42

G.R.S. Form #114 B

To The A. G. O.

1329

FEB 10 1926

DATE

1. NAME Brams, Magnus M SERIAL No 48503

RANK Pvt ORGANIZATION Co.M.18th Inf

GRAVE LOCATION Amer.Cty. Villers-Tournelle (Somme) 176
CTY. NAME NUMBER

154 C
GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION 4 Coullemelle Somme
GRAVE COMMUNE DEPT.

COORDINATES 21 SE 119.25-331.83

CONCENTRATED TO 5/6/19. 180 C
DATE GRAVE ROW PLOT

AM.MIL.CTY. VILLERS TOURNELLE (SOMME) Map 21 SE. E119.8 N 330.8 176
CEMETERY CTY. NUMBER

Form 16, 5/6/19.

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

Form 16, 5/6/19. signed Lt.T.Bowling, shows Ident. tag found on body.

Form 16-A, 11/29/20. signed S.D.Campbell,Capt.Inf. shows Ident tag found on body. ~~Appears not to have been a hospital case. Tag on body partly corroded but proves~~ identity.

SUBSEQUENT REBURIALS 11/29/20. 154 C 176
DATE GRAVE ROW PLOT CEMETERY

Form 16-A, 11/29/20.

DATE OF DEATH May 6/18

STATE FROM WHICH HE CAME Nebr

DATE GRAVE ROW PLOT CEMETERY

MEDALS OR DECORATIONS AWARDED

W.R.BUCKLEY, Capt. QMC. Gtd in 901, 1st Div Jan 1, 1920.

SIGNATURE, AREA SUPERVISOR

3. FINAL GRAVE LOCATION Oct. 20, 1922. 3 15 Block C
DATE GRAVE ROW PLOT

Somme American #636, Bony (Aisne).
CEMETERY

Robert C. Davis, Major General, The Adjutant General.

FEB 13 1926

A. G. O. FEB 10 1926 WORLD WAR DIV.

Rec'd World War Div. MAR 24 1928

AUDITED 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.

G.R.S. FORM NO. 16

Place Bonneuil-les-Eaux, Oise

Date 5-6-19

REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Name: BRAMS Magnus Number: 48502

Rank: Organization: M-18 Inf.

Disinterment and Reburial made by Group 1 Unit 302

Disinterred (Date) 5-6-19 From: (Give complete location)

Coullemelle, Somme. 21 SE 119.25-331.83

Grave 4

Reburied (Date) 5-6-19 in: (Give complete location)

180 Sect. C Am.Cem. Villers-Tournelle, Somme. 21 SE 119.76-330.72

176

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

No coffin Decomposed

Was one identification tag found upon the body? Yes

What other means of identification were found on the body?

11712.

CONFIRMED N.F.

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

Supervised by: Lt. J. Bowling Lt. Temple Bowling

C.O. Group 1 Unit 302

Co.M, 18 th Inf.
1 st Div.

BRANS, Magnus - Pvt. 48503

This soldier was killed in action, May 6th, 1918, near Coulemelles, France, by shell fire, in the line of duty.
(Information received from records of this office.)

no informant given.

not signed.

B R A M S, Magnus M.,

Entered on [illegible]

Brams, Magnus M.

Private, Company M, 18th Inf.

Killed in action May 6, 1918.

In line of duty. Not the result of own misconduct.

Emergency Address:

Chris Brams, brother,
Scotts Bluff, Neb.

A. G. O. 5/16/18.

Write nothing below this line

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME Brams, Magnus M	BRA	3	281
	CEMETERY 636	1	5
BURIED	GRAVE 2	2	02
	ROW 15	2	15
	BLOCK C.	1	3
STATE	Nebr	2	32
RANK	Pvt	1	2
DIVISION	1	2	01
ORGANIZATION	18	3	018
ARM	Inf	1	1
MARITAL	No	1	2
NAME Brams, Chris		3	
	STATE	2	
RESIDENCE R 2, Scotts Bluff, Neb.	COUNTY	2	
	CITY	3	
RELATION	Mother	1	1
OTHER		1	
ELIGIBILITY (no loco NOSR)	Dead	1	6
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF TRIP	MO.	1	
	YR.	1	
ACCEPTANCE		1	

AUDITED SEP 19 1932

29/514

McL

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Brams, Magnus M. 636 B

July 7, 1930

Mr. Chris Brams
Route 2
Scotts Bluff, Nebraska

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:	

RECEIVED JUL 18 1930 W. D. A. G. O.

