a) Complete record required. (b) Name of Cemetery or Commune only required.	
7.	Who reported burial.	
8.	Has report been confirmed by G.R.S.	⑧ NO.
9.	Report as to Grave Marker.	
10.	Report as to Identification Tags.	
11.	Who is nearest relative?	
12.	Has N/R been notified? (Give Date)	
13.	Report the exact position of your inquiry on this case. (Reply in all cases if no information on record)	(MOT)
14.	What is the Photograph No.? N.B. All Proper names to be printed in PLAIN BLOCK LETTERS.	⑩ MRS. SUSIAN ARMISTEAD HOPKINSVILLE, KY ⑪ NO no burial INFO R P B

16 AVRIL 1919

G.R.S. FORM NO. 23.

NAME

FILE NUMBER

22591

Joseph Armstead.

SERIAL NUMBER

RANK

ORGANIZATION

Corporal.

Headqrs. Detachment 6th. Infantry

NO.	QUESTION	REPLY
-----	----------	-------

- | | | |
|------|--|-------------|
| ✓ 1. | Do. particulars of soldier given above agree with records? | Armistead |
| 2. | Date of Death | no B. info. |
| ✓ 3. | Grave Location: | |
| 4. | Who reported burial? | |
| ✓ 5. | Confirmed by G.R.S.? | |
| 6. | How is grave marked? | |
| 7. | Identification Tags: | |
| | (a) Buried with Body? | |
| | (b) Attached to grave Marker? | |
| 8. | Emergency address: | |
| 9. | Has above been notified? (Give Date) | |

ANALYSIS OF INQUIRY

Flowers, flags, etc. (Par. #5, Bul. 10-B)	Effects (G.R.S. Form Nos. 727-A)
Monuments (Par. #6, Bul. 10-B)	Accrued pay (G.R.S. Forms Nos. 19&22)
Disinterments (Par. #8, Bul. 10-B)	Liberty Bonds (G.R.S. Forms Nos. 21&22)
Circumstances of death (G.R.S. Form No. 6)	War Risk Insurance (G.R.S. Forms Nos. 20&22)
Photograph requested (File 001.5)	Disposition of Remains (a) Return to U.S. (Form 23) (b) Remain in France (Form 24) (c) Miscellaneous (Letter)
✓ Grave Location	

Remarks:

4-16-19
J.G.

1st Ind.

77591

O.Q.M., Base Section No. 1., S.O.S., France, December 6th, 1918. To Chief of Grave
Registration Service, APO, 712, American E. F., France.

1. Forwarded for compliance.

1-10-19



By direction:-

W. E. Cashman
W. E. Cashman,
Major, Q. M. Corps,
In Charge of Effects Dept.

W. E. Cashman



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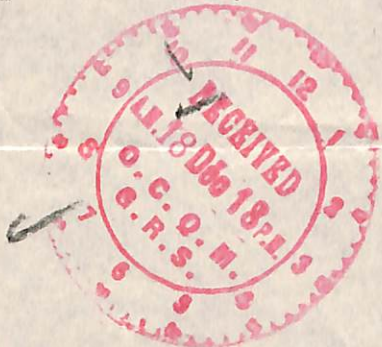
24591
Headquarters Company, Sixth Infantry
U S A P O No 745, Am Ex F, France
November 5th, 1918

From: The Commanding Officer
To: The Personnel Effects Depot, Am Ex F,
Subject: Grave location

1. A letter has been received from a relative of Corporal Joseph G. Armistead, 730 778, Headquarters Company, Sixth Infantry, (Deceased), asking where Corporal Armistead is buried.

2. It is desired to give this information and should same be available, it is requested that a description of the location where Soldier is buried, be furnished.

3. Corporal Armistead was killed in action September 14th, 1918 in the vicinity of the Bois de Gerard.



Claire W. Grove
Claire W. Grove
First Lieutenant, Sixth Infantry

1st Ind.

22591

O.C.M., Base Section No. 1., S.O.S., France, December 6th, 1918. To Chief of Grave Registration Service, APO, 712, American E. F., France. Forwarded.

1. Forwarded for compliance.

By direction:-



W. E. Cashman,
Major, Q. M. Corps,
In Charge of Effects Dept.