

JAN 21 1926

DATE

1. NAME BARNES, Harvey C

SERIAL No 2270929

RANK

Pvt

ORGANIZATION

Bat.F, 347th FA

GRAVE LOCATION Am.Cty. Lambezellec-Finistere

531

CTY. NAME

NUMBER

9

4

I

GRAVE

ROW

PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION

9

Row 4, Plot 1

Lambezellec

Finistere

Per cemetery directory AGRS
Mar.12, 1920.

GRAVE

COMMUNE

DEPT.

COORDINATES

Not given

CONCENTRATED TO Nothing of record.

DATE

GRAVE

ROW

PLOT

CEMETERY

CTY. NUMBER

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

Nothing of record.

DATE OF DEATH

Feb. 28, '19

STATE FROM WHICH HE CAME

Calif

MEDALS OR DECORATIONS AWARDED

none

SUBSEQUENT REBURIALS None of record.

DATE

GRAVE

ROW

PLOT

CEMETERY

DATE

GRAVE

ROW

PLOT

CEMETERY

SIGNATURE, AREA SUPERVISOR

STANLEY J. Grogan, CAPT. INF. USA.

3. FINAL GRAVE LOCATION 7/25/22

DATE

17

GRAVE

30 Block D

ROW

PLOT

Oise-Aisne Amer. Cemetery #608, Seringes-et-Nesles, Aisne.

CEMETERY

KM
7/13
AUDITED BY

WORLD WAR DIV.

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

Barnes 2270929 Harvey C.

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

Pvt. Bat.F.347 F.A.

(Rank). (Organization).

PLACE OF DEATH: CH-33 APO 716

CAUSE OF DEATH: Lobar Pneumonia

DATE OF BURIAL: Mar.3,1919

PLACE OF BURIAL: AEF Cemetery #531

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

Iambezellec, Finistere

GRAVE NUMBER: Gr.9 row 4 plot I

HOW MARKED: Name Peg?.....Cross?..Yes...

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

IDENTIFICATION TAGS:

Was one buried with body?..... Yes

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

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

NEAREST RELATIVE: Lillian Barnes

518 N.6th St.,

ADDRESS: San Josn, Cal.

RELATIONSHIP: Mother

REPORTED BY:

Adam Lippe 2d Lt.
(Signature and Rank of Reporting Officer).

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

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>BARNES</i>	<i>BAR</i>	3	<i>218</i>
<i>HARVEY C.</i>	CEMETERY <i>608</i>	1	<i>2</i>
BURIED	GRAVE <i>17</i>	2	<i>17</i>
	ROW <i>30</i>	2	<i>30</i>
	BLOCK <i>D</i>	1	<i>4</i>
STATE	<i>Calif</i>	2	<i>04</i>
RANK	<i>Priv. 1st.</i>	1	<i>2</i>
DIVISION	<i>91</i>	2	<i>91</i>
ORGANIZATION	<i>847</i>	3	<i>347</i>
ARM	<i>H.A.</i>	1	<i>3</i>
MARTIAL	<i>no</i>	1	<i>2</i>
NAME <i>Bro -</i>		3	
<i>John W Barnes</i>	STATE	2	
RESIDENCE	COUNTY	2	
<i>615 Broadway</i>	CITY	3	
<i>San Francisco</i>	<i>Mather</i>	1	<i>1</i>
RELATION		1	
OTHER <i>Calif</i>		1	
ELIGIBILITY	<i>Dead</i>	1	<i>6</i>
NATIVITY	<i>5-14-28-</i>	1	
RACE		1	
ENGLISH <i>No</i>		1	
ATTENDANT <i>No</i>		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE		1	

AUDITED

1 AUG 5 1932

BNT

BARNES, Harvey C. 2270929, Pvt. 1cl. Bty. F, 347th F. A. *Ob*

Date of Mother's death?

5-14-28

father died 1900

Latest address ?

