

hw
G.R.S. Form #114 B

1. NAME BARBER, Homer DATE 10/13/21
 RANK Pvt ORGANIZATION & DIVISION U.S. Co. 305th Inf SERIAL No. 1677452
 GRAVE LOCATION Meuse-Argonne Am. Romagne/s/Montfaucon CTY. NAME 61 NUMBER 1232 sec 61

2. ORIGINAL BATTLE AREA GRAVE LOCATION Verdun 35 S.E. 271.35 N. 300.28 E. O.R.
 COORDINATES Verdun 35 S.E. 271.35 N. 300.28 E. O.R.
 CONCENTRATED TO June 13, 1919 GRAVE 61 ROW 61 PLOT 2
Meuse Argonne CEMETERY Meuse CITY. NUMBER 1232

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

Tag on body. DATE OF DEATH Sept 27, 1918
 STATE FROM WHICH HE CAME ny
 Data Form 1. MEDALS OR DECORATIONS AWARDED

SUBSEQUENT REBURIALS

DATE	GRAVE	ROW	PLOT	CEMETERY

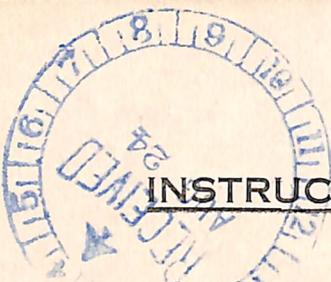
SIGNATURE, AREA SUPERVISOR M. B. BIRDSEYE
1st Lt., Q.M. Corps, U.S. Army

3. FINAL GRAVE LOCATION 10/13/21 DATE 21 GRAVE 24 ROW Block F PLOT
Meuse-Argonne American Cemetery #1232, Romagne-sous-Montfaucon, Meuse. CEMETERY

AUDITED BY Mj.D. - 4-17-23
US 9 11-24

21 A.G.O.
 AUG 11 1926
 WORLD WAR DIV.

20a 7/16/26



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.



REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Name BARBER Homer. Number: 1677452.

Rank Pvt. Organization: Co. D 35th Infantry.

Disinterment and Reburial made by Group _____ Unit _____

Disinterred (Date) _____ From: (Give complete location) _____

13th June 1919.

Grave ISOLATED.

VIENNE leCHATEAU. MEUSE?

35 SE E 300.2.N.271.35.

Reburied (Date) _____ in: (Give complete location) _____

13th June 1919.

Grave No 61. Sec 61. Plot 2.

ARGONNE AMERICAN CEMETERY. # 1232.

ROMAGNE MEUSE.

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

Burial good buried in uniform body badly decomposed.

Was one identification tag found upon the body? No.

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

12305

Note:

CONFIRMED No. D.

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

Supervised by SCapt Smith

drs.

C.O. Group

R. H. ROSENTHAL
2nd Lieut. Q.M.C.U.S.A.
Unit _____

C O D E S L I P

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	<i>Barber</i>	3	<i>21 05</i>
BURIED	<i>Homer</i>		
	CEMETERY	<i>1232</i>	<i>1</i>
	GRAVE	<i>21</i>	<i>21</i>
	ROW	<i>24</i>	<i>24</i>
	BLOCK	<i>7</i>	<i>6</i>
STATE	<i>N. Y.</i>	2	<i>37</i>
RANK	<i>Pvt</i>	1	<i>2</i>
DIVISION	<i>77</i>	2	<i>77</i>
ORGANIZATION	<i>303</i>	3	<i>303</i>
AFM	<i>Inf</i>	1	<i>1</i>
MARITAL	<i>Remarried</i>	1	<i>3</i>
NAME	<i>Van Allen</i>	3	
	<i>Mrs Sullivan</i>		
	STATE	2	
RESIDENCE	COUNTY	2	
<i>Middle Falls, N. Y.</i>	CITY	3	
RELATION	<i>Widow</i>	1	<i>3</i>
OTHER		1	
ELIGIBILITY	<i>No</i>	1	<i>2</i>
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH			
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE		1	
<i>29/514</i>			

