

Kelly
action

FULL NAME..... **BEAN, Frank** *OK*

RANK..... **Pvt.** *OK* SERIAL..... **561321** *OK*

DIVISION & ORGANIZATION..... **Co. I, 59th Inf.** *OK 4th ID*

DATE OF DEATH..... **7/19/18** *OK*

STATE FROM WHICH HE CAME..... *Vermont*

MEDALS OR DECORATIONS AWARDED..... *none*

FINAL GRAVE LOCATION..... **62** **9** **A**
Date Grave Row Block

..... **Cty # 1764**
Cemetery

B. A. G. O.
MAY 9 1927
WORLD WAR DIV.

oja

CODE SLIP

HEADING	SUB HEADING	NO. OF COLS	CODE
NAME	Beans, Frank	3	251
BURIED	CEMETERY	1	4
	GRAVE	2	62
	ROW	2	09
	BLOCK	1	1
STATE	Vt.	2	53
RANK	Priv	1	2
DIVISION	4th	2	04
ORGANIZATION	59th	3	059
ARM	Inf	1	1
MARITAL	(Father)	1	2
NAME	Bean, Fred	3	251
RESIDENCE	73 E. Canal St.	2	53
	Winooski, Vt.	2	04
		3	251
RELATION	Mother	1	1
OTHER	no info	1	
ELIGIBILITY	dead	1	6
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	AUG 17 1982
DATE OF TRIP	MO.	1	RS
	YR.	1	
ACCEPTANCE		1	
	29/514/EAB		

AUDITED

AUG 17 1982

RS

McP

1

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Bean, Frank 1764

F

July 3, 1930.

Mr. Fred Bean,
73 E Canal St.,
Winooski, Vt.

Dear Sir:

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?

no

If so, give her name and address:

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

no

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?

no

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

IN REPLY REFER TO QM 293 A-C

June 12, 1929.

Bean, Frank.

Mr. Fred Bean,
73 E. Canal St.,
Winooski, Vermont.

Dear Sir:

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 father of the late Private Frank Bean, Co. I. 59th Inf., whose remains are now interred in the Aisne-Marne American Cemetery, Belleau, Aisne, 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.

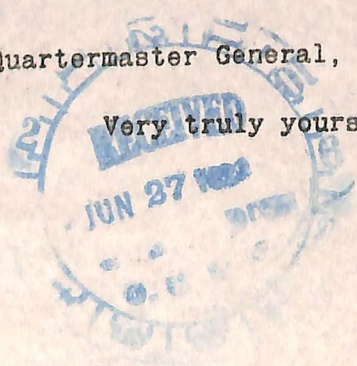
*Mother
dead.
No widow*

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

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

Bean, Frank 1764

F

July 8, 1930.

Mr. Fred Bean,
73 E Canal St.,
Winooski, Vt.

Dear Sir:

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,
Captain, Q. M. Corps,
Assistant.

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

Q. M. & R. DIV.

IN REPLY REFER TO QM 293 A-C

1929 JUN 12 PM 2 04
June 12, 1929.

Bean, Frank.

DISPATCHED

Mr. Fred Bean,
73 E. Canal St.,
Winooski, Vermont.

Dear Sir:

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 father of the late Private Frank Bean, Co. I, 59th Inf., whose remains are now interred in the Aisne-Marne American Cemetery, Belleau, Aisne, 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.

Bean,

Frank

561,321

(Surname)

(Christian name in full.)

(Army serial number)

Pvt

Co L 58 Inf Bean

(Rank and organization.)

State your relationship to the deceased.

Father

Do you desire the remains brought to the United States?

No

(Yes or no.)

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

(Yes or no.)

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

(Name of person to receive remains.)

(Express office.)

(Telegraph office.)

(Number and street.)

(City or town.)

(State.)

(Sign here)

Fred Bean Winoski Vt

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

3-6713

20 received A G O, MAR 20 1919

Drawn by PM

1764 - 119

2-19-21

Checked
2-19-21
PM

QM 293 A-C
(Donn, Frank)

November 22, 1928.

Mr. Fred Bean,
73 East Canal St.,
Winoonki, Vt.

Dear Sir:

The inclosed card gives the permanent cemetery and grave location of the late Frank Bean.

The Quartermaster General desires that you be informed that all American military cemeteries, both in Europe and in our own country, will be maintained by the Government forever, the graves permanently marked by headstones showing the decedent's name, rank, organization, State, and date of death, all of which will be done without the necessity of requests emanating from relatives.

