

Bayliff,

(Surname.)

John

(Christian name in full.)

3,111,965

(Army serial number.)

Dup.

Pvt.

Co. C, 316th Inf.

(Rank and organization.)

State your relationship to the deceased

*Sister*

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  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. Elizabeth Newton*

(Number and street or rural route.)

*Box 116 Main St. Vandling, Pa.*

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

*E.M.*

Drawn for

1232 Dec 21-12

4-1-21

Checked  
4/1/21  
SK

G.R.S. Form #114-B

MAY 14 1920

5647

293

FULL NAME ..... BAYLIFF, John ✓

RANK ..... Bvt. ✓ SERIAL ..... 3111965 ✓

DIVISION & ORGANIZATION ..... *79th Div.* Co. C, 316th Inf. ✓

DATE OF DEATH ..... *Sept. 28 '18*

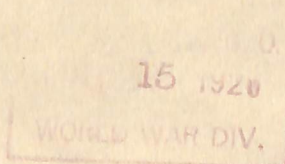
STATE FROM WHICH HE CAME ..... *Penn. A.*

MEDALS OR DECORATIONS AWARDED. *none*

FINAL GRAVE LOCATION ..... 7 4 D  
Date Grave Row Block

Meuse-Argonne, #1232

Cemetery



*K.M.*  
*113* 23/306/ARK

*Revised. KSA 965 CC 321*

**GRAVE LOCATION BLANK**

LOCATION OF THE GRAVE OF

**Bayliff, 3, 111, 965, John**  
(Surname) (Number) (First Name and Initials).

**Pvt. Co. C. 316th. Infantry**  
(Rank) (Organization).

PLACE OF DEATH: **Montfaucon**

CAUSE OF DEATH: **Killed in action**

DATE OF BURIAL: **October 1 1918**

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

**1/2 Km. E. of Montfaucon**

**Argonne Map 12<sup>5</sup> --- 77<sup>5</sup>**

GRAVE NUMBER: **41**

HOW MARKED: Name Peg? **yes** Cross?

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:

ADDRESS:

RELATIONSHIP:

REPORTED BY:

*Phares M. Holdeman*

(Signature and Rank of Reporting Officer).

*Chaplain 314 Inf*

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

REPORTED BY:

**Chaplain Phares M. Holdeman**

(Signature and Rank of Reporting Officer).

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

# GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Bayliff ..... 3111985 ..... John .....  
(Surname). (Number). (First Name and Initials).

Pvt. .... Co. C. 316th Inf. ....  
(Rank). (Organization).

PLACE OF DEATH: .....

CAUSE OF DEATH: ... Killed in action .....

DATE OF BURIAL: ... Oct. 1, 1918 .....

PLACE OF BURIAL: ... 1 Km. E. of Montfaucon .....

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

... Argonne Special Map 12.5-77.5 .....

GRAVE NUMBER: ... 41 .....

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

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: .....

ADDRESS: .....

RELATIONSHIP: .....

REPORTED BY:

Chaplain Phares M. Holdeman  
(Signature and Rank of Reporting Officer).

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

Date 9th., June, 1919

REPORT OF DISINTERMENT AND REBURIAL.

55559

Remains of:

Name: BAYLIEF, John

Number: 3111965

Rank: Unkn

Organization: Unkn

Disinterment and Reburial made by Group \_\_\_\_\_ Unit \_\_\_\_\_

Disinterred (Date) \_\_\_\_\_ From: (Give complete location) \_\_\_\_\_

8th., May, 1919

Grave #17 B. A. City. MONTEAIGON. MEUSE

Map. 55 S. E. E. 312.71 N 277.7

Reburied (Date) \_\_\_\_\_ in: (Give complete location) \_\_\_\_\_

1232

8th., May, 1919

Grave #190 Sec. #21 Plot # 4

ARGONNE AMERICAN CEMETERY. #1232

ROMAGNE. MEUSE

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

Burial good. Buried in uniform. Badly decomposed.

Was one identification tag found upon the body? Yes

What other means of identification were found on the body? None

10824

10824

Note:

CONFIRMED N° D

If upon disinterment, effects are found upon bodies, they will be promptly sent to the Effects Depot direct as is required by G.O. 170, G.H. 2, 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: Lt. Armitage.