For The Quartermaster General,

Very truly yours,

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

Enclosures:
Envelope
Act
Amendment

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Brams, Magnus M.
636

August 27, 1929.

Mr. Chris Brams,
Route #2,
Scotts Bluff, Nebr.

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated May 16, 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:	Magnus M Brams was Not married
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.	Mother is dead
3. If survived by a widow or mother does she desire to make the pilgrimage?	

RECEIVED
OCT 3 1929
M. & R. DIV.
O. Q. M. G.

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

Brams, Magnus M.

May 16, 1929.

Mr. Chris Brams,
Route #2,
Scotts Bluff, Nebr.

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 brother of the late Private Magnus M. Brams, Company M, 18th Infantry, whose remains are now interred in the Somme American Cemetery, Bony, 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.

B

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL

WASHINGTON

IN REPLY REFER TO QM 293 A-C

Brams, Magnus M. 636 B

July 7, 1930

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Route 2
Scotts Bluff, Nebraska

Dear Sir:

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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

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1. Is the deceased survived by a widow who has not since remarried? If so, give her complete address:	
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3. If survived by a widow or mother does she desire to make the pilgrimage?	

For The Quartermaster General,

Very truly yours,

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

2 Incls.
Act of Congress
Envelope

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

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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.

176-42

Brams, Magnus M 48503

(Surname.) (Christian name in full.) (Army serial number.)

Pvt Co M 18 Inf.

(Rank and organization.)

State your relationship to the deceased Brother

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) Chris Brams

Harlan Bot 573 Iowa

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

Read carefully the letter accompanying this card. 3—6713

Drawn by PM

176-42

12-17

REVIEWED
OSP SS.
12-20-20
PM

Original

G. R. S. Form No. 16-A

Place Villers Tournelle Somme.

REPORT OF DISINTERMENT AND REBURIAL

Date Nov. 29-20.

1. Remains of Magnus Brams Serial Number

Rank Pvt. Organization Co M 18th Inf

2. Disinterred (date): Nov. 29-20. From (give complete location): Amer Cem. 176.

grave 180 Sect. C Villers-Tournelle Somme

By: Group one Unit Ser. and.

3. Reburied (date): Nov. 29-20. In (give complete location): Amer Cem 176

grave 154 Sect. C Villers-Tournelle Somme

By: Group one Unit Ser. and Nature of reburial in Blanket in pine box.

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

in Burlap. in uniform in pine box.