AUDITED

MAR 31 1932

at

CODE SLIP



HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	<i>Barber</i>	3	<i>2108</i>
	<i>Homer</i>		
	CEMETERY <i>1292</i>	1	<i>1</i>
BURIED	GRAVE	2	
	ROW	2	
	BLOCK	1	
STATE		2	
RANK		1	
DIVISION		2	
ORGANIZATION		3	
ARM		1	
MARITAL		1	
NAME		3	
	STATE	2	
RESIDENCE	COUNTY	2	
	CITY	3	
RELATION	<i>Mother</i>	1	<i>1</i>
OTHER		1	
ELIGIBILITY	<i>Head</i>	1	<i>6</i>
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH			
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE		1	
29/514			

AUDITED

MAR 31 1932

Ad

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-M
Barber, Homer 1232

December 11, 1930

Mrs. Lillian Van Allen,
Middle Falls,
New York.

Dear Madam:

In order that the records of this office may be complete and correct, it is requested that you advise whether or not the late Private Homer Barber is survived by a mother, and if so, her name and address.

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

For The Quartermaster General.

Very truly yours,

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



Enclosure:
Envelope.

Dear Sir:
Homer Barber is not survived
by father nor mother. They are both
dead.
Yours Truly
Lillian Van Allen

QM 293 A-C
Barber, Homer

October 21, 1929.

Mrs. Lillian Van Allen,
Middle Falls,
New York.

Dear Madam:

Receipt is acknowledged of your letter of October 15, 1929, relative to the pilgrimage authorized by Congress in the Act of March 2, 1929.

Your attention is invited to Section 4 (b) of the above mentioned Act which defines "widow" as one who has not remarried since the death of the member of the military or naval forces. It is therefore regretted to have to advise that as you have remarried you are not entitled to the benefit of this Act.

For your further information, you are advised that the above Act does not contain any provision which permits of a mother or widow receiving a money allowance in lieu of the trip.

For The Quartermaster General.

Very truly yours,

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

SC:LS

1

Middle Falls N.Y.
Oct 15, 1929.

Sir

I am writing to you in regard of the trip to France for mothers and widows as I seen in the paper it start May 31 untill Oct 31 - 1933 or any mother or widow that dont care to go on that trip, are there fare good just the same as I lost my husband over there and his name is Homer Barber, 305 machine gun co. and if I dont go am I untill to my fare just the same as my Heath is very poor and

I thought if Thoses mother
and Wichens didnt go
why you would send
there fare just the same
so if we are untill to
our fare why you can
forward on mine as I
cant go to France as my
Heathe is very poor and
I thought the money would
do me good. For the
winter if you going
that way. So you can
write back to me and
let me know as I
will look for a letter
from you telly me
about it.

if any one Heath is
good that would be a
nice trip. But if you
sickley most the time
it wouldn't do to go far
from home if you
kindly will ans my
letter and let me
know as I was the
wife of Homer Barber
and he has a daughter
at the age of 13 years.
old will say good
and ans as soon
as you can

Lillian Van Allen
Middle Falls
N.Y.

Mr. J. Allen
reunited

Prints Homer Barber

Co. D. 305. Machine gun. Co.
American Exp. Force.

Serial no. 2253189.

He went in the service Feb 23, 1918.
Homer got kill September 26, 1918.

Homer was Born February 23,
1891.

ASSISTANT & CHIEF CLERK
OCT 16 1929
1 WAR DEPT.

RECEIVED
OCT 16 1929
M & R. DIV.
D. O. G.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

June 29 , 1929.

Barber, Homer

Mrs. Lawrence Riley,
Middle Falls,
New York.

Dear Madam:

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

The records of this office show that you are the **sister of the late Pvt. Homer Barber, M. C. Co., 305th Inf., whose remains are now interred in the Meuse-Argonne American Cemetery, 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,

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

2 incls.
Act of Congress.
Envelope.

QM 293 A-M
Barber, Homer 1232

December 11, 1930

Mrs. Lillian Van Allen,
Middle Falls,
New York.

Dear Madam:

In order that the records of this office may be complete and correct, it is requested that you advise whether or not the late Private Homer Barber is survived by a mother, and if so, her name and address.

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

For The Quartermaster General.

Very truly yours,

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

KL

Encl.

Encl.