R. H. ROSENTHAL  
2nd Lieut. O.M.C.U.S.A  
C.O. Group \_\_\_\_\_ Unit \_\_\_\_\_

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY  
WASHINGTON

September 11, 1922.

FILE: 293.8 C-R #55557-

SUBJECT: Permanent Grave Location of Private John Bayliff,  
Company C, 316th Infantry.

TO: Mrs. Elizabeth Newton, Main St., Vandling, Pa.

*file*

1. The permanent grave of this soldier is No. 7 Row 4 Block D, Meuse-Argonne American cemetery at Romagne-sous-Montfaucon, Department of Meuse, France.
2. This is one of the permanent American military cemeteries to be maintained by this Government in Europe. Each grave will be marked by a headstone of white marble, of suitable design, with name, rank, organization and date of soldier's death. 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.
3. 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.

For the Quartermaster General:

GEORGE H. PENROSE,  
Assistant.

MAILED  
SEP 11 1922  
G.R.S.

11

jc.

DATE Jan 11th, 1922.

1. NAME BAYLIFF, John SERIAL No. 3111965

RANK Pvt. ORGANIZATION Co. C. 316th Inf.

GRAVE LOCATION Meuse-Argonne Amer. Cty. ROMAGNE-ss-MONTFAUCON (Meuse) 1232  
 CTY. NAME NUMBER Sec 21

190 Sec/21 4  
 GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION 17 BAC Montfaucon (Meuse)  
 GRAVE COMMUNE DEPT.

COORDINATES Verdun 35SE, 277.7N, 312.71E

CONCENTRATED TO 5/8/19 190 21 4  
 DATE GRAVE ROW PLOT

Meuse-Argonne 1232.  
 CEMETERY CTY. NUMBER

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

Tag on cross and on body.

Data Form 1.

SUBSEQUENT REBURIALS

DATE GRAVE ROW PLOT CEMETERY  
 rf

DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR

*[Signature]*  
**1st Lt., Q.M. Corps, U.S. Army**  
**B. BIRDSEYE**

3. FINAL GRAVE LOCATION Jan 11th, 1922 7 D. 4.  
 DATE GRAVE BLOCK ROW PLOT

Meuse-Argonne Amer Cty # 1232. Romagne/s/Montfaucon (Meuse).  
 CEMETERY

*SAB 7/24/22*

REGISTRATION  
22415 TR

**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 16, Form 1-A or Form 16-A, statement to this effect will be made on Form 114-B STATING WHICH G.R.S. form data is taken from. If data concerning co-ordinates is approximate and NOT accurate, statement to this effect will be made on these forms.

REPORT OF DISINTERMENT AND REBURIAL

Date Jan, 10, 1922.

1. REMAINS OF BAYLIFF JOHN SERIAL NUMBER 3111965
RANK Pvt. ORGANIZATION Co., C. 316th Inf.

2. Disinterred (date): Jan, 10, 1922. From (give complete location): Gr. 190 sec 21 pt 4 Cem., #1232.

By: Group 3 Unit Sec. 1

3. Reburied (date): In (give complete location): Jan 11th 1922 Meuse Argonne Cemetery # 1232 Gr. 7 block D row 4

By: Group re-burial S Unit Nature of reburial unlined casket

4. Report as to nature of original burial and condition of body upon disinterment: Pine box, burlap and US uniform, body badly decomposed features unrecognizable.

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

(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) Imp to det.

(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

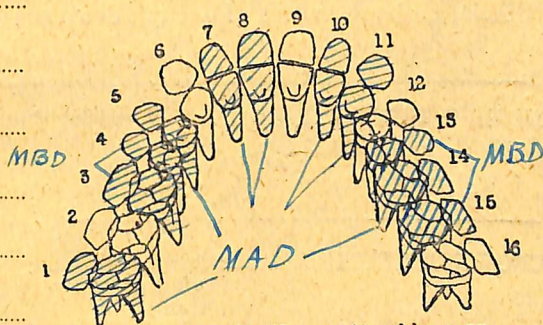
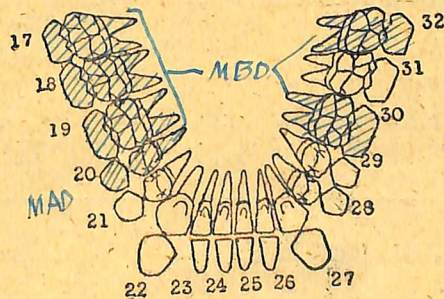


Diagram represents the mouth wide open.



