

JUN 1 - 1923

DATE 12/1/21

1. NAME **BOWEN, Neal L.** *Surname*

SERIAL No. 2721288

RANK **Pvt.1/cl.**

ORGANIZATION **Co.D. 301st Engrs.**

GRAVE LOCATION **Amer.Cty. Vittel (Vosges)**

2 DIVISION

76

at age 27

#258

CTY. NAME

NUMBER

138

GRAVE

ROW

PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION

260

Vittel

Vosges

GRAVE

COMMUNE

DEPT.

COORDINATES **E.367.79 N.157.35 Map Mirecourt N.E.84**

CONCENTRATED TO **Feb.7,1921**

138

DATE

GRAVE

ROW

PLOT

American E.F.Cty., Vittel

258

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

Dec 11, 18

STATE FROM WHICH HE CAME

Maine

MEDALS OR DECORATIONS AWARDED

None

SUBSEQUENT REBURIALS

None

DATE

GRAVE

ROW

PLOT

CEMETERY

DATE

GRAVE

ROW

PLOT

CEMETERY

SIGNATURE, AREA SUPERVISOR

Stanley J. Grogan
STANLEY J. GROGAN, Capt.Inf.USA.

3. FINAL GRAVE LOCATION

12/1/21

21

20

E

DATE

GRAVE

ROW

Block PLOT

AUDITED BY

M.M.E.

1-6-23

Meuse Argonne American Cty # 1233 Romagne sous Montfaucon

CEMETERY

Rec'd World War Div

JUN 8 1926

APR 2 1928

WORLD WAR DIV

Robert O. Davis,

Major General,

The Adjutant General,

JUN 10 1926

SND 4/6/28

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.



CODE SLIP



HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>Bowen</i>	<i>Bow</i>	3	<i>2812</i>
<i>Neal S.</i>	CEMETERY <i>1232</i>	1	<i>1</i>
BURIED	GRAVE <i>91</i>	2	<i>21</i>
	ROW <i>20</i>	2	<i>20</i>
	BLOCK <i>E</i>	1	<i>5</i>
STATE	<i>Maine</i>	2	<i>23</i>
RANK	<i>Private</i>	1	<i>2</i>
DIVISION	<i>76</i>	2	<i>76</i>
ORGANIZATION	<i>301</i>	3	<i>301</i>
ARM	<i>Engns</i>	1	<i>4</i>
MARITAL	<i>No</i>	1	<i>2</i> <i>mt</i>
NAME <i>Bowen</i>		3	
<i>R2D 2</i> RESIDENCE <i>77 m E</i> <i>(Father)</i> <i>Carmel, Maine</i>	STATE <i>Maine</i>	2	
	COUNTY	2	
	CITY	3	
RELATION <i>no son</i>	<i>mother</i>	1	<i>1</i>
OTHER		1	
ELIGIBILITY <i>no loco</i>	<i>Dead - before 1918</i>	1	<i>6</i>
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE <i>29/514</i>		1	

AUDITED
APR 18 1982
RS

McF

EPm

1232

Bowen, Neal L. C 140 023 PFC Co. D, 301st Engrs. Maine

Date of Mother's death?

before 1918

SM?

Loco?

} no record

C-140023

Single

Seebode

Very little info in file
father receives ins - no claim for comp.
Wm. E. Bowen - R. F. J. # 1 of Maine
Carmel - (Pa)?

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Bowen, Neal L. - 1232 F

July 8, 1930.

Mr. Wm E. Bowen,
R F D 2,
Carmel, Maine.

