

*0 med dept*  
Mrs. Amanda Bowling, mother, Hoods, Ky. ✓

G.R.S. Form #114-B ✓

CAUSE OF DEATH - *D.O.D.*

161  
293

FULL NAME ..... BOWLING, William O. ✓

RANK ..... *o.k.* Pvt. 1/cl. ✓ SERIAL ..... 2000150 - *o.k.*

DIVISION & ORGANIZATION ..... B. H. # 115. *o.k. non-Divisional*

DATE OF DEATH ..... 10-4-18 - *o.k.*

STATE FROM WHICH HE CAME ..... *Kentucky*

MEDALS OR DECORATIONS AWARDED. - *None*

FINAL GRAVE LOCATION ..... 34 ..... 8 ..... B

Date Grave Row Block

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

..... 1764 .....

Cemetery ✓

1792

23/306/ARK

*61+85-53\**  
UNRECORDED BY

*C.E.C. 7/3*

*5-18-27*

# GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

*Bowling* ..... *2000150* ..... *William O* .....  
(Surname). (Number). (First Name and Initials).

*Pvt 1cl* ..... *Base Hospital #115* ..... *MD US* .....  
(Rank). (Organization)

PLACE OF BURIAL: *Death* ..... *US Base Hospital #115* .....

CAUSE OF DEATH: *Influenza-Typhoidal form* .....

DATE OF BURIAL: *Oct. 6, 1918* .....

PLACE OF BURIAL: *Vichy, Allier, France* .....

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

..... *Cimetiere des Bantins* .....

..... *American plot (temporary)* .....

GRAVE NUMBER: *50* .....

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

Headboard? *X* Bottle? *X* .....

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: *J. Hershey* .....  
(Signature and Rank of Reporting Officer)

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

CODE SLIP



HEADING	SUB HEADING	NO. OF COLS	CODE
NAME	Bowling Wm b.	3	2 9 12
BURIED	CEMETERY	1	4
	GRAVE	2	34
	ROW	2	08
	BLOCK	1	2
STATE	Ky.	2	20
RANK	Plat. 10	1	2
DIVISION	Med Corps	2	52
ORGANIZATION	115	3	115
ARM	Base Hospi.	1	2
MARITAL	(Father) No	1	2
NAME	Bowling Wm. Sr.	3	2 5 3
RESIDENCE	STATE	2	20
	COUNTY	2	40
	CITY	3	2 7 5
RELATION	mother	1	1
OTHER	no son	1	
ELIGIBILITY	no Dead 3-20-27	1	6
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE		1	

**AUDITED**

AUG 17 1922

RB

me  
29/514/EAB

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Bowling, William C. - 1764 F

July 8, 1930.

Mr. Wm Bowling, Sr,  
Greenup, Kentucky.

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:

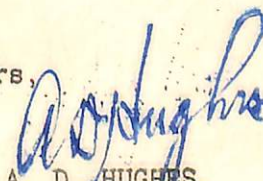
3. Is the deceased survived by any woman who stood in loco parentis to him according to the terms of Section 4 (a) of the enclosed Act as amended?

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 D. C.

OFFICIAL BUSINESS

UNCLAIMED.

UNCLAIMED  
UNCLAIMED

RECEIVED  
JUL 25 1930  
U. S. G. O.  
D. C.

WASHINGTON, D. C.  
JUL 1 - PM '30  
1930

PENALTY FOR PRIVATE USE TO AVOID

PAYMENT BY AIR MAIL - \$500

TO  
STREET AND  
NUMBER

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Bowling, William O.

June 12, 1929.

Mrs Amanda Bowling,  
Hoods, Ky.

Dear Madam:

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

The records of this office show that you are the mother of the late Private, first class William O. Bowling, Base Hosp. #115, 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 widow who is entitled under the provisions of the above quoted Act, to make the pilgrimage, and if so, will you please furnish her full name and address in order that action may be taken to extend an invitation to her to make the pilgrimage. Both mothers and widows are entitled to make the pilgrimage.

In the event your son was survived by a widow who has since re-married it is requested that a statement to that effect be made.

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

For The Quartermaster General,

Very truly yours,

2 incls.  
Act of Congress.  
Envelope.

*See other side.*

*John Harris*

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

Greenup, Kentucky.

June 24th., 1929.

The Quartermaster General,  
Washington, D. C.,

RE: BOWLING, WILLIAM O.