1930 DEC 12 AM 10 05

DISPATCH

QM 293 A-C
Barber, Homer

October 21, 1929.

Mrs. Lillian Van Allen,
Middle Falls,
New York.

Dear Madam:

Receipt is acknowledged of your letter of October 15, 1929, relative to the pilgrimage authorized by Congress in the Act of March 2, 1929.

Your attention is invited to Section 4 (b) of the above mentioned Act which defines "widow" as one who has not remarried since the death of the member of the military or naval forces. It is therefore regretted to have to advise that as you have remarried you are not entitled to the benefit of this Act.

For your further information, you are advised that the above Act does not contain any provision which permits of a mother or widow receiving a money allowance in lieu of the trip.

For The Quartermaster General.

Very truly yours,

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

Q. M. G. M. & R. DIV.

1929 OCT 22 AM 10 35

DISPATCHED
SC:LS

~~_____~~

7 Mr. C. M. ...

✓

✓

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Barber, Homer
1232

September 4, 1929.

Mrs. Lawrence Riley,
Middle Falls, N.Y.

Dear Madam:

The records of this office do not indicate that a reply has been received to our communication dated **June 29, 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

Barber, Homer

June 29 , 1929.

**Mrs. Lawrence Riley,
Middle Falls,
New York.**

Dear Madam:

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

The records of this office show that you are the **sister of the late Pvt. Homer Barber, M. C. Co., 305th Inf., whose remains are now interred in the Meuse-Argonne American Cemetery, 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.

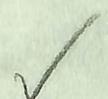
For your reply, you may use the enclosed envelope which requires no postage.

For The Quartermaster General,

Very truly yours,

2 incls.
Act of Congress.
Envelope.

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



In reply refer to:
QM 293 C-R

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON September 6, 1923.

Mrs. Lawrence Riley,
Middle Falls,
N.Y.

Dear Madam:

The Quartermaster General desires you be informed that the Infantry grave of ~~Barber, Machine Gun Company, 305th~~ ~~Infantry, and grave No. 24, Block F, Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon (Meuse), France.~~

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, division, 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,
E.H. CHASE

Assistant.

RD

23/584/ARK

L

SEP 10 1923

COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

File # 30237



(a) Name BARBER, Homer, Ser. No. 1677452
(b) Rank Pvt. Organization Co. M. G. 305th Inf.
(c) Date of death 9-27-18 (d) Cause of death K/A

TYP. hmp
CKR. [Signature]

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

(a) Grave No. 61 Row ---- Plot 2 Sec. 61 TYP. hmp
(b) Emerg. Address Mrs. Lawrence Riley, (Sister) Middle Falls, N.Y.

III. Files of soldiers dying from contagious/diseases /

CKR. [Signature]

no card in file, 5-5-21, C.

IV. A. G. O. DISPOSITION CARD:

Date of receipt

(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, 192

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

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

Examiner's Initials Date, 192

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

no request for disposition

(a) Cancellation memos referred to?

Examiner's Initials G. C. Date 5-5, 1921

COUNTRY FRANCE CEMETERY No. 1232 Sec. 61 SHEET No. 7

Handwritten notes and signatures at bottom right.

To be prepared in triplicate.

DATE Oct. 11, 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 BARBER, Homer
 2. No. 1677452
 3. Rank Pvt
 4. Org. MG Co. 305th Inf
 5. D.D. 9-27-18
 6. C.D. KIA

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

Discrepancy found upon disinterment

7. Grave No. 61 Sec. 61
 8. Plot 2 Row _____
 9. _____

15. Grave No. _____ Sec. _____
 16. Plot _____ Row _____
 17. No discrepancies.

18. Cemetery Meuse-Argonne Am
 20. Dept. or County Meuse
 22. G.R.S. Hdqrs. Code No. 1232 sec 61

19. Commune or town Romagne/s/Montfaucon
 21. Country France

23. Disinterred (Date) Oct. 11, 1921.

By H. E. Strong.

24. Inscription on grave marker:

Name Homer Barber
 Rank Pvt.

Serial No. - - -
 Organization M.G. Co. 305th Inf.

25. Was identification disc found on grave marker? Yes On body? Yes

W.D. Wilson
 Signature Junior Technical Assistant
W. D. Wilson.