*XC 180202 Ecu
8/22*

~~Stepmother or Love?~~

Single

*Bro- John. W. Barnes
615 Broadway
San Francisco
Cal.*

LEB

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

July 3, 1930.

Barnes, Harvey C. 608 Fr

Mrs. R. Thompson,
San Jose, 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 cemeteries in Europe as the mother or widow of the above named deceased service man. To complete the list of eligibles and to assure that, if the above named man is survived by a mother or widow entitled to make a pilgrimage she receive an invitation to do so, it is requested you answer the following questions in the space provided on this letter and return to this office in the enclosed envelope which requires no postage.

1. Is the deceased survived by a mother?

If so, give her name and address:

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

If so, give her name and address:

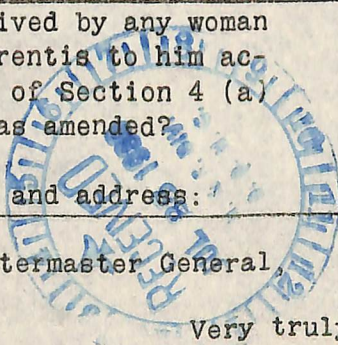
3. Is the deceased survived by any woman who stood in loco parentis to him according to the terms of Section 4 (a) of the enclosed Act as amended?

If so, give her name and address:

For The Quartermaster General,

Very truly yours,

Enclosures:
Envelope
Act
Amendment


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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON, D. C.

OFFICIAL BUSINESS

JUL 28

Returned
to Writer.
UNCLAIMED
FROM SAN JOSE, CALIF.



PENALTY FOR PRIVATE USE TO
AVOID PAYMENT OF POSTAGE \$300



WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

June 20 , 1929.

Barnes, Harvey C.

Mrs. Lillian Barnes,
518 N. 6th St.,
San Jose, 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 mother of the late Private Harvey C. Barnes, Bty F. 347th F.A., whose remains are now interred in the Oise-Aisne American Cemetery, Seringes-et-Nesles, Aisne, 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.

*Mrs Lillian Barnes has passed away
Harvey C. Barnes was unmarried
Mrs R. Thompson.*

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

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Enclosures:

Envelope
Act
Amendment

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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

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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

QM 293 A-C

BARNES, Harvey C. - Pvt.

December 1, 1925

Mrs. Lillian Barnes,
518 North 6th St.,
San Jose, 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 overseas military cemetery is to be maintained by the United States for all time. The graves will be permanently marked by white headstones inscribed with the name, rank, division, organization, date of soldier's death and State from which he came. Headstones will be placed at all graves, as soon as possible, and without necessity 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 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.



L.W. REDINGTON,
Major, Q.M.C.,
Assistant.

RD
267

25/560/EYS

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 BARNES, Harvey C

10. Name

2. No. 2270929

11. No.

3. Rank Pvt

12. Rank

4. Org. Bat.F, 347th FA

13. Org.

5. D.D. Feb. 28, 1919

14. (a) D.D.

6. C.D. Lobar Pneumonia(b) D.B. No discrepancy

Discrepancy found upon disinterment

7. Grave No. 9 Sec. 4

15. Grave No. Sec.

8. Plot I Row 4

16. Plot Row

9.

17. No discrepancy.18. Cemetery Amer. Cty.19. Commune or town Lambazellec20. Dept. or County Finistere21. Country France22. G.R.S. Hdqrs. Code No. 53123. Disinterred (Date) Oct 11, 1921.By A.W. Taggart.

24. Inscription on grave marker:

Name Harvey C Barnes.Serial No. -----Rank Pvt.Organization Bty F. 347th F.A.25. Was identification disc found on grave marker? No. On body? Yes.
(Corroded)Signature A.W. Taggart 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 effects.27. Condition of body Badly decomposed, features unrecognizable.28. Nature of burial Wooden box and 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 Oct 11, 1921. By A.W. Taggart.31. Casket sealed by A.W. Taggart.