30690

7. Disinterment supervised by J. L. Haky

Approved Geo. O. Bland 1st. Lt. QMC (Title)

8. Reburial supervised by A. U. Dufault






Approved James W. Yeunger, Capt QMC (Title)

Jt.

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

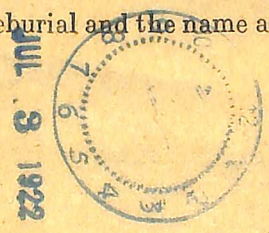
Enter information, as noted below, on reverse side of sheet in the *corresponding numbered space*. This form is supplemental to and is to be forwarded with G. R. S. Form 1-a, reporting reburial locations. To be used in answer to Question 26, Form 114, in case no means of identification on body.

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



To be prepared in triplicate.

DATE Jan 10 1922

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT **jc.**

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name **BAYLIFF, John**

2. No. **3111965**

3. Rank **Pvt.**

4. Org. **Co. C. 316th Inf.**

5. D.D. **9-26**

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. **190** Sec. **21**

8. Plot **4** Row

9.

15. Grave No. Sec.

16. Plot Row

17. **None**

18. Cemetery **Meuse-Argonne Amer. City.**

19. Commune or town **ROMAGNE-s/s-MONTAUCON**

20. Dept. or County **Meuse**

21. Country **France**

22. G.R.S. Hdqrs. Code No. **1232--Sec. 21**

23. Disinterred (Date) **Jan 10 1922**

By **J L Haky**

24. Inscription on grave marker:

Name **John Bayliff**

Rank **Pvt.**

Serial No. **3111965**

Organization **Co C 316 Inf**

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

*C. T. Brown*  
Signature Junior Technical Assistant

PREPARATION

**C T Brown**

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).

**None**

27. Condition of body **Badly decomposed features unrecognizable**

28. Nature of burial **Pine box burlap and US 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 **Jan 10 1922** By **J L Haky**

31. Casket sealed by **J L Haky**

Signature of Embalmer, (Supervisor **J L Haky**)

**J L Haky**



SHIPMENT. (Show actual marking of box.) Box No. C-20369

32. Designation of body:

Name John BAYLIFF Serial No. 3111965

Rank Pvt. Organization Co. C. 316th Inf.

33. Consigned to:

Name of Permanent Cemetery Meuse-Argonne Amer. Cty. 1232, ROMAGNE-s/s-MONTFAUCON (Meuse)

34. Casket boxed and marked (Date) Jan 10 1922 By J. L. Haky

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 Blend 1st Lt. QMC

36. Remarks

37. Shipped from point of Operation: (Date) Jan 10 1922

To point of Concentration Morgue Romagne (Name)

Convoyer W. J. Royed Signature Shipping Officer G. F. Spann, Capt. QMC

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 (Name)

Convoyer Signature Shipping Officer

40. Received: Date

G.R.S. Representative

41. Reinterred Meuse Argonne Cemetery # 1232 (Date) 11th 1922

42. Grave No. 7 Section

43. First Block D Row 4

G.R.S. Representative James W. Younger, Capt QMC

# COMPILATION OF DISPOSITION OF REMAINS DATA

4/13/22 Exhumed  
for Concentration  
Munich - Argonne  
1232

**I. LOCATION INDEX CARD:**

File #55557

(a) Name BAYLIFF, John Ser. No. 3111965  
 (b) Rank Pvt. Organization Co. C, 316th Infantry.  
 (c) Date of death 9/28/18 (d) Cause of death K/A

TYP. als  
CKR. DB

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

(a) Grave No. 190 Row -- Plot 4 Sec. 21 TYP. als  
 (b) Emerg. Address Elizabeth Newton, (Sister) Main St., Vandling, Pa.