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

DATE 1/21/30

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
BOWEN, Neal L.	Pvt.1/cl	2721288	Co. D 301st Engrs.	Dec 11/18

STATE	CTY. NO.	#1232	GRAVE	21	ROW	20	BLOCK	E
-------	----------	-------	-------	----	-----	----	-------	---

	<u>Check relationship</u>	<u>Living</u>	<u>-</u>	<u>Deceased</u>	
	MOTHER	:	:	✓	
	STEPMOTHER (For the year prior to commencement of service)	:	:	:	
NAME	MOTHER THRU ADOPTION	:	:	:	
AND	(For the year prior to commencement of service)	:	:	:	
ADDRESS	MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	:	:	:	
	WIDOW (Who has not remarried)	:	:	:	

6-140023
1/24
W

(7)
Win-E-Bowen
R. 7 D. 2.
Carmel, Maine

Single man -

Veterans Bureau Claim Number 29/156/

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Bowen, Neal L.

June 29 1929.

Mr. Wm. E. Bowen,
RFD #21,
Carnel, Maine,
Penobscot Co.

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 Pvt. 1/c Neal L. Bowen, Co. D, 301st Engrs., 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

Bowen, Neal L. - 1232 F

July 8, 1930.

Mr. Wm E. Bowen,
R F D 2,
Carmel, Maine.

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

IN REPLY REFER TO QM 293 A-C

Bowen, Neal L.
1232

Sept. 4, 1929.

Mr. Wm. E. Bowen,
RFD #21,
Carmel,
Penobscot Co., Maine.

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated **June 29, 1929** making inquiry concerning the name and address of the mother and widow of the deceased service man above named. These addresses are desired with a view to ascertaining the number of mothers and widows who desire to make a pilgrimage to the cemeteries of Europe in which the remains of their sons and husbands are interred.

Will you please fill in the answers to the following questions in the space provided on this letter, and return the letter to this office in the enclosed envelope which requires no postage?

Write answers in space below

1. Is the deceased survived by a widow who has not since remarried? If so, give her complete address:

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

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

For The Quartermaster General,

Very truly yours,

2 Incls.
Act of Congress
Envelope

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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Bowen, Neal L.

June 29 1929.

Mr. Wm. H. Bowen,
RFD #21,
Carmel, Maine.
Penobscot Co.

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 Pvt. 1/c Neal L. Bowen, Co. D, 301st Engrs., 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.

258-20



Bowen,

(Surname.)

Neal L.

(Christian name in full.)

2,721,288

(Army serial number)

Pvt. 1 cl

Co. D, 301st Engrs.

(Rank and organization.)

State your relationship to the deceased

Father

Do you desire the remains brought to the United States?

Yes

(Yes or no.)

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

No

(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.)

W E Bowen

(Number and street.)

(Express office.)

Carmel

(City or town.)

(Telegraph office.)

Carmel

(State.)

Maine

(Sign here)

W. E. Bowen

R.F.D. 2

(Number and street or rural route.)

Carmel

(City, town, or post office.)

Maine

(State.)

Read carefully the letter accompanying this card.

drawn by ~~774~~
258-20
10/13/20

checked
1/18/20

In reply refer to:
293.8 C-R #12258

March 1, 1923.

Mr. William E. Bowen,
R.F.D. #21,
Carmel, Penobscot Co., Maine.

Dear Sir:

The Quartermaster General desires that you be informed that the permanent grave of the late Private 1/c Neal L. Bowen, Company D, 31st Engineers, is Grave 21, Row 20, Block E, Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon, Department of Meuse, France.

This is one of the permanent American military cemeteries to be maintained by this Government in Europe. Each grave will be marked by a headstone of white marble, of suitable design, with name, rank, organization, date of soldier's death and State from which he came. The headstones will be placed at all graves in connection with the improvement work now in progress, as soon as possible and without waiting for special action or request on the part of relatives.

In effecting removal, the utmost care and reverence were exacted and more than willingly accorded by those performing this sacred duty. The grave of the deceased will be perpetually maintained by this Government in a manner befitting the last resting place of our heroes.

MAILED

Very truly yours,

MAR 1 1923

H. J. Conner,
Assistant,

G.R.S.

22/1423/ARK

REPORT OF DISINTERMENT AND REBURIAL

Date October 19th 1921.