Signature of Embalmer, (Supervisor)

A.W. Taggart

SHIPMENT: (Show actual marking of box.) Box No. C-10228

32. Designation of body:

Name BARNES' Harvey C Serial No. 2270929

Rank Pvt Organization Bat.F, 347th FA

33. Consigned to: OISE-AISNE AMER. CEM. NO. 608, SERIGNES & NESLES (AISNE)

Name of Permanent Cemetery Aisne-Marne Am. C. 11761, Bellard-Aisne Oct. 25, 1921

34. Casket boxed and marked (Date) Oct 10, 1921. By A.W. Taggart.

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 E. J. Riordan, Capt. QMC.

36. Remarks Bottle record found in box, Barnes 2270929, Harvey C. Pvt. Batt F. 347th F.A.

37. Shipped from point of Operation: (Date) Oct 10, 1921.

To point of Concentration Brest Morgue.

Convoyer A. DeWassch. Signature Shipping Officer (Name E. J. Riordan, Capt. QMC.)

38. Received at Railhead or Point of Concentration: Date Oct 10, 1921.

By G.R.S. Representative M.B. Birdseye, 1st Lt. QMC.

39. Shipped from Railhead or Point of Concentration: Date 12 NOV 1921

To Permanent Cemetery OISE-AISNE AMER. CEM. NO. 608, SERIGNES & NESLES (AISNE)

Convoyer [Signature] Signature Shipping Officer (Name WALTER E. BROWN, Captain, Q.M.C., U.S. Army)

40. Received: Date 25 NOV 1921

G.R.S. Representative G. F. WAUGH

41. Reinterred Oise-Aisne Cem., 608, Serignes-et-Nesles (Aisne) July 25, 1922 (Date)

42. Grave No. 17 Blk. D. Section

43. Plot Row 30

hw G.R.S. Representative

C. J. Blake,
Capt., Q.M.C.

Place Lambezellec, 531.

REPORT OF DISINTERMENT AND REBURIAL

Date Oct 11, 1921.

1. REMAINS OF Barnes, Harry Harvey C. SERIAL NUMBER 2270929.
 RANK Pvt. ORGANIZATION Bat. F. 347th F.A.

2. Disinterred (date) : Oct 11, 1921. From (give complete location) :
Gr. 16, Row 4, Plot I, Cem 531.
(Under marker No. 9)
 By : Group 1. Unit Sec 6.

3. Reburied (date) : July 25/1922 In (give complete location) :
Gr. 17, Blk. D., Row 30, Oise-Aisne Cem. Serignes-et-Nasles (Aisne)
 By : Group _____ Unit _____ Nature of reburial Blanket & metallic casket

4. Report as to nature of original burial and condition of body upon disinterment :
Wooden box and uniform. Badly decomposed, features unrecognizable.

5. (a) Identification tags : Buried with body ? Yes. On grave marker ? No.
(Corroded)
 (b) Other means of identification found upon disinterment, and general remarks :
Bottle record found in box, Barnes 2270929, Harvey C. Pvt.
Batt F. 347th F.A.

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

(a) Height (actual measurement) Imp to det. see par 4.

(b) Weight (estimated) Imp to est see par 4.

(c) Hair—Color apparently dark brown.

Quantity medium head.

Characteristics apparently straight.

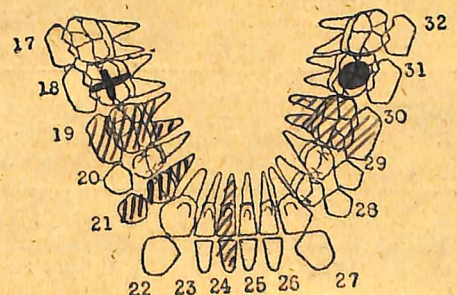
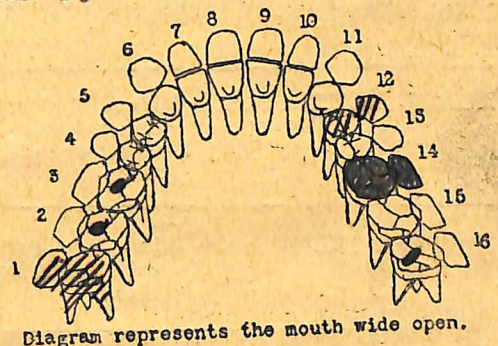
(d) Hair on face—Color none visible.