*also # 301 confirms 7/25/60 MCH 4-1-21*

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

CKR. DB

**IV. A. G. O. DISPOSITION CARD:**

*\* card (4-7-21) I.E.M.*

Date of receipt \_\_\_\_\_

(a) Name Mrs. Elizabeth Newton (b) Relationship Sister  
 (c) Address Box 116, Main St., Vandling, Pa.  
 (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 Pm Date 4-1-21, 192

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

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

*no Correspondence*

Examiner's Initials Pm Date 4-1-21, 192

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

*No request for disposition*

(a) Cancellation memos referred to? Yes

Examiner's Initials Pm Date 4-1-21, 192

COUNTRY FRANCE CEMETERY No. 1232-Sec. 21 SHEET No. 12

*WP 6/28/21*

*John B. ...*

VII. G. R. S. Form No. 114 made \_\_\_\_\_, 192

Typed by \_\_\_\_\_, Checked by \_\_\_\_\_, 192

VIII. FINAL ACTION:

Following advice forwarded to Europe by { cable on \_\_\_\_\_, 192  
letter on APR 9 1921, 192

*Sec. # 21*

*Par. # 2 Not To Be Returned*

*met*

IX.

REMARKS

*at 8*  
*(B.A. N. R. - 6-77-71)*  
*Mrs. Elizabeth Newton, (Sister)*  
*Main St., Vandling, Pa.*

Discernencies

Name

Discrepancies

Name .....

Rank .....

Serial No. ....

Org. ....

Remarks

.....  
A.G.O. Card & Corr. ....

..... Discrepancies .....

Name .....

Rank .....

Serial No. ....

Org. ....

Remarks

.....  
G. R. S. Corr. ....

..... Discrepancies .....

Name .....

Rank .....

Serial No. ....

Org. ....

Remarks

.....  
Checkers .....

..... Discrepancies .....

Name .....

Rank .....

Serial No. ....

Org. ....

Remarks

*Handwritten notes:*  
MCA  
Checked  
4/1/21  
SH

OSP-SS  
Form No. 1009

*No record*

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

*Rease  
115305*

Harlow C.W.  
NAME OF DECEASED SOLDIER CEMETERY NO. DATE

Bayliff, John, Pvt.      1232-Sec.21 - 12      4/2/21.  
SERIAL NUMBER      ORGANIZATION      DATE OF DEATH

3111965      Co. C, 316th Inf.      9/28/18.

Copy forwarded to  
Adjustment Department  
Date 6-27-21  
*af8*

WAR RISK INSURANCE INFORMATION  
DATE \_\_\_\_\_

PERSON NAMED BY SOLDIER TO BE BENEFICIARY OF INSURANCE      RELATIONSHIP

Mrs. Elizabeth Newton      Sister

ADDRESS

Main St., Vandling, Pa.  
PERSON RECEIVING DEATH COMPENSATION      RELATIONSHIP

ADDRESS

# COMPILATION OF DISPOSITION OF REMAINS DATA

See Form 115  
Att 5/3/22

I. LOCATION INDEX CARD: File #55557

(a) Name BAYLIFF, John Ser. No. 3111965

(b) Rank Pvt. Organization Co. C, 316th Infantry. } TYP. als

(c) Date of death 9/28/18 (d) Cause of death K/A } MS

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

(a) Grave No. 190 Row -- Plot 4 Sec. 21 TYP. als

(b) Emerg. Address Elizabeth Newton, (Sister) Main St., Vandling, Pa.

also #791 confirms 2/25/20 met 4-1-21

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

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

.....

.....

.....

V. Following advice forwarded to Europe by { cable on ..... 192

{ letter of transmittal on APR 9 1921 ..... 192

Sec. # 21

Par. # 2 Not To Be Returned

met

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.

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

COUNTRY FRANCE CEMETERY No. 1232-Sec. 21 SHEET No. 12

MS 6/28/21

12

Sketch 30

5557

Cuisy Road Cemetery

Soldier's No 3111965

Soldier's Name Bayliff, John

Grave # 17, Cross Plot-1-

Cemetery, Cuisy Road.

Town or commune, Montfaucon, State, Meuse

Tag buried with body and on on cross

Grave located in cemetery, cemetery located about 1 kilo S.E. of Montfaucon on the left side of the road going fr Montfaucon to Cuisy. About 100 yds off road. 277 3/4 N by 312.5 E Map used Lambert Projection Verdun S. E. 35

Signed. Pvt Jay Bell

Group 1, GRS 306

*J. Bell*

1749

55557

# GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Bayliff, 3, 111, 965, John  
(Surname). (Number). (First Name and Initials).