QM 293 A-C.

Gentlemen:-

Concerning the inquiry on the reverse side hereof, will advise that I am the father of the deceased veteran, and that at and prior to the time of his death, he had no wife, having never married and always remaining a single man.

His mother, Amanda Bowling, died on March 20th., 1927, hence he has no living mother or living widow, and there is no one under the act, to make the pilgrimage.

Yours truly

William Bowling, Sr.

*William Bowling, Sr.*

WB-B



JOHN T. FARRIS  
Major & W. Corps  
Adjutant

2 Incls.  
Adj. of Congress  
Envelope

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Bowling, William O. - 1764 F

July 8, 1930.

Mr. Wm Bowling, Sr.,  
Greemp, Kentucky.

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

June 12 , 1929.

**Bowling, William O.**

**Mrs Amanda Bowling,  
Hoods, Ky.**

Dear Madam:

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

The records of this office show that you are the mother of the late **Private, first class William O. Bowling, Base Hosp. #115, 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 widow who is entitled under the provisions of the above quoted Act, to make the pilgrimage, and if so, will you please furnish her full name and address in order that action may be taken to extend an invitation to her to make the pilgrimage. Both mothers and widows are entitled to make the pilgrimage.

In the event your son was survived by a widow who has since remarried it is requested that a statement to that effect be made.

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

For The Quartermaster General,

Very truly yours,

2 incls.  
Act of Congress.  
Envelope.

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

JUN 15 AM 9 37

DISPATCHED

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

Bowling William O. 2,000,150  
(Surname.) (Christian name in full.) (Army serial number.)

Pvt 1cl Base Hosp 115  
(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)

William Bowling  
Home Tex

(Number and street or rural route.) (City, town, or post office.) (State.)

Read carefully the letter accompanying this card.

Drawn by on K S

536-12

11-8-20

file 11/9/20  
REVIEWED  
G. S. S.

*See 115  
11-16-21*

COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

(a) Name BOWLING, William O. Ser. No. 2000150  
 (b) Rank Pvt. 1st cl. Organization Base Hosp. #115 } TYP vbb  
 (c) Date of death 10-4-18 Cause of death Influenza } *W.B.*

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

(a) Grave No. 50 Row - Plot - Sect. - TYP vbb  
 (b) Emerg. Address William Bowling (father) Kaut, N.Y. *K*

III. Files of soldiers dying from contagious diseases NO CARD CKR *W.B.*

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

*A.G.O. Card. William P. Bowling, father, #115, Hoods, Ky. requests remains to remain in Europe.*  
*(NEG - 12/5/20.)*

V. Following advice forwarded to Europe by (cable on 192)  
(Letter of transmittal on 11/30/1920)

*Part # 2. Not to be returned. NEG.*

VI. Form 115 forwarded to G.R.S. Hoboken, N.J. DEC 16 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. FEB 4 1921 192

*OSP 55.  
alp. 12/10/20.*

COMPILATION OF DISPOSITION OF REMAINS DATA

339A

10/28/21 Instructed to  
Civ. Name 1764  
11-16-21

I. LOCATION INDEX CARD:

(a) Name BOWLING, William O. Ser. No. 2000150  
(b) Rank Pvt. 1st cl. Organization Base Hosp. #115  
(c) Date of death 10-4-18 (d) Cause of death Influenza

TYP. vbb

CKR. vbb

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

(a) Grave No. 50 Row - Plot - Sec. -

TYP. vbb

(b) Emerg. Address William Bowling (father) Kaut, Ky.

NO CARD

III. Files of soldiers dying from contagious diseases

CKR. vbb

IV. A. G. O. DISPOSITION CARD:

Date of receipt none

(a) Name William P. Bowling (b) Relationship father

(c) Address Stads - Ky.

(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 mks Date 11-8, 1920.

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

dated

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

no correspondence

Examiner's Initials mks Date 11-8, 1920.

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

No request for disposition

(a) Cancellation memos referred to? Yes

Examiner's Initials mks Date 11-9, 1920.

COUNTRY FRANCE CEMETERY No. 536 SHEET No. 12

FORM 115 - A COMPLETED

all p. 12-10-20

CARDED

11/3/21

VII. G. R. S. Form No. 114 made \_\_\_\_\_, 1920.

Typed by \_\_\_\_\_, Checked by \_\_\_\_\_, 1920.