Location none visible.

Quantity none visible.

(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.



MAD 1, 21, 24.
Sil Fill 2, 3, 16, 18, 31.
30, 19, 12. MBD.
14. Gold crown.

7. Disinterment supervised by A. W. Taggart

Approved : E. J. Riordan,
 (Title) Capt., QMC.

8. Reburial supervised by L. D. Hays
L. D. Hays, Checker

Approved : C. J. Blake
 (Title) Capt., Q. M. C.

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.

MISSING TEETH All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus :	
CROWNED TEETH Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus :	
BRIDGE WORK Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :	
FILLINGS Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus :	
CARIES (CAVITIES) Outline location and size of cavity, shade in thus :	
DENTURES (PLATES) Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."	

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

Cemetery No. 531

Sheet No. 63

File No. 995179

COMPILATION N/R REQUESTS

I. DATA COMPILATION

A. Location Index Card:-

(1) Name BARNES, Harvey C. Ser. No. 2270929)
) TYP. JS
 (2) Rank Pvt Organization Batty F, 347th F. A.)
) CKR. 2H
 (3) Date of death 2/28/19)

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

(4) Cause of death Lobar Pneumonia) TYP. ESW
)
 (5) Grave No. Row Plot Sect.) CKR. 2H

II. FILES EXAMINATION

A. Files of soldiers dying from contagious diseases; No Card.

B. A. G. O. DISPOSITION CARD

Date of receipt None

(6) Relationship Mother
 (7) Name Lillian Barnes
 (8) Address 518 N. 6th St. San Jose Cal.
 (9) Desires remains brought to U. S.? No.
 (10) Desires remains brought to U. S. and interred in National Cemetery at
 (11) If brought back, what shipping instructions?

C. A. G. O. CORRESPONDENCE

Date of communication

(12) Does correspondence Change or qualify request as made on A.G.O. card?
 If so, specify such information.

No correspondence

(13) A. G. O. Files EXAMINED by D.S.G. (Date) 3/24/20.

D. (14) G R. S Files - Correspondence. (Has reference been made to File No. Cancellation memos? yes) Does such correspondence, if containing request for disposition, reconcile with that of A. G. O.? No.
 (Specify "Yes or "No".) If "No", give date of communication, the name, address, and relationship and substance of request.

By no request for disposition -
 Grave location blank only -

(15) G. R. S. Files EXAMINED by n.m.

(Date) 3-24-20

(over)

checked by
 082-23-21

2/28/22 Examined
 for Concentration #608
 Was - Aione
 att 3/17/22

III. FINAL ACTION

A. MEMORANDUM to D. M. O. in E. made (Date)

(16) Removal of Remains (within custody of G.R.S.) to

(17) Instructions that remains be left undisturbed

(18) Typed by Checked by (Date)

B. G. R. S. FORM NO. 114 made (Date) 4/3/20

(19) Typed by MCH Checked by (Date) 4/3/20

C. SUSPENSION REMARKS:

*Form 120, 3/2/20, Mrs. Lillian Barnes (mother) 515 N. 17th St, San Jose,
California, requests body remain in France.
Letter back of Form 3/2/20 Mother says she will leave remains in
France. Cannot think of leaving them disturbed.
Letter to mother re: widow, children father 12-3-20*

APR 15 1920

D. Dispatched (Date) (Let. Trans. No.)

Approved by

(Date)

*Letter 12-15-20 Mrs. Lillian Barnes, mother,
states son left no widow or children,
and father is dead. 12-27-20 S.C.*

Recorded, Cemeterial Div., O. C.
File # 243.8 #99517

San Jose Dec 13, 1920
Quartermaster Gen.