1. REMAINS OF BOWEN, NEAL L. SERIAL NUMBER 2721288.
RANK Pvt. 1/c ORGANIZATION Co. D 301st Engrs.

2. Disinterred (date) : October 19th 1921. From (give complete location) : Grave 138,
American Cemetery, G.R.S. Code # 258, Vittel, (Vosges) France.

By : Group 2 Unit Section 4,

3. Reburied (date) : Dec. 1, 1921, In (give complete location) : Meuse-Argonne Cty, # 1232, Gr. 21, Blk. E, Row 20.

By : Group Reburial S Unit _____ Nature of reburial Lined Casket

4. Report as to nature of original burial and condition of body upon disinterment :
Buried in uniform, blanket and wooden box. Body badly decomposed, recognition impossible.

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

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

No effects found.

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

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

(b) Weigh, (estimated) Unable to determine.

(c) Hair—Color None visible.

Quantity Unable to determine.

Characteristics None.

(d) Hair on face—Color None.

Location Unable to determine.

Quantity None.

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

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

None.

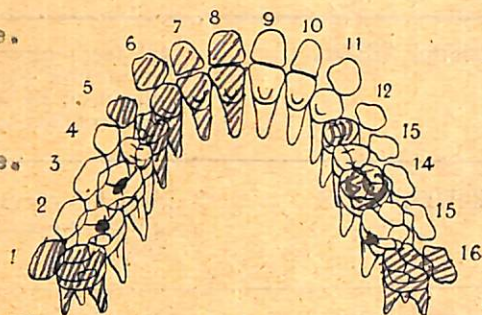
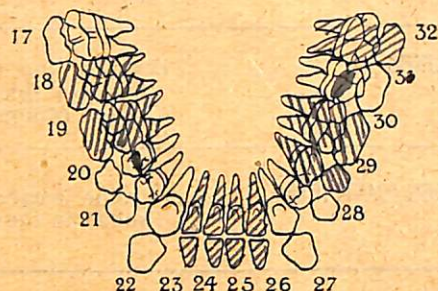


Diagram represents the mouth wide open



Nos. 1, 16, 32 Not grown.
Nos. 2, 3, 20, 31 Silver fillings.
Nos. 5, 6, 7, 8, 23, 24, 25, 26,
Missing after death.
Nos. 12, 14, Decayed.
Nos. 18, 19, 28, 30, Extracted.

7. Disinterment supervised by J. E. Benson

Approved : D. E. Lowry hem
thc. (Title) 1st Lt. Q.M.C.

8. Reburial Supervised by A. U. Dufault

Approved : James W. Younger
(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 Questions 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 :	 <p>TOOTH MISSING TOOTH MISSING</p>
CROWNED TEETH	Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus :	 <p>GOLD CROWN PORCELAIN CROWN</p>
BRIDGE WORK	Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge) thus :	 <p>GOLD AND PORCELAIN BRIDGE GOLD BRIDGE</p>
FILLINGS	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus :	 <p>SILVER FILLING GOLD FILLING</p> <p>GOLD FILLING GOLD FILLING</p>
CARIES (CAVITIES)	Outline location and size of cavity, shade in thus :	 <p>CAVITY DECAYED DECAYED DECAYED</p>
DENTURES (PLATES)	Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"	

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

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

To be prepared in triplicate.

DATE October 19th 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 BOWEN, Neal L.
 2. No. 2721288
 3. Rank Pvt. 1/cl.
 4. Org. Co. D. 301st Engrs.
 5. D.D. 12-11-18
 6. C.D. Pulmonary Tuberculosis

10. Name _____
 11. No. 2721288.
 12. Rank _____
 13. Org. _____
 14. (a) D.D. _____
 (b) D.B. _____

Discrepancy found upon disinterment

7. Grave No. 138 Sec. _____
 8. Plot _____ Row _____
 9. _____
 18. Cemetery Amer. Cty.
 20. Dept. or County Vosges
 22. G.R.S. Hdqrs. Code No. 258
 23. Disinterred (Date) October 19th 1921.
 24. Inscription on grave marker:

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

Name NEAL L. BOWEN.
 Rank Pvt. 1/c

Serial No. _____
 Organization Co. D 301st Engrs. Gr. 138.