body decomposed unrecognizable

5. (a) Identification tags: Buried with body? yes On grave marker? no

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

appears not to have been a hospital case

tag on body partly corroded—but proves identity

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 estimate

(c) Hair—Color none on skull

Quantity none

Characteristics none

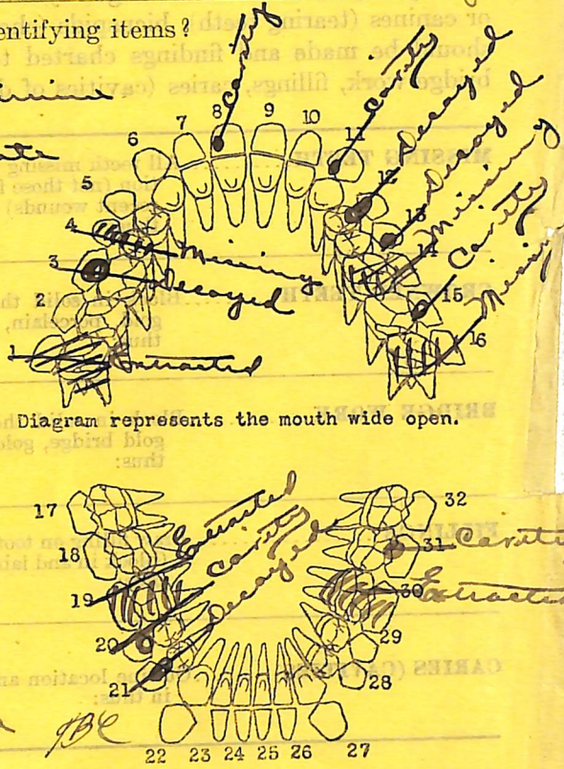
(d) Hair on face—Color none

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 ascertain

D 30278

7. Disinterment supervised by (S.D.Campbell) Capt.Infantry Mas. of Sec.#1 Approved: (S.D.Campbell) Capt.Infantry (Title) Mas. of Sec.#1

8. Reburial supervised by (S.D.Campbell) Capt.Infantry Mas. of Sec.#1 Approved: (S.D.Campbell) Capt.Infantry (Title) Mas. of Sec.#1

3—7832

TBC

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."

3—7832

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.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

QM 293 A-C

February 12, 1927.

Brams, Magnus M.

Mr. Chris Brams,
Route # 2,
Scotts Bluff, Nebr.

Dear Sir:

The Quartermaster General desires to invite your attention to the inclosed card which gives the permanent cemetery location of the soldier's grave in which you are interested.

This American overseas military cemetery is to be maintained by the United States for all time. The graves will be permanently marked by white headstones inscribed with the name, rank, division, organization, date of soldier's death and State from which he came. Headstones will be placed at all graves, as soon as possible, and without necessity for special action or request on the part of relatives.

Please be assured that in effecting removal of the dead, the utmost reverential care was exercised by those who performed this sacred duty. For the future, these graves will be perpetually maintained by the Government in a manner befitting the last resting place of our heroes.

Very truly yours,

EDMOND R. TOMPKINS,
Lt. Colonel, Q.M.C.
Assistant.

1 Incl.
Record card.

25/560/EYS

G.R.S. FORM #114-A. STATION Amiens, Somme

To be prepared in triplicate. DATE Nov. 10, 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 Brams, Magnus M	10. Name
2. No. 48503	11. No.
3. Rank Pvt.	12. Rank
4. Org. Co.M.18th Inf	13. Org.
5. D.D. May 6 1918	14. (a) D.D.
6. C.D. KIA	(b) D.B.

Discrepancy found upon disinterment

7. Grave No. 154 Sec.	15. Grave No. Sec.
8. Plot C Row	16. Plot Row
9.	17. no discrepancy

18. Cemetery Amer.Cty 19. Commune or town Villers-Tournelle

20. Dept. or County Somme 21. Country France

22. G.R.S. Hdqrs. Code No. 176

23. Disinterred (Date) Nov. 10, 1921 By A. L. Roth

24. Inscription on grave marker:

Name Magnus M. Brams Serial No. - - -

Rank Pvt. Organization Co.M. 18th. Inf.

25. Was identification disc found on grave marker? no On body? yes

Ralph C. Aharrah

Signature Junior Technical Assistant

Ralph C. Aharrah

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).

Body previously reburied by Field Section. Bottle record and metal strips agree with form 114-A. Disc on body totally destroyed by corrosion.

27. Condition of body Skeleton disarticulated. Features unrecognizable.

28. Nature of burial Blanket and pine box.

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

30. Body prepared and placed in casket: Date Nov. 10, 1921 By A.L.Roth

31. Casket sealed by A.L.Roth

Signature of Embalmer, (Supervisor) A L Roth A.L.Roth

AUDITED BY 12-19-25

SHIPMENT. (Show actual marking of box.) Box No. C-13511

32. Designation of body:

Name Brams, Magnus M Serial No. 48503

Rank Pvt Organization Co.M.18th Inf

33. Consigned to:

Name of Permanent Cemetery Somme Amer.Cty. #636 Bony, Aisne

34. Casket boxed and marked (Date) Nov. 10, 1921 By A.L.Roth

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 J.J.Powers, 1st.Lt.QMC GS

36. Remarks

---

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

To point of Concentration Amiens, Somme

Convoyer Charles Hornbach Signature Shipping Officer (Name) J.J.Powers, 1st.Lt.QMC