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 effects found.

27. Condition of body Badly decomposed; features unrecognizable.

28. Nature of burial Pine box, uniform and burlap.

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 Oct. 11, 1921. By H.E. Strong.

31. Casket sealed by H. E. Strong.

Signature of Embalmer, (Supervisor)

H.E. Strong
 H. E. Strong.

AUDITED BY

SHIPMENT. (Show actual marking of box.) Box No. C-11811

32. Designation of body:

Name BARBER, Homer Serial No. 1677452

Rank Pvt Organization MG Co. 305th Inf.

33. Consigned to:

Name of Permanent Cemetery Meuse-Argonne Am. Romagne/s/Montfaucon 1232

34. Casket boxed and marked (Date) Oct. 11, 1921. By H. E. Strong.

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 *Geo. C. Bland* Geo. C. Bland, 1st Lieut. OMC.

36. Remarks None.

37. Shipped from point of Operation: (Date) October 11th, 1921. a

To point of Concentration Morgue, Romagne.

Convoyer W. J. Royed. Signature Shipping Officer *Albert M. Jackson* (Name) Albert M. Jackson

38. Received at Railhead or Point of Concentration: Date Captain, C.A.C.

By G.R.S. Representative

39. Shipped from Railhead or Point of Concentration: Date

To Permanent Cemetery

(Name)

Convoyer Signature Shipping Officer

40. Received: Date

G.R.S. Representative

41. Reinterred Meuse Argonne Cem. 1232, Oct. 13, 1921.

42. Grave No. Row 24 Bl. F. Gr. 21. (Date) Section

43. Plot Row

G.R.S. Representative *James W. Younger*



hw

Place Argonne 1232.

REPORT OF DISINTERMENT AND REBURIAL

Date Oct. 11, 1921.

1. REMAINS OF BARBER, Homer. SERIAL NUMBER 1677452.

RANK Pvt. ORGANIZATION M.G.Co. 305th Inf.

2. Disinterred (date): Oct. 11, 1921 From (give complete location): Gr 61, Sec 61, Plot 2.

By: Group 4 Unit Sec 2.

3. Reburied (date): Oct, 13, 1921. In (give complete location): Meuse Argonne Cem. 1232, Row 24 Bl. F. Gr. 21.

By: Group Reburial Sec. Unit Nature of reburial unlined casket

4. Report as to nature of original burial and condition of body upon disinterment: wooden box and burlap and uniform, badly decomposed, features not recognizable.

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

(b) Other means of identification found upon disinterment, and general remarks: no effects found.

3,4,12,14,16, MBD. 7,8,9, MAD.

6. What does examination of body show as regards the following identifying items? 5 decayed.

(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) do

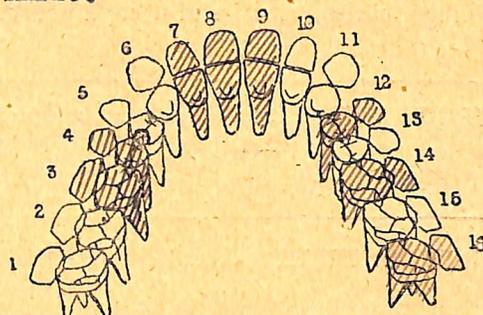
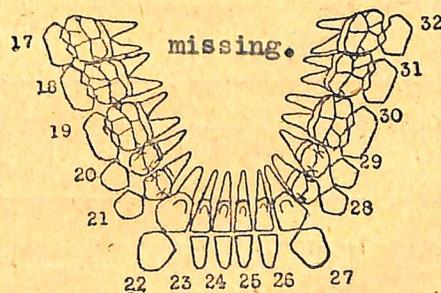


Diagram represents the mouth wide open.



missing.

(f) Wounds or missing parts (received at time of casualty) left humerus shattered, lower jaw missing.

7. Disinterment supervised by H.E. Strong

Approved: Geo. C. Bland
Geo. C. Bland 1st Lt. Q.M.C.
(Title)

8. Reburial supervised by W. B. SHEILD

Approved: James W. Younger
(Title) JAMES W. YOUNGER
CAPT. QMC.

eaj.