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

On body? Yes.

Signature J.E. BENSON
Junior Technical Assistant

T.H. CHUMN.

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).

Reburial record on body. No effects found. Form 16a accomplished.

27. Condition of body Badly decomposed, recognition impossible.

28. Nature of burial In blanket, uniform and wooden box.

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? See number 11.

30. Body prepared and placed in casket: Date Oct. 19th 1921. By J.E. BENSON.

31. Casket sealed by J.E. BENSON.

Signature of Embalmer, (Supervisor)

J.E. BENSON.

SHIPMENT. (Show actual marking of box.) Box No. C-11150

32. Designation of body:

Name BOWEN, Neal L. Serial No. 2721288
Rank Pvt. 1/cl. Organization Co. D. 301st Engrs.

33. Consigned to:

Name of Permanent Cemetery Meuse Argonne Amer. Cty. # 1232
Romagne-sous-Montfaucon (Meuse)

34. Casket boxed and marked (Date) October 19th 1921. By J. E. BENSON.

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

D. E. Lowry
D. E. LOWRY,
1st Lt. Q.M.C.

hem

36. Remarks

37. Shipped from point of Operation: (Date) October 19th 1921.

To point of Concentration Neufchateau, (Vosges) France.

Convoyer _____ Signature Shipping Officer Capt. Q.M.C.

38. Received at Railhead or Point of Concentration: Date

By G.R.S. Representative

30 OCT 1921

39. Shipped from Railhead or Point of Concentration: Date

To Permanent Cemetery Romagne-sous-Montfaucon, (Meuse) France.

Convoyer C. L. RIELEY Signature Shipping Officer W. R. Buckley, Capt. Q.M.C.

40. Received: Date

G.R.S. Representative

41. Reinterred Dec. 1, 1921, Meuse-Argonne Cemetery, # 1232.

(Date)

42. Grave No. 21 Section

43. PLOT Block B Row 20



G.R.S. Representative

James W. Younger
James W. Younger
Capt. Q.M.C.

Original

Place *Vittel (Vorges)*

REPORT OF DISINTERMENT AND REBURIAL

Date *2/7/21*

1. REMAINS OF *BOWEN, NEAL L.* SERIAL NUMBER *2721288*

RANK *Rot. 1/c* ORGANIZATION *Co., 10-301st Engrs*

2. Disinterred (date): *2/7/21* From (give complete location): *Vittel (Vorges)*

Grave 260 - Amer. City #258

By: Group *H* Unit *Sec. Engr*

3. Reburied (date): *2/7/21* In (give complete location): *Vittel (Vorges)*

Grave 138 - Amer. City

By: Group *H* Unit *Sec. Engr* Nature of reburial *Blanket pine box*

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

in U.S. uniform, in pine box, badly decomposed, unrecognizable. No shoes or leggings.

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

(b) Other means of identification found upon disinterment, and general remarks:
No indication of having been hospitalized. Both discs read, "NEAL L. BOWEN - U.S.A. 2721228."