Please understand that in effecting the final disposition of our heroic dead the utmost care and reverence is exercised.

Very truly yours,

J. McCLINTOCK,
Major, Q. M. Corps,
Assistant.

LMB

1 Incl.
Record card.

O.B.M.C.M. 11-23-28

28/570

NOV 23 1928 PM 1 45

DISPATCHED

To be prepared in triplicate.

DATE October 26, 1922.

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name BEAN, Frank
 2. No. 561321
 3. Rank Pvt.
 4. Org. Co. I, 59th Inf.
 5. D.D. 7-19 -1918
 6. C.D. Wounds recd. in Action

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

Discrepancy found upon disinterment

7. Grave No. 149 Sec. C
 8. Plot 4 Row _____
 9. _____

15. Grave No. _____ Sec. _____
 16. Plot _____ Row _____
 17. no discrepancy

18. Cemetery Aisne-Marne American Cty.

19. Commune or town Belleau

20. Dept. or County Aisne

21. Country France

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

1764

23. Disinterred (Date) Oct. 26, 1922.

By C.P. Keating.

24. Inscription on grave marker:

Name Frank Bean
 Rank Pvt.

Serial No. -
 Organization Co. I, 59th Inf.

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

W.D. Wall Jr.
 Signature Junior Technical Assistant

PREPARATION

26. What other means of identification were on body? (If no disc or other means of identification on body, give description of body in detail).

Bottle record and disc on body agree.

27. Condition of body Badly decomposed. Features unrecognizable.

28. Nature of burial Wooden box 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. 26, 1922. By C.P. Keating.

31. Casket sealed by C.P. Keating.

Signature of Embalmer, (Supervisor

ot

C.P. Keating
 C.P. Keating.

SHIPMENT. (Show actual marking of box.) Box No. C - 31176

32. Designation of body:

Name Frank, BEAN Serial No. 561321

Rank Pvt. Organization Co. I. 59th Inf.

33. Consigned to:

Name of Permanent Cemetery Aisne-Marne American Cty. #1764, Belleau (Aisne)

34. Casket boxed and marked (Date) October 26, 1922. By C.P. Keating.

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 *Ouf*
O.E. DAVIS, 1st Lt., OMC.

36. Remarks

Disc on body read: "Frank Bean, 561321"

37. Shipped from point of Operation: (Date) October 26, 1922.

To point of Concentration _____
(Name)

Convoyer _____ Signature Shipping Officer

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

By G.R.S. Representative _____

39. Shipped from Railhead or Point of Concentration: Date October 26, 1922.

To Permanent Cemetery Aisne-Marne Amer. Cem. 1764, Belleau (Aisne).
(Name)

Convoyer _____ Signature Shipping Officer *Ouf*
O.E. DAVIS, 1st Lt., OMC.

40. Received: Date _____

G.R.S. Representative _____

41. Reinterred Oct. 26, 1922, Aisne-Marne Cem. 1764, Belleau (Aisne)
(Date)

42. Grave No. 62 Section _____

43. ~~First~~ Block A Row 9

G.R.S. Representative *W.D. Cleary*
W.D. Cleary
Lt., Chaplain, USA.

REPORT OF DISINTERMENT AND REBURIAL

Place **Belleau (Aisne)**

Date **October 26, 1922.**

1. REMAINS OF **BEAN, Frank** SERIAL NUMBER **561321**
 RANK **Pvt.** ORGANIZATION **Co. I, 59th Inf.**

2. Disinterred (date) : **Oct. 26, 1922.** From (give complete location) : **Grave 149, Sec. C, Plot 4, Cem.1764.**

By : Group **2** Unit **Aisne-Marne Cem.**

3. Reburied (date) **Oct. 26, 1922** In (give complete location) : **Gr. 62, Block A, Row 9, Aisne-Marne Cem. 1764, Belleau (Aisne)**

By : Group **re-burial group** Unit _____ Nature of reburial **Lined casket**

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

Wooden box and burlap.

Badly decomposed. Features unrecognizable.

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

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

Bottle record agrees and body disc agrees.