Private Harvey C. Barnes
Serial No 2270929 Battery 7;
34th F. A. Left no Widow
or Children, as he was not
married, Father is dead.

His Mother,
Mrs. William Barnes

Noted on Form No. 116
Date 12-27-20

1073

Barnes, Harvey C.

293.8 Reg.Sec.Car.Div.
(BARNES, Harvey C.)

December 3, 1920.

Mrs. William Barnes,
578 N. 6th St.,
San Jose, Calif.

Dear Madam:-

Referring to your request that the body of your late son, Private Harvey C. Barnes, Serial No. 2270929, Batty. P., 347th P. A., remain in France, you are advised that the Department can honor your wishes only in the event that you are the legal nearest of kin of the deceased.

It is therefore requested that you inform this Department definitely whether or not the deceased is survived by widow, children and father, and if so, that you furnish the name and address of each such relative.

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

An immediate reply is requested using the enclosed penalty envelope which requires no postage.

By authority of the Quartermaster General:

CHARLES C. PIERCE,
Major, U.S. Army,
Chief, Cemeterial Division.

BY:

P. B. DANIEL,
1st Lieut., Q.M.C.

MAILED

DEC 3-1920

OVERSEAS PROJ. SEC.
CEMETERIAL DIVISION.

LEB:f

OSP:SS
(16 Encls.)

Noted on Form No. 100. & C. DEPT.

Date

12-3-20

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

tvh
531 -63

APR 14 1920

FROM: Chief, Graves Registration Service, Q.M.C.
TO: Mrs. Lillian Barnes, 518 N. 6th St., San Jose, California.
SUBJECT: Disposition of remains of Private Harvey C. Barnes.

Records of this office show your request to be as follows:

Remains to be ~~not shipped to United States~~ ~~Detained~~
~~Shipped to~~ ----- *To be left in France*

If any modifications of the foregoing are desired please write same fully on the other side of this sheet.

The nearest living relative may choose between, (1) return of remains to homes for burial; (2) interment in Arlington, Va., National Cemetery; or (3) remain in France.

You are requested to fill out the following without delay and return in enclosed penalty envelope, which does not require postage.

By authority of the Quartermaster General:

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

NAME OF	NO. & STREET	TOWN	STATE
Widow			
Children(Name oldest first)			
Father			
Mother	<i>Lillian Barnes 518 N-6th</i>	<i>San Jose</i>	<i>California</i>
Brothers			
Sisters			

Date *May 12 1920*

Signature *Lillian Barnes*

Address *518 N-6th St*

Relationship *Mother*

MCH

NS-7154/MB

San Jose
California

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

I will leave the remains of
Prof Harvey C. Barnes in France

I cannot think of having them disturbed

His Mother,

Mrs Lillian Barnes



Barnes,

(Surname.)

Harvey C.

(Christian name in full.)

2,270,929

(Army serial number.)

Pvt.

Battery F, 347th. Field Artillery

(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

would 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)

Lillian Barnes

518 N-6 St San Jose Calif

(Number and street or rural route.)

(City, town, or post office.)

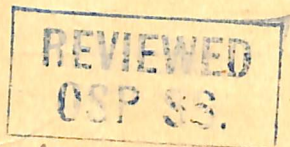
(State.)

Read carefully the letter accompanying this card.

Gram by JW

531-63.

2-23-21



cl 2-23-21

Place Lambezellec, 531.

REPORT OF DISINTERMENT AND REBURIAL

Date Oct 11, 1921.