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

(a) Height (actual measurement) *5ft. 7in*

(b) Weight (estimated) *145 lbs*

(c) Hair—Color *No hair on skull*

Quantity *None*

Characteristics *None*

(d) Hair on face—Color *No hair on face*

Location *None*

Quantity *None*

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

Impossible to determine

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

Impossible to determine
gab

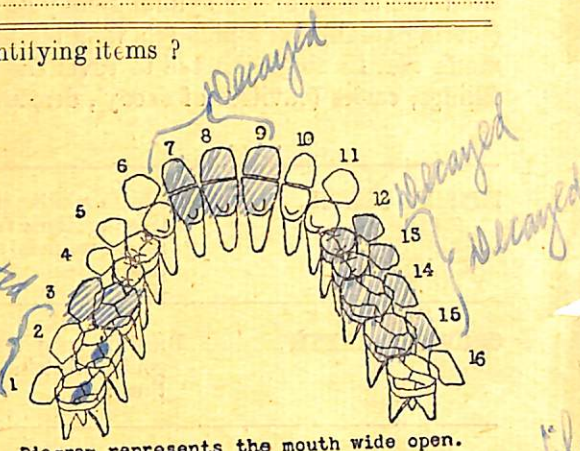
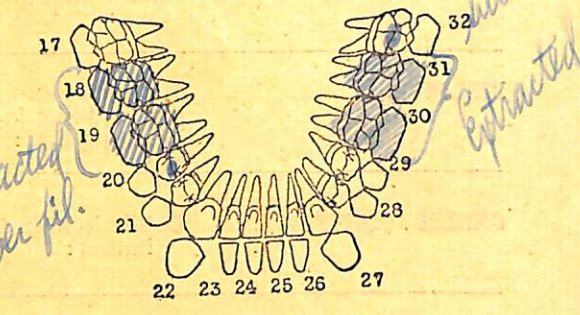


Diagram represents the mouth wide open.



7. Disinterment supervised by *Wm. H. Reach*

(Wm. H. Reach)
1st Lieut QMC,
Inspector

Approved: *A. B. Prector*

(A. B. Prector)
1st Lieut QMC,
Acting M. of S. I.

8. Reburial supervised by *Wm. H. Reach*

(Wm. H. Reach)
1st Lieut QMC, Insp.

Approved: *A. B. Prector*






(A. B. Prector)
1st Lieut, QMC,
Acting M. Of S. I.

D. 20217

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

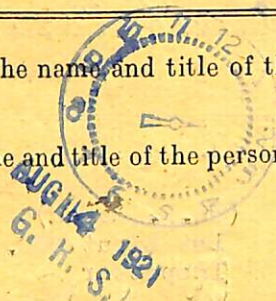
Enter information, as noted below, on reverse side of sheet in the *corresponding numbered space*. This form is supplemental to and is to be forwarded with G. R. S. Form 1-a, reporting reburial locations. To be used in answer to Question 26, Form 114, in case no means of identification on body.

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 align="center">TOOTH MISSING TOOTH MISSING</p>
<p>CROWNED TEETH.....Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus :</p>	 <p align="center">GOLD CROWN PORCELAIN CROWN GOLD CROWN</p>
<p>BRIDGE WORK.....Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :</p>	 <p align="center">GOLD AND PORCELAIN BRIDGE GOLD BRIDGE</p>
<p>FILLINGS.....Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus :</p>	 <p align="center">SILVER FILLING GOLD FILLING GOLD FILLING GOLD FILLING</p>
<p>CARIES (CAVITIES).....Outline location and size of cavity, shade in thus :</p>	 <p align="center">CAVITY DECAYED DECAYED DECAYED</p>
<p>DENTURES (PLATES).....Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."</p>	

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

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



Handwritten signature or initials in blue ink.

COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

(a) Name ROWEN, Neal L. Ser. No. 2721288
 (b) Rank Pvt. 1st cl. Organization Co. D, 301st Engineers
Pulmonary
 (c) Date of death 12-11-18 (d) Cause of death Tuberculosis

TYP. vbb
 CKR.

EXHUMED FOR CONCENTRATION
 11-15-21

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

(a) Grave No. 260 Row --- Plot --- Sec. --- TYP. vbb
 (b) Emerg. Address William E. Bowen (father) RFD #21, Carmel St. Perisport, Maine.