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

By G.R.S. Representative H.W. Beyette Hubert W. Beyette, Capt. QMC

39. Shipped from Railhead or Point of Concentration: Date 21 NOV 1921

To Permanent Cemetery No. 636, Bony, Aisne

Convoyer S C Stewart Signature Shipping Officer (Name) H.W.Beyette, Capt. QMC

40. Received: Date 26 NOV 1921

G.R.S. Representative

41. Reinterred

42. Grave No. Oct.20,1922 (Date) Section

43. Plot 3, Row 15

Block C

gc

G.R.S. Representative D.E.Lowry

D.E.LOWRY,1st.Lt.QMC..

G. R. S. Form. No. 16-A

Place Villers Tournelle, (Somme)

REPORT OF DISINTERMENT AND REBURIAL

Date Nov. 10, 1921

1. Remains of BRAMS, Magnus M. Serial Number 48503

Rank Pvt. Organization Co. M. 18th. Inf.

2. Disinterred (date): From (give complete location):

Nov. 10, 1921. Gr. 154, Plot C. Cem. 176.

By: Group 2 Unit F.S. 8

3. Reburied (date): Oct.20,1922 In (give complete location):

Grave no.3, Row 15, Block C, Somme Am.Cty.636,Bony(Aisne)

By: Group Reburial Unit Nature of reburial Reg.Casket & shipping case.

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

Blanket and pine box. Skeleton disarticulated.

Features unrecognizable.

5. (*a*) Identification tags: Buried with body? yes On grave marker? no

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

Body previously reburied by Field Section. Bottle record and metal strips agree with form 114-A.

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

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

(*b*) Weight (estimated) Impossible to estimate

(*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 visible

1-NE. 4-MBD. 11 & 15-cav. 12 & 13-root. 14 & 16-MAD.

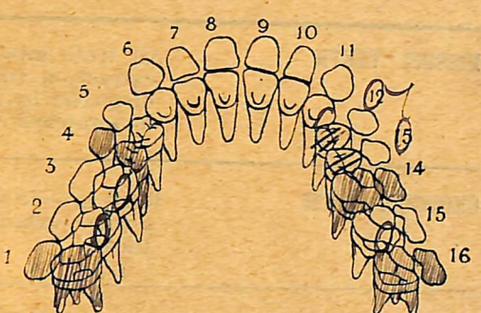
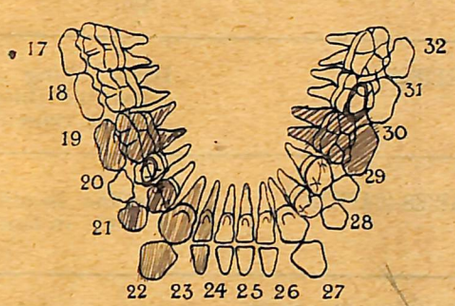


Diagram represents the mouth wide open



(*f*) Wounds or missing parts (received at time of casualty) none visible

~~19,22,23-MAD.~~ 21-root 20,& 31-cav. 19 & 30-MBD

Checker Ralph C.Aharrah

7. Disinterment supervised by A. L. Roth A.L.Roth.S.E. Approved: J.J.Powers, 1st.Lt,QMC Insp. (Title)

8. Reburial Supervised by Ben. A. Bradford Ben.A. BRADFORD Sup.Embalmer Approved: D.E.Lowry D.E.LOWRY, (Title) 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 wohm 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 shoudl 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 jwas 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) thu :	
FILLINGS	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus :	
CARIES (CAVITIES)	Outline location and size ol 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 # 2277

I. Location Index Card:

(a) Name BRAMS, Magnus M. Ser. No. 48503 (9-22)

(b) Rank Pvt. Organization Co. M. 18th Inf.

(c) Date of death 5-6-18 (d) Cause of death K/A

TYP. DB

CKR. K/A

Exhumed 5/22/22 for concentration Somme. #636 Mach 6-8-22

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

(a) Grave No. 180 Row - Plot - Sec. C TYP. DB

(b) Emerg. Address Mr. Crist Brams, (Brother) Route #2, Scott Bluff, Nebr.