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

(a) Height (actual measurement) **Impossible to determine**

(b) Weight (estimated) **"**

(c) Hair—Color **None visible.**

Quantity **"**

Characteristics **"**

(d) Hair on face—Color **None visible.**

Location **"**

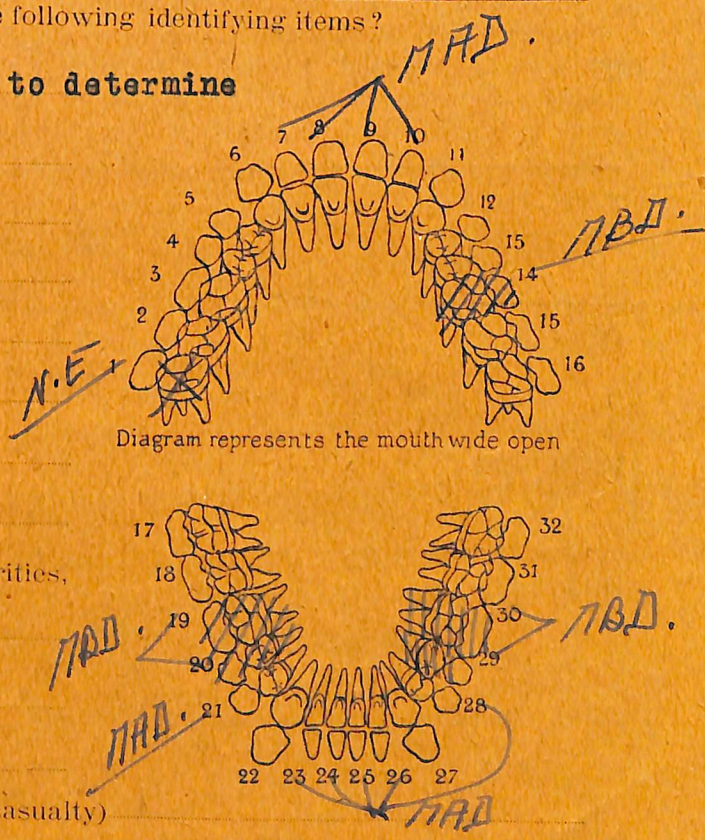
Quantity **"**

(e) Permanent marks on body (old scars, peculiarities, or missing parts)

None discernible.

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

None visible.



W.D. Wall Jr. Checker.

7. Disinterment supervised by **C.P. Keating** Approved : **O.E. DAVIS, 1st Lt., OMC.**
 (Title)

8. Reburial supervised by **L.D. Hays** Approved : **W.D. Cleary**
 (Title) **Lt., Chaplain, USA.**

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 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.

COMPILATION OF DISPOSITION OF REMAINS DATA

File # 6445

I. LOCATION INDEX CARD:

(a) Name BEAN, Frank Ser. No. 561321
(b) Rank Pvt. Organization Co. I, 59th Inf.
(c) Date of death 7/19/1918 (d) Cause of death DWRIA
TYP. BK
CKR. 3/1

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

(a) Grave No. 149 Row -- Plot 4 Sec. C TYP. BK
(b) Emerg. Address Mr. Fred Bean (father) 73 East Canal St.,
Winooski, Vermont.

III. Files of soldiers dying from contagious diseases -- CKR. 3/1

IV. A. G. O. DISPOSITION CARD:

Date of receipt None

(a) Name Fred Bean (b) Relationship Father
(c) Address Winooski, Vt.
(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 2-19-21, 1920.

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 2-19-21, 1920.

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

No request for disposition

(a) Cancellation memos referred to? Yes, Pm

EM

Examiner's Initials Pm Date 2-19-21, 1920.

COUNTRY France CEMETERY No. 1764 SHEET No. 119

FORM 115 - A COMPLETED

CARDED

14-5-3-18-21

Rev. 5-28-21 F.P.

COMPILATION OF DISPOSITION OF REMAINS DATA

File #6445

I. LOCATION INDEX CARD:

(a) Name BEAN, Frank Ser. No. 561521
 (b) Rank Pvt. Organization Co. I, 59th Inf. H.M.H. 3/10/21 } TYP. EK
 (c) Date of death 7/19/1918 (d) Cause of death DWARIA } 38

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

(a) Grave No. 149 Row --- Plot 4 Sec. C TYP. EK

(b) Emerg. Address Mr. Fred Bean (father) 73 East Canal St.,
Winooski, Vermont. H.M.H. 3/10/21 CKR. 38

III. Files of soldiers dying from contagious diseases

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

*A. G. O. Card - Fred Bean, father, Winooski, Vt., desires body be not returned.
 APR 3/17/21*

V. Following advice forwarded to Europe by { cable on _____, 192
 letter of transmittal on _____, 192

Par. # 2 Not To Be Returned

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 _____ CEMETERY No. _____ SHEET No. _____