VIII. FINAL ACTION

Following advice forwarded to Europe by { cable on \_\_\_\_\_, 1920  
letter on 11/30, 1920

*Par. # 2. Not to be returned HQ.*

IX.

CORRECTIONS

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

X. SUSPENSION REMARKS: 1/15/21 - Form 120 - Mr. Wm. P. Bowling (father) n.k., Hoods, Kentucky, wishes body to remain in Europe. H-1/26/21-jt

*2/2/21 Hoboken acknowledges "Shipping Inquiry" dated 1/15/21 from father 2/7/21 - E.T.*

**FORM 115 RETURNED BY HOBOKEN - BODY TO REMAIN IN EUROPE.**

**JAN. 29, 1921**

To be prepared in triplicate.

DATE Oct 11th 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 BOWLING, William O.

10. Name \_\_\_\_\_

2. No. 2000150

11. No. \_\_\_\_\_

3. Rank Pvt. 1/cl.

12. Rank \_\_\_\_\_

4. Org. Base Hosp. # 115

13. Org. \_\_\_\_\_

5. D.D. Oct. 4/18.

14. (a) D.D. \_\_\_\_\_

6. C.D. Influenza(b) D.B. none

Discrepancy found upon disinterment

7. Grave No. 50 Sec. \_\_\_\_\_

15. Grave No. \_\_\_\_\_ Sec. \_\_\_\_\_

8. Plot \_\_\_\_\_ Row \_\_\_\_\_

16. Plot \_\_\_\_\_ Row \_\_\_\_\_

9. \_\_\_\_\_

17. none18. Cemetery American19. Commune or town Vichy-les-Bains20. Dept. or County Allier21. Country Francemg 22. G.R.S. Hdqrs. Code No. 53623. Disinterred (Date) Oct 11th 1921 By J.F. Meyer

24. Inscription on grave marker:

Name William O. Bowling

Serial No. \_\_\_\_\_

Rank Pvt 1/cOrganization Base Hosp. 11525. Was identification disc found on grave marker? yes On body? yesSignature R. L. de Montozon  
Junior Technical Assistant

R.L. de Montozon

## 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).

Tag on body partly corroded.27. Condition of body badly decomposed, features unrecognizable.28. Nature of burial wooden box and uniform.29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? none30. Body prepared and placed in casket: Date Oct 11th 1921 By J.F. Meyer31. Casket sealed by J.F. Meyer

Signature of Embalmer, (Supervisor)

J.F. Meyer

Joseph F. Meyer

*Jeffrey Z...*

SHIPMENT. (Show actual marking of box.) Box No **C-11610**

32. Designation of body:

Name **BOWLING, William O.** Serial No. **2000150**

Rank **Pvt. 1/cl.** Organization **Base Hosp. # 115**

33. Consigned to:

Name of Permanent Cemetery **Aisne-Marne Amer. ty. # 1764, Belleau (Aisne)**

34. Casket boxed and marked (Date) **Oct 11th 1921** By **J. F. Meyer**

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 *S. H. Hunsicker*

**S. H. Hunsicker, 1st. Lt. QMC**

36. Remarks **none**

37. Shipped from point of Operation: (Date)

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 **Oct 14th 1921**

To Permanent Cemetery **Aisne-Marne Amer. Cty. 1764. Belleau (Aisne)** (Name)

Convoyer **H. F. Tebeau** Signature Shipping Officer *F. Overheiser*  
**F. Overheiser, 1st. Lt. QMC**

40. Received: Date **October 18, 1921.**

G.R.S. Representative *G. F. Waugh*  
**G. F. WAUGH, Major, Infantry.**

41. Reinterred **Dec. 21, 1922.** **Aisne-Marne Cem. 1764.** (Date)

42. Grave No. **34** Section

43. Plot **BLOCK B** Row **8**

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

Place Vichy

# REPORT OF DISINTERMENT AND REBURIAL

Date October 11, 1921

1. REMAINS OF Bowlang, William O. SERIAL NUMBER 2000150  
RANK Pvt 1 cl ORGANIZATION Base Hosp 5 115

2. Disinterred (date): October 11, 1921 From (give complete location): Gr. 50 Cemetery 536

By: Group \_\_\_\_\_ Unit \_\_\_\_\_

3. Reburied (date): Dec. 21, 1922. In (give complete location): Grave 34, Row 8, Block B, 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: Badly decomposed. Wooden box and uniform