III. Files of soldiers dying from contagious diseases CARD AGREES CKR. 273

IV. A. G. O. DISPOSITION CARD:

Date of receipt none 10/26/21

(a) Name W. E. Bowen (b) Relationship Father
 (c) Address RFD # 2 Carmel, Maine
 (d) Remains to be brought to U. S.? yes
 (e) To be interred in National Cemetery in U. S. at no

OK
 at

(f) Shipping instructions upon arrival of body in U. S. W. E. Bowen
Carmel, Maine
Exp + Tel - Carmel, Maine

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

Examiner's Initials BEP Date 9-23, 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 BEP Date 9-23, 1920.

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

RFD # 2 Carmel Me. requests information as to what his son was cited for (over)

(a) Cancellation memos referred to? Yes

Examiner's Initials W. J. M. Date 9-24, 1920.

COUNTRY FRANCE CEMETERY No. 258 SHEET No. 20

2411-16-20

Checked
 vbb
 10/26/20

C

VII. G. R. S. Form No. 114 made 9-24-, 1920.

JUL 1 1921

Typed by rs, Checked by _____, 9-24-, 1920.

Cemeterial Division

Ovensas Project Sub-Section

VIII. FINAL ACTION:

NOV 26 20

Following advice forwarded to Europe by

cable on _____, 1920

letter on **NOV 12 1920**, 1920

PARAGRAPH 2 - NOT TO BE RETURNED

yes

IX.

CORRECTIONS

CHANGE OF ADVICE.	ACTION TAKEN.
Desires body be _____	
Body to be shipped to _____	

X. SUSPENSION REMARKS:

Traveler and also to remain in France.

RECEIVED FOR MAIL UNIT

COMPILED LIST OF DISPOSITION OF REMAINS DATA

*See 115
11-15-20*

I. LOCATION INDEX CARD:

(a) Name BOWEN, Neel L. Ser. No. 2721288 } TYP vbb
 (b) Rank Pvt. 1st cl Organization Co. D, 301st Engineers }
 (c) Date of death 12-11-18 Cause of death Pulmonary Tuberculosis } A.B.

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

(a) Grave No. 260 Row --- Plot --- Sect. --- TYP vbb
 (b) Emerg. Address William E. Bowen (father) RFD #21, Carmel St. Penobscot, Maine.

III. Files of soldiers dying from contagious diseases CARD AGREES CKR A.B.

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

*gds corr. Wm. E. Bowen (father) R#2, Carmel
Me. requests that body be not returned
to U.S. gds 11/15/20*

V. Following advice forwarded to Europe by (cable on..... 192
 (letter of transmittal on..... 192
NOV 12 1920

PARAGRAPH 2 - NOT TO BE RETURNED *gds*

VI. Form 115 forwarded to G.R.S. Hoboken, N.J. NOV 23 1920 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. 7-1 192 1

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

CEMETERY NO.

SHEET NO.

S-666/MB **FRANCE**

258

20

72258

1. G. R. S. Form No. 1.

Hq. G. R. S. File

2. Soldier's No. 2721228

3. BOWEN NEAL J
Surname (in block letters) First Name and Initials

4. PVT. 1/E D 301 ENGS.
Rank Company Regt. or Corps

5. DEC 11-1918 TUBERCULOSIS
Date of Death Cause, if known

6. DEC 14-1918 258
Date of Burial Cemetery

7. VITTEL
Town or Commune (in block letters) Department

8. 260
Grave No. Plot No. or Letter

9. Name Peg? YES Cross? YES Headboard? Bottle?
Check Method of Marking

10. Buried with Body? Attached to Grave Marker? Identification Tags

11. If name unknown and tags missing, give mark and description.

258

12. Map reference, if interment is outside of cemetery

13. Give name of Chaplain or Burial Officer

Signed PVT. HARRY A. JONES

Group. Unit. G. R. S.