REPORT OF DISINTERMENT AND REBURIAL

1. REMAINS OF BEAN, FRANK SERIAL NUMBER 561321
RANK PVT. ORGANIZATION CO. I. 59th. INF.

2. Disinterred (date): 6.22.21 From (give complete location): GR. 149 SEC. C. PT. 4.

By: Group Foster. Unit FIELD SECTION # 7

3. Reburied (date): 6.22.21 In (give complete location): GR. 149 SEC. C. PT. 4.

By: Group FOSTER. Unit FIELD SECTION # 7 Nature of reburial BOX & BURLAP

4. Report as to nature of original burial and condition of body upon disinterment:
BADLY DECOMPOSED FEATURES UNRECOGNIZABLE
UNIFORM AN BURLAP

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

(b) Other means of identification found upon disinterment, and general remarks:
Tag on body "--ANK BEAN- PVT."

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

(a) Height (actual measurement) IMPOSSIBLE TO DETERMINE

(b) Weight (estimated) IMPOSSIBLE TO DETERMINE

(c) Hair—Color IMPOSSIBLE TO DETERMINE

Quantity IMPOSSIBLE TO DETERMINE

Characteristics IMPOSSIBLE TO DETERMINE

(d) Hair on face—Color IMPOSSIBLE TO DETERMINE

Location IMPOSSIBLE TO DETERMINE

Quantity IMPOSSIBLE TO DETERMINE

(e) Permanent marks on body (old scars, peculiarities, or missing parts) IMPOSSIBLE TO DETERMINE

(f) Wounds or missing parts (received at time of casualty) 1 undev; 7 - 10 incl, 23 - 26 incl, 28 mis.a.d; 14, 19, 20, 29, 30 ext; 31 cav.

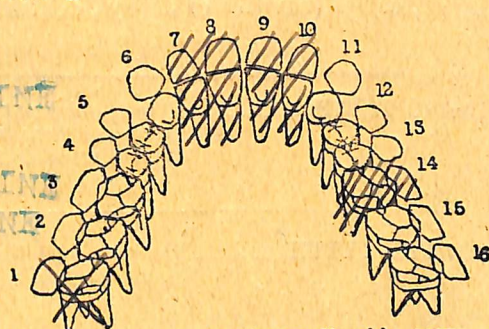
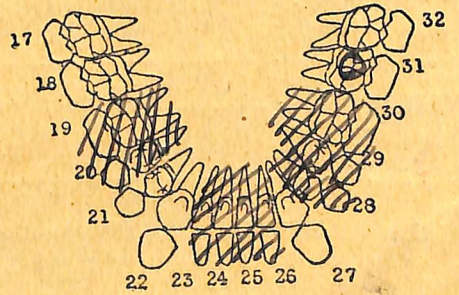


Diagram represents the mouth wide open.



IMPOSSIBLE TO DETERMINE

10-51025

7. Disinterment supervised by N. N. Foster Approved: A. E. Dewey
H. H. FOSTER, SUP. EMB. (Title) A. E. DEWEY, 1st. LT. QMC.






8. Reburial supervised by N. N. Foster Approved: A. E. Dewey
H. H. FOSTER, SUP. EMB. (Title) A. E. DEWEY, 1st. LT. QMC.

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

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

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.
2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
3. Give date and accurate information as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.
5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".
 (b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6.

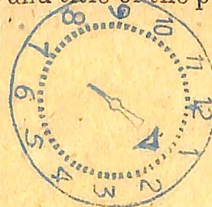
6. Give all information as to body description and dental chart as nearly correctly as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), 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.

FEB 7 1922



RECEIVED
MATERIAL DIV.

REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Name: Bean, Frank, Number: 561621.
Rank: Pvt. Organization: Co. D, 59th Inf.

Disinterment and Reburial made by Group Unit "B"

Disinterred (Date) From: (Give complete location)
June 9, 1919 Plot-90 Myers, near St. Gengoulph, Aisne.
Coord. 258.6N - - 170.9E
Grave 77.

Reburied (Date) in: (Give complete location) 1764
June 9, 1919 National Cemetery at Belleau Woods, Aisne.
Coord. 262.60N - - 176.04E
Plot-4, Sec.C, Grave 149.

Report as to nature of original burial and condition of body upon disinterment:
Body in poor condition.

Was one identification tag found upon the body? yes

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

Note:

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, notations whereof will be made and reported to Chief, Graves Registration Service.