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 partly corroded

6. What does examination of body show as regards the following identifying items? SF 1 2

(a) Height (actual measurement) impossible to determine alloy fil 17 32 cavity 19

(b) Weight (estimated) impossible to determine

(c) Hair—Color -do

Quantity small quantity

Characteristics - straight

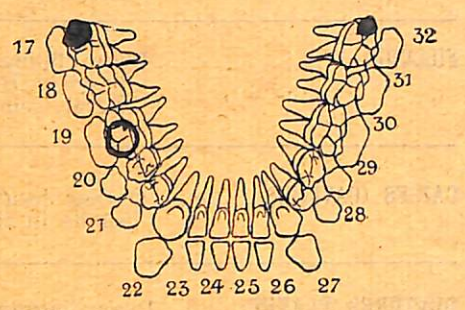
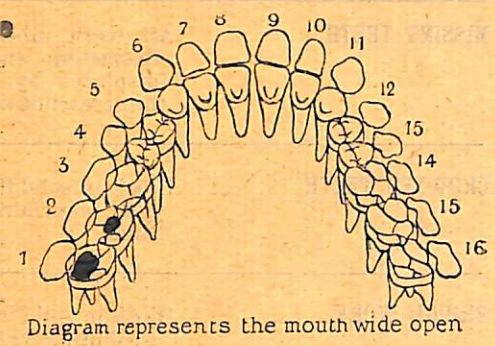
(d) Hair on face—Color impossible to determine

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 Checker R L de Montozon








7. Disinterment supervised by Joseph F. Meyer Approved: J. H. Hunsicker  
N F Meyer Supervising Emb. (Title) 1st Lieut QMC

8. Reburial supervised by L.D. HAYS Approved: W.D. Cleary  
L.D. HAYS (Title) W.D. CLEARY, 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.

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

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]*

*SM*

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY  
GRAVES REGISTRATION SERVICE  
HOBOKEN, N.J.

JAN 11 1921

FROM: Chief, Graves Registration Service, Q.M.C.  
TO: Mr. William Bowling, Hoods, Ky.  
SUBJECT: Remains of Evt. I/c William O. Bowling, Ser. No 2000150,  
Base Hosp. #115

*no change*

The records of this office show that you have requested that his body ..  
..... remain in Europe. ....

If these are not the correct instructions, please correct them. Make corrections on second page.

The nearest relative may choose between (1) return of the body to any address in the United States (2) interment in Arlington, Va., or any other National Cemetery (either place at Government expense); or (3) remain in Europe.

By authority of the Quartermaster General:

CHARLES C. PIERCE,  
Lieut. Colonel, U.S.A.

If all blank spaces below are not filled out, it will necessitate a return of this paper and a SERIOUS DELAY in the shipment of this body. State in each case WHETHER these relatives are STILL LIVING.

NAME OF	NO. AND STREET	TOWN	STATE
Was soldier married?	<i>No.</i>		
Soldier's widow	.....		
Soldier's children	.....		
(Name oldest first)	.....		
Father	<i>William P. Bowling</i>		
Mother	<i>Amanda Bowling</i>		
Brothers	.....		
(Name oldest first)	.....		
Sisters	.....		
(Name oldest first)	.....		

*Handwritten notes and signatures in the right margin.*

Date *Jan. 15, 1921.*  
Address *Hoods, Ky.*

Signature *William P. Bowling*  
Relationship *Father*

Important. - CAREFULLY read instructions before filling out this paper.

I, the undersigned, am the Father (relationship) and nearest living relative of the within-named soldier, and desire the following disposition of his remains, viz:

(Strike out all except the one showing the disposition desired.)

1. As stated on first page of this sheet.

~~2. To be returned to the U.S. and shipped to.....~~

~~.....~~  
(R.R. station)

~~.....~~  
(State)

~~3. To be returned to the U.S. and buried in.....~~  
~~National Cemetery~~

4. To remain in Europe, for burial in a permanent American Cemetery.

Signature William P. Bauling

INSTRUCTIONS FOR FILLING OUT.