1. G. B. S. Form No. 1.

Hq. G. B. S. File

2. Soldier's No. 2721228

3. Bowen mal I
Surname (in block letters) First Name and Initials

4. Pvt. 1/c W 301 Engd.
Rank Company Regt. or Corps

5. Dec 14, 1918 Tuberculosis
Date of Death Cause, if known

6. Dec 14, 1918 258
Date of Burial Cemetery

7. Vittel
Town or Commune (in block letters) Department

8. 258
Grave No. Plot No. or Letter

9. Name Peg? Cross? Headboard? Bottle?
Check Method of Marking

10. Buried with Body? Attached to Grave Marker?
Identification Tags

11. If name unknown and tags missing, give marks and description.
.....
.....

.....
.....

12.
Map Reference, if interment is outside of cemetery

.....
.....

13.
Give name of Chaplain or Burial Officer

Signed. *Pvt. Harry J. Jones*

Group Unit *C* G. B. S.

1. G. B. S. Form No. 1.

70258 Hq. G. B. S. File

2. Soldier's No. 2721228

3. Bowen Neal J.
Surname (in block letters) First Name and Initials

4. Pvt. 1/c 10 301 Engrs
Rank Company Regt. or Corps

5. Dec 14, 1918. Tuberculosis
Date of Death Cause, if known

6. Dec 14, 1918. 258
Date of Burial Cemetery

7. Vittel
Town or Commune (in block letters) Department

8. 267
Grave No. Plot No. or Letter

9. Name Peg? Cross? Headboard? Bottle?
Check Method of Marking

10. Buried with Body? Attached to Grave Marker?
Identification Tags

11. If name unknown and tags missing, give marks and description.
.....
.....

12.
Map Reference, if interment is outside of cemetery

13.
Give name of Chaplain or Burial Officer

Signed *Pvt. Harry Jones*

Group Unit G. B. S.

Carmel M.

Feb 6, 1919

Grave Registration Service
American E. F.

Dear Sir:-

In regard to
Private Neal Bowen
Company D 301 Engr's
76 Division, Deceased,
If the Government has
laid him at rest, It
would be my wish
not to disturb him
now.

He wrote home in
one of his letters

saying he had a
paper in his pocket
where he had been
cited for bravery
I would like to
know if there is any
way I can find out
what he was cited
for bravery for.

Yours Truly
Mr William E Bowen
Carnel

P. O. #2. Maine

a. B. #18

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

FILE NUMBER

7225-8

FROM:-

ARC

DATE:

2/28/19

Please furnish information as indicated below regarding the following soldier:

NAME

BOWEN, NEAL L.

NUMBER

RANK

PVT.

ORGANIZATION

Co. D, 301 ENGRS., 76 Div.

NO.	QUESTION	REPLY
		#2721288
✓ 1.	Do particulars of soldier given above agree with Records?	1 BOWEN NEAL L. PVT 1/CL. CO D 301ST ENGRS
✓ 2.	Date of Death.	2- 12-11-18
✓ 3.	Cause and place of death.	3 PULMONARY TUBERCULOSIS
✓ 4.	Number of Casualty Cablegram.	4 CC 394
✓ 5.	Date buried.	5- 12-24-18
✓ 6.	Grave Location. (a) Complete record required. (b) Name of Cemetery or Commune only required.	6 AMERCY VITTEL (VOSGES) GRAVE #260 CTY #258
7.	Who reported burial.	7 PVT HARRY JONES UNITED G.S.
✓ 8.	Has report been confirmed by G.R.S.	8 - YES
✓ 9.	Report as to Grave Marker.	9 NAME PER + CROSS
✓ 10.	Report as to Identification Tags.	10 - NONE GIVEN
11.	Who is nearest relative?	11 WILLIAM E. BOWEN (FATHER) R.F.D #2 CARMEL ST PENDBROOK MAINE
✓ 12.	Has N/R been notified? (Give Date)	12 JAN 13-19
13.	Report the exact position of your inquiry on this case. (Reply in all cases if no information on record)	
14.	What is the Photograph No.?	

N.B. All Proper names to be printed in PLAIN BLOCK LETTERS.

3/10/19
76.91.2/6