Pvt. Co. C. 316th. Infantry  
(Rank). (Organization).

PLACE OF DEATH: Montfaucon

CAUSE OF DEATH: Killed in action

DATE OF BURIAL: October 1 1918

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

1/2 Km. E. of Montfaucon

Argonne Map 12<sup>5</sup> --- 77<sup>5</sup>

GRAVE NUMBER: 41

HOW MARKED: Name Peg? yes Cross? 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: M.M.M. Montfaucon (Mreuse)

ADDRESS: (0238) SHT. 355E COORD. E. 312.5

RELATIONSHIP: (4277.5)

REPORTED BY:

Phares M. Holdeman  
(Signature and Rank of Reporting Officer).

Chaplain 314 2nd

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

8161905  
7 OCT 1918



23 F-706

Communal List No. \_\_\_\_\_

Daily Report No. \_\_\_\_\_

55557

# GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Bayliff ..... 3111966 ..... John .....  
(Surname). (Number). (First Name and Initials).

Pvt. ..... Co. 315th Inf. ....  
(Rank). (Organization).

PLACE OF DEATH: .....

CAUSE OF DEATH: Killed in action

DATE OF BURIAL: Oct. 1, 1918

PLACE OF BURIAL: Montfaucon

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

Arnonne Special Map 12.5-77.5

GRAVE NUMBER: 41

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

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:

NAME: Montfaucon (MUSE)

238 ) SHT. 35 S.E. COORD E. 312.5  
NEAREST RELATIVE: N. 277.5

ADDRESS: .....

RELATIONSHIP: .....

REPORTED BY: .....

Chaplain Phares H. Holdeman  
(Signature and Rank of Reporting Officer).

NOV 9 1918

238-756

Communal List No. \_\_\_\_\_

Daily Report No. \_\_\_\_\_

OSP-SS  
Form No. 1009

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

Harlow C.W.

NAME OF DECEASED SOLDIER		CEMETERY NO.	DATE
Bayliff, John, Pvt.		1232-Sec.21 - 12	4/2/21.
SERIAL NUMBER	ORGANIZATION	DATE OF DEATH	
3111965	Co. C, 316th Inf.	9/28/18.	
Original Attached to Form 115		WAR RISK INSURANCE INFORMATION	
Date <u>6-27-21</u> <i>ARR.</i>		DATE _____	
PERSON NAMED BY SOLDIER TO BE BENEFICIARY OF INSURANCE		RELATIONSHIP	
<i>Mrs Elizabeth Newton</i>		<i>Sister</i>	
ADDRESS			
<i>Main St., Audubon, Pa.</i>			
PERSON RECEIVING DEATH COMPENSATION		RELATIONSHIP	
ADDRESS			

*Adjustment Made*  
*6 - 1922*

*File No. 55557*

Classification

Adjustment \_\_\_\_\_

CEMETERY DIVISION  
GRAVES REGISTRATION SERVICE  
REGISTRATION SECTION

Date 4/12/20

MEMORANDUM:

To: Registration Files Sub-Section.

Subject: Adjustments made on Registration Files.

1. Changes as checked have been made in the Registration Files which will necessitate a corresponding change in the Classification Files.

	CORR.	ADD. DATA		CORR.	ADD. DATA
File Number			Date of Burial		
Name			Date of Reburial		
Serial Number			Burial Information		
Rank			Nearest Relative		
Organization			Notified Nearest Relative		
Cause of Death			Blue Card thrown out		
Date of Death	✓		Reburial White Card set up <u>3X</u>	✓	✓
Casualty Cablegram Number					

- O.K. Alphabetical Files REN 4-15-20
- O.K. Organization Files \_\_\_\_\_
- O.K. State Files \_\_\_\_\_

✓ Cemetery Audit Department  
Investigation & Adjustment Dept.

By Helen Myers

✓ Cards attached.

55567

WAR DEPARTMENT  
THE ADJUTANT GENERAL'S OFFICE  
WASHINGTON

WAR/EMS/ 1-213

IN REPLY  
REFER TO

201 (Bayliff, John) WW

February 25, 1920.