1. If definite instructions as to the disposition of a body are not received from the nearest relative within two weeks of its arrival at New York, burial will be made without further notice in the World War Section of Arlington National Cemetery.
2. The transfer of bodies will be made ENTIRELY at Government expense.
3. This paper MUST BE SIGNED BY THE NEAREST RELATIVE OF KIN IN THE ORDER shown in the square on the other side of this sheet.
4. This paper must be returned showing the name and address of each of the nearest living relatives in the spaces provided therefor on the other side of this sheet.
5. If there are minor children of the deceased soldier and no widow, the LEGALLY APPOINTED GUARDIAN of the children should ascertain their wishes and act for them in this matter.
6. If YOU are not the nearest relative, please ask the nearest relative, if living near you, to fill out this paper.
7. If YOU are not the nearest living relative and do not know who or where the nearest relatives are, please fill out this paper AT ONCE and mail to this office.
8. You are requested to return this paper AT ONCE in order to avoid delay in the case of this body.
9. Use the enclosed envelope—pay no postage.

DATE \_\_\_\_\_

1. NAME BOWLING, William O. SERIAL No. 2000150

RANK Pvt. 1/cl. ORGANIZATION Base Hosp. # 115

GRAVE LOCATION Amer. Cty. Vichy-les-Bains-(Allier) # 536

CTY. NAME

NUMBER

50

GRAVE

ROW

PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION

GRAVE

COMMUNE

DEPT.

COORDINATES

CONCENTRATED TO Remains are in original grave,

DATE

GRAVE

ROW

PLOT

CEMETERY

CTY. NUMBER

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

None

SUBSEQUENT REBURIALS Has not been exhumed

DATE

GRAVE

ROW

PLOT

CEMETERY

DATE

GRAVE

ROW

PLOT

CEMETERY

SIGNATURE, AREA SUPERVISOR Tom Ward

Tom Ward, Captain, Q.M. Corps.

3. FINAL GRAVE LOCATION 12/21/22 34 8 Block B

DATE

GRAVE

ROW

PLOT

Aisne-Marne American Cemetery #1764 Belleau, Aisne

CEMETERY

NOTED BY

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.

Done

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

20

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

February 2nd, 1921.

File No. 293.8 Cem. Div., Cor. Branch.  
(BOWLING, William O.)

Mr. William P. Bowling,  
Hoods, Kentucky.

Dear Sir:

Receipt of shipping inquiry dated January 15th, 1921, relative to the remains of the late William O. Bowling, Private First Class, Serial Number 2000150, Base Hospital #115, is acknowledged.

Instructions have been issued that your request that the remains be left in France for burial in a permanent American Cemetery be complied with. You are assured that the grave site will always be maintained as a fitting memorial of the late soldier's sacrifice.

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

By authority of the Quartermaster General

R. B. SHANNON,  
Captain, Quartermaster Corps,  
Officer in Charge.

BY:

F. C. PALLAS,  
Executive Assistant.

rr/cim

*rlm*

*cy*

Noted on Form No. 115  
Date 2/7/21 *GP*

Mailed - O.P.D.  
*DS*  
FEB 8 1921

February 2nd, 1921.

File No. 295.8 Cem.Div., Cor. Branch.  
(BOWLING, William O.)

Mr. William P. Bowling,  
Hoods, Kentucky.

Dear Sir:

Receipt of shipping inquiry dated January 15th, 1921, relative to the remains of the late William O. Bowling, Private First Class, Serial Number 2000150, Base Hospital #115, is acknowledged.

Instructions have been issued that your request that the remains be left in France for burial in a permanent American Cemetery be complied with. You are assured that the grave site will always be maintained as a fitting memorial of the late soldier's sacrifice.

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

By authority of the Quartermaster General

R. B. SHANNON,  
Captain, Quartermaster Corps,  
Officer in Charge.

BY:

F. C. PALLAS,  
Executive Assistant.

FF/tlm

JH

29

32624  
**GRAVE LOCATION BLANK**

LOCATION OF THE GRAVE OF

Bowling 2000150 William O.  
(Surname). (Number). (First Name and Initials).

Pvt 1cl Base Hospital #115 MD US  
(Rank). (Organization).

PLACE OF DEATH: US Base Hospital #115

CAUSE OF DEATH: Influenza-Typhoidal form

DATE OF BURIAL: Oct. 6, 1918 France

PLACE OF BURIAL: Vichy, Aldier, France

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

Cimetiere des Bartins

American plot (temporary)

GRAVE NUMBER: 50

HOW MARKED: Name Peg?  Yes  Cross?  X

Headboard?  X  Bottle?  X

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: J. H. Hershey

(Signature and Rank of Reporting Officer).

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

21 OCT 1918