1. REMAINS OF Barnes, Harry Harvey C. SERIAL NUMBER 2270929.
 RANK Pvt. ORGANIZATION Bat. F. 347th F.A.

2. Disinterred (date): Oct 11, 1921. From (give complete location):
Gr. ~~10~~⁹, Row 4, Plot I, Cem 531.
(Under marker No. 9)
 By: Group 1. Unit Sec 6.

3. Reburied (date): July 25/1922 In (give complete location):
Gr. 17, Blk. D., Row 30, Oise-Aisne Cem., Serignes-et-Nesles (Aisne)
 By: Group _____ Unit _____ Nature of reburial Blanket & metallic casket

4. Report as to nature of original burial and condition of body upon disinterment:
Wooden box and uniform. Badly decomposed, features unrecognizable.

5. (a) Identification tags: Buried with body? Yes. On grave marker? No.
(Corroded)
 (b) Other means of identification found upon disinterment, and general remarks:
Bottle record found in box, Barnes 2270929, Harvey C. Pvt.
Batt F. 347th F.A.

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

(a) Height (actual measurement) Imp to det. see par 4.

(b) Weight (estimated) Imp to est see par 4.

(c) Hair—Color apparently dark brown.

Quantity medium head.

Characteristics apparently straight.

(d) Hair on face—Color none visible.

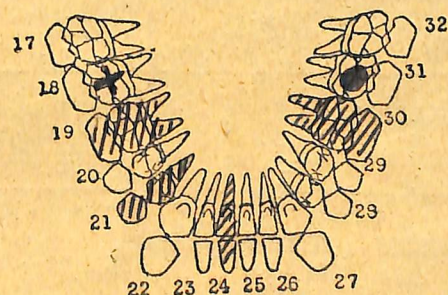
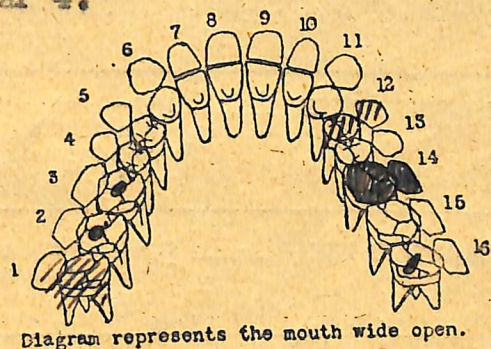
Location none visible.

Quantity none visible.

(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.



MAD 1, 21, 24.

Sil Fill 2, 3, 16, 18, 31.

30, 19, 12. MBD.

14. Gold crown.

7. Disinterment supervised by A. W. Tappart

Approved: E. J. Riordan,

(Title) Capt. CMC.

8. Reburial supervised by L. D. Hays

Approved: C. J. Blake

(Title) C. J. Blake,

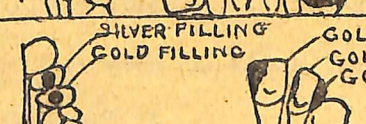
L. D. Hays, Checker

Capt., Q. M. C.

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

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

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.
2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
3. Give date and accurate information as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.
5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".
(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6.
6. Give all information as to body description and dental chart as nearly correctly as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

MISSING TEETHAll teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus :	 TOOTH MISSING TOOTH MISSING
CROWNED TEETHBlock in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus :	 GOLD CROWN PORCELAIN CROWN GOLD CROWN
BRIDGE WORKBlock in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :	 GOLD AND PORCELAIN BRIDGE GOLD BRIDGE
FILLINGSDraw 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, shade in thus :	 CAVITY DECAYED 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."	

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.

Place

Santizelle

REPORT OF DISINTERMENT AND REBURIAL

Date

10/11/21

1. REMAINS OF Barnes, Harry C.SERIAL NUMBER 2270929

RANK

Capt.

ORGANIZATION

Bat. F. 347 F.A.2. Disinterred (date): 10/11/21From (give complete location): Grave #9Row 4 Plot 1, under marker no. 9.