Supervised by: Det. H. Turner A. C. M. Cameron
C.O. Group Unit

189

INDEX SHEET

Co. I., 59th. Inf.
4th. Div.

BEAN, Frank - Pvt. 561321

Killed in action July 19/18, Aisne-Marne Offensive, Chevillon,
Grave No. 189.

On morning of July 19, 1918, Pvt. Bean was struck by a shell
and when I got to him he was dead. I talked to him and gave him
light for a cigarette just before shell struck.

Informant: Angelina, John - Mech. 562055
Co. I., 59th. Inf.

Signed: By Informant.

8J

gv 188 = 77
RUS 8/23/26

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Bean *551827* *Frank*
(Surname.) (Number.) (First Name and Initials.)

Prvt.
(Rank.) (Organization.)

DATE OF BURIAL *7/26/18*

PLACE OF BURIAL *Quillon*

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

American cemetery 175 Paces south of Quillon on west side of road. Mercator map

GRAVE NUMBER *188*

HOW MARKED: Name Peg? Cross? *yes*
Headboard? Bottle? *no*

IDENTIFICATION TAGS:

Was one buried with body? *yes*

Was one fastened to name peg or stake used as a grave marker? *yes*

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

REPORTED BY:

Ernest H Reed, Chaplain 3rd Bn. 58 Inf
(Signature and Rank of Reporting Officer.)

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

29 AUG 1918

✓

R

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Bean 551821 *Frank*

(Surname.)

(Number.)

(First Name and Initials.)

Inf

(Rank.)

(Organization.)

DATE OF BURIAL.....

7/26/18

PLACE OF BURIAL.....

Chevillon

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

American Cemetery 175 Paces south of Chevillon on west side of road. Mercator map.

GRAVE NUMBER.....

188

HOW MARKED: Name Peg?.....

Cross?.....

yes

Headboard?.....

Bottle?.....

no

IDENTIFICATION TAGS:

Was one buried with body?.....

yes

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

yes

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

REPORTED BY:

Ernest H. Reed, Chaplain 3rd Bn 58th
(Signature and Rank of Reporting Officer.)

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

Classification _____

Adjustment _____

CEMETERIAL DIVISION
GRAVES REGISTRATION SERVICE
REGISTRATION SECTION

Date JUN -8 1920

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			White Card set up		
Casualty Cablegram Number					

O.K. Alphabetical Files K.E.S. 6-10-20

O.K. Organization Files _____

O.K. State Files _____

✓ Card Dept.

Cemetery Audit Department
Investigation & Adjustment Dept.

By CBS

1 Cards attached.

FROM: O.Q.M.G.
CEMETERIAL DIVISION
Ammunitions Building
Room

PLEASE
EXPEDITE

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

G.R.S. Form 8-W-A-0
Information requested of A.G.O.

Date 2/21/21.

File No. Requisition.
From: The Quartermaster General, U. S. Army, (Cemeterial Division)
To: The Adjutant General of the Army, 6th & B Sts., N.W., Washington, D.C.
Subject: Information required for G.R.S.

1. It is requested that the items checked below be completed, Request confirmation of all information shown.

- a. Surname **Bean** OK ✓
 - b. Christian name **Frank** OK ✓
 - c. Serial Number **561321** OK ✓
 - d. Organization **Co. I, 59th Inf.** or **(Co. L, 58th Inf.)** ✓
 - e. Rank **Pvt.** OK ✓
 - f. Date of death **7/19/18.** OK ✓
 - g. Cause of death **DWRIA.** OK ✓
 - h. Authority (C.O.#)
 - i. Emergency address **Mr. Fred Bean** ✓
 - j. Relationship **73 E. Canal St. Father Winooski, Vt.** ✓
- DENTAL CHARTS (See Physical report of examination prior to enlistment)

BODY DESCRIPTION
(See page #2 of the Service Record)

- a. Age of enlistment
 - b. Color of eyes
 - c. Color of hair
 - d. Height **Adjustment Made**
MAR 31 1921
64 4 5
 - e. Weight
 - f. Permanent marks and physical defects at enlistment (Old fractures or breaks)
- a. Strike out teeth missing
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
upper right upper left
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
lower right lower left

file

FILE

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

C.W. **Donnelly-m.c.**
CEMETERY NO: **1764** **Eul Perisect**
SHEET NO: **119** **2-24-21 208**
TYPED BY: **I.W.**

H. J. CONNER,
1st. Lieut. Q.M.C.

S/713/LML

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

FEB 24 1921 6

FEB 24 1921

24