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

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

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.

2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.

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

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

5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".

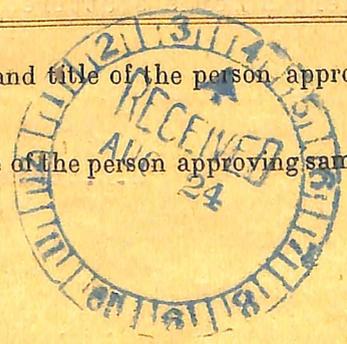
(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6.

6. Give all information as to body description and dental chart as nearly correctly as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

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



COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

File # 30237

(a) Name BARBER, Homer, Ser. No. 1677452
(b) Rank Pvt. Organization Co. M. G. 305th Inf.
(c) Date of death 9-27-18 (d) Cause of death K/A

TYP hmp [Signature]

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

(a) Grave No. 61 Row ----- Plot 2 Sec. 61 TYP. hmp
(b) Emerg. Address Mrs. Lawrence Wiley, (Sister) Middle Falls, N.Y.

III. Files of soldiers dying from contagious diseases

CKR. [Signature]

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

[Dotted lines for handwritten information]

V. Following advice forwarded to Europe by { cable on -----, 192
letter of transmittal on MAY 17 1921, 192

Sec. 61 PARAGRAPH 2 - NOT TO BE RETURNED [Signature]

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

VII. SUPPLEMENTARY REQUESTS.

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

[Dotted lines for supplementary requests]

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

COUNTRY CEMETERY No. SHEET No.

INDEX SHEET

REVISED

Co. M. G. 305th. Inf.
77th. Division

BARBER, Homer.- Pvt. 1677452
Middle Falls
New York.

Pvt. Homer Barber in the act of handing a box of ammunition to his platoon Sergeant was hit in the left shoulder by a one-pounder. Getting hit at this part of the body it so happened that an artery was cut and the bleeding could not be stopped soon enough which caused his death within a short time after being hit. His death occurred in the Argonne Woods on Sept. 27th. 1918. This soldier was very humorous and always ready to do anything that was asked of him. He was very well liked throughout the Company.

Informant: Disler, Charles W.-Sgt. 1696808
Co. M. G. 305th. Inf.
Crabill, Indiana.

Emergency address:
Mrs. Laurence Riley
Middle Falls
New York.

EB.

file
7/27/27
R

FILE UNDER NO.

INDEX SHEET

SYNOPSIS

DOCUMENT FILED UNDER NO.

INSTRUCTIONS.—Under "Synopsis" make brief entry showing date of communication and from whom received and synopsis sufficient to identify the papers. When these index sheets become numerous under a subject they will be entered on the consolidated index sheet and then destroyed.

3-6642

30237

GRAVE LOCATION SLIP

LOCATION OF THE GRAVE OF

BARBER 1677452 Homer

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

Pvt. MG Co. 305th Infantry

(Rank). (Organization)

PLACE OF DEATH: *Beynon 9/27*

CAUSE OF DEATH: *shell-fragment*

DATE OF BURIAL: *Sept 1918*

PLACE OF BURIAL:

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

*La Haute - Chavanchée road
00.2 - 71.4 (Argonne)*

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? *(Marne)*

Vienne-le-Chateau

NEAREST RELATIVE: *275 35SE* *6-300.2*

ADDRESS: *M-271.4*

RELATIONSHIP:

REPORTED BY:

Robert Blouyan 1st Lt 305 Inf
(Signature and Rank of Reporting Officer).



275-2753

Communal List
Daily Report



G.R.S. FORM NO. 12.

GENERAL HEADQUARTERS
AMERICAN EXPEDITIONARY FORCES
ADJUTANT GENERAL'S OFFICE

FROM : ADJUTANT GENERAL.

TO : C.O., MG Co., 305th 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:

Mrs. Lawrence Riley

Relationship: *sister*

Address: *Middle Falls, N.Y.*

30237

5-6-21
(Date)

FORM 115 has been compiled on the following case:-

CEMETERY NO. 1232 SECTION 61

FORM 115 Sheet No. 7

el
(Initials)

CSP-SS
Form No. 1011.

S/2052/LML

FILE