By: Group

1

Unit

Sec. 6

3. Reburied (date):

In (give complete location):

now buried in Gr. 17 Row 30 Block D City 608

By: Group

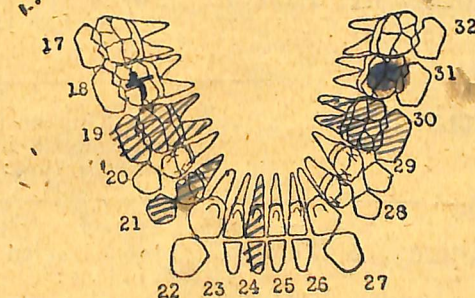
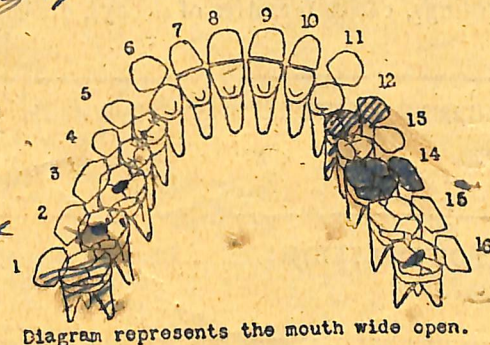
Unit

Nature of reburial

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

Wooden box and uniform. Badly decomposed, features unrecognizable5. (a) Identification tags: Buried with body? yes, corroded On grave marker? no(b) Other means of identification found upon disinterment, and general remarks: Both record found in box "Barnes 2270929, Harry C. Capt. Bat. F. 347, F.A."

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

(a) Height (actual measurement) hard to det, see pg 4(b) Weight (estimated) hard to est, see pg 4(c) Hair—Color apparently dark brownQuantity medium headCharacteristics apparently straight(d) Hair on face—Color None visibleLocation None visibleQuantity None visible(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

M.A. 2-1-24
silver fill 2-2-16-18-31
L. 2. Hays

30-19-12 M. B. D.14 Gold crown

7. Disinterment

supervised by

A. W. Taggart

Approved:

E. J. Riordan
(Title) Capt. En. M.C.

8. Reburial

supervised by

Approved:

(Title)

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

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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.
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MISSING TEETH All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:



CROWNED TEETH Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus:



BRIDGE WORK Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



FILLINGS Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:



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



DENTURES (PLATES) Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

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

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

C O P Y

99517

293.8 Cem. Div., #995 17, BARNES, Harvey C.

San Jose, Calif.
Dec. 15, 1920.

Quartermaster Gen.

Private Harvey C. Barnes Serial No. 2270929 Batty F. 347
F.A. Left no Widow or Children, as he was not married. Father
is dead.

His Mother

Mrs. Lillian Barnes

REVIEWED
OSP SS.

C O P Y

293.8 Gen. Div., #995 17, BARNES, Harvey C.

San Jose, Calif.
Dec. 15, 1920.

Quartermaster Gen.

Private Harvey C. Barnes Serial No. 2270929 Batty F. 347
F.A. Left no Widow or Children, as he was not married. Father
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Mrs. Lillian Barnes

REVIEWED
OSP SS.

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Barnes 2270929 Harvey C.

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

Pvt. Bat. F. 347 P.A.

(Rank). (Organization).

PLACE OF DEATH: CH#33 APO 716

CAUSE OF DEATH: Lobar Pneumonia

DATE OF BURIAL: Mar. 3, 1919

PLACE OF BURIAL: AEF Cemetery #531

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

Lambazellec, Finistere

GRAVE NUMBER: Gr. 9 row 4 plot 1

HOW MARKED: Name Peg?.....Cross?..Yes

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

IDENTIFICATION TAGS:

Was one buried with body?.....Yes

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

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

NEAREST RELATIVE: Lillian Barnes

518 N. 6th St.,
ADDRESS: San Jose, Cal.

RELATIONSHIP: Mother

REPORTED BY:

(Signature and Rank of Reporting Officer).

REVIEWED
OSP. SS.

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