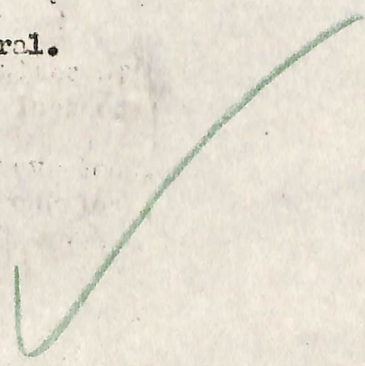
From: The Adjutant General of the Army,  
To: The Quartermaster General of the Army,  
Washington, D. C.  
Subject: Date of death of John Bayliff.

1. Upon investigation, it has been ascertained that the date of death of the above man heretofore communicated to you, is erroneous, and that Private John Bayliff, #3111965, Company C, 316th Infantry died September 28, 1918.

2. For purposes of identification, you are advised that the records show that the deceased was enlisted May 28, 1918, and the name of the person to be notified in case of emergency was given as; Elizabeth Newton, Sister, Main Street, Vandling, Pa.

By order of the Secretary of War:

P. C. Harris.  
The Adjutant General.  
per. RRC



M

201 (Bayliff, John) WW

February 25, 1920.

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To: The Quartermaster General of the Army,  
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P. C. Harris. Per

The Adjutant General.  
per.



CODE SLIP

✓

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>Bayliff</i>	<i>BAY</i>	3	<i>21<sup>12</sup>5</i>
BURIED <i>John</i>	CEMETERY <i>1232</i>	1	<i>1</i>
	GRAVE <i>7</i>	2	<i>07</i>
	ROW <i>4</i>	2	<i>04</i>
	BLOCK <i>D</i>	1	<i>4</i>
STATE	<i>(Penn)</i>	2	<i>44</i>
RANK	<i>PA</i>	1	<i>2</i>
DIVISION	<i>79</i>	2	<i>79</i>
ORGANIZATION	<i>316</i>	3	<i>316</i>
ARM	<i>Inf</i>	1	<i>1</i>
MARITAL	<i>no</i>	1	<i>2</i>
NAME <i>Bayliff</i>	<i>BAY</i>	3	<i>21<sup>12</sup>5</i>
RESIDENCE <i>Mrs. Thomas (Bridget)</i> <i>No loca -</i>	STATE	2	
	COUNTY	2	
	CITY	3	
RELATION	<i>Mother</i>	1	<i>1</i>
OTHER	<i>Sister</i>	1	<i>2</i>
ELIGIBILITY	<i>Foreign</i>	1	<i>4</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>29/514</i>	<i>country</i>		<i>England</i>

AUDITED  
FEB 17 1933  
*AM*

*BVA*

*pm*

*04*

MA

Bayliff, John  
Pvt  
Co C 316th Inf

XC 115305

M-comp.

Bridget Bayliff  
England

father died 7/3/30  
England

Single - no locs.

2-2-33

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Bayliff, John  
1232

September 4, 1929.

Mrs. Elizabeth Newton,  
Main St..  
Vandling, Pa.

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:

*No he is not  
survived by a  
widow*

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.

*Mrs. Thomas Bayliff  
Little Urswick, W.  
Ulverston, Lancashire  
England  
I don't know*

3. If survived by a widow or mother does she desire to make the pilgrimage?

For The Quartermaster General,

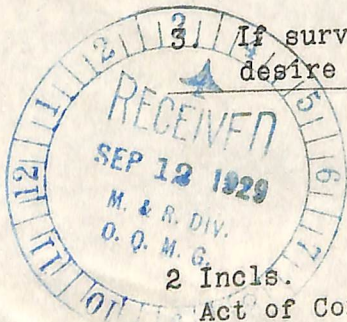
Very truly yours,

*J. T. Harris*

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

June 29, 1929.

Bayliff, John

Mrs. Elizabeth Newton,  
Main Street,  
Vandling, Pa.

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. John Bayliff, Co. C, 316th 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.

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

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Write answers in space below

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2. If he is survived by a mother, stepmother, mother thru adoption, or any other woman who stood in loco parentis to him, according to the terms of Section 4 of the enclosed Act, give her name, address, and relationship in the space opposite.

3. If survived by a widow or mother does she desire to make the pilgrimage?

For The Quartermaster General,

Very truly yours,

2 Incls.  
Act of Congress  
Envelope

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

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

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29

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