III. Files of soldiers dying from contagious diseases -- CKR. T.

IV. A. G. O. Disposition Card: Date of receipt None

(a) Name Chris Brams (b) Relationship Brother

(c) Address Box 573, Harlan, Iowa.

(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 PW Date 9-15, 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 PW Date 9-15, 1920.

VI. G. R. S. Files, Correspondence—shows as follows:

No request for disposition

(a) Cancellation memos referred to? yes HH.

Examiner's Initials HH. Date 10-13., 1920.

COUNTRY FRANCE Cemetery No. 176 Sheet No. 42

G. R. S. Form No. 115
Amended April 6, 1920 3—7729

FORM 115 - A COMPLETED
M. J. P. ACP. 12/27/20

CARDED

Make Form No. 114

Check A.P.C. 10-13-20

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 9/24, 1920

Par. #4 - Suspended (PJR)

IX. CORRECTIONS

Change of advice.	Action Taken.
Desires body be	
Body to be shipped to	

X. Suspension Remarks: 12/9/20 Overseas advised not to return body. Correction should be "Brams, Magnus M., Private, 485-03." 12-11-20 111.9.

$120 - 1/8/21 - Chris Brams - Box 573 - Warden -

Ga - Ref. unclaimed - W 7/13/21 mm K S.

WAR DEPARTMENT.

Graves Registration Service
Hoboken, N. J.

OFFICIAL BUSINESS

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

HOBOKEN N.J. JAN 8 8 PM

GEMETERIAL DIVISION

MAY 13

Return to Writer.

From Harlan, Iowa

Mr. Chris. Brams,
Harlan, Iowa.

Box. #573

HARLAN MAY 10 10 AM 19

RECEIVED

JUL 30 1921

Cemeterial Division
Overseas Project Sub-Section

G. R. S. Form No. 120
SHIPPING INQUIRY
(Revised)

176-42 ho

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

GRAVES REGISTRATION SERVICE

~~WASHINGTON~~
Hoboken, N.J.

JAN 8 1921

FROM: Chief, Graves Registration Service, Q. M. C.

To: Mr. Chris Brams, Box #573, Harlan, Iowa.

SUBJECT: Remains of Pvt. Magnus M. Brams, Ser. No. 48503
Co. M. 18th Inf.

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 reverse side of this sheet.

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; or (3) remain in Europe.

By authority of the Quartermaster General.

CHARLES C. PIERCE,
Major, 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?			
Soldier's widow			
Soldier's children. (Name oldest first.) 1			
2			
3			
Father			
Mother			
Brothers. (Name oldest first.) 1			
2			
3			
Sisters. (Name oldest first.) 1			
2			
3			

Date _____ Signature _____

Address _____ Relationship _____

IMPORTANT.—CAREFULLY read instructions before filling out this paper. 3—7860 (OVER.)

, 1920.

I, the undersigned, am the _____ and nearest living relative of the within-named
(Relationship.)

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 _____
(Name.)

_____ _____
(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 _____

INSTRUCTIONS FOR FILLING OUT.

1. If definite instruction 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 PERSON WHO IS THE NEXT 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 inclosed envelope—pay no postage.

3—7860

WAR DEPARTMENT
QUARTERMASTER CORPS
GRAVES REGISTRATION SERVICE
PIER 2, HOBOKEN, N. J.

July 29, 1921.

File No. 293.8 Cem.Div.Cor. Br.

MEMORANDUM FOR: Chief, Cemeterial Division, O.Q.M.G., Washington, D. C.

SUBJECT: Return of Records - Cemetery #176
Transmittal Memorandum Number H-766

The records pertaining to the following case is returned herewith, it having been definitely determined that the body is to remain in Europe.

REFERENCE NO:

42 Brams, Magnus M., Private, Ser.No.48503, Co. M. 18th Inf.

R. E. SHANNON,
Captain, Q. M. Corps.
Officer in Charge.

By: F. C. Ballas

F. C. BALLAS,
Executive Assistant.

1 incl.

RECEIVED
JUL 30 1921

8-1-21 mm

RECEIVED
JUL 30 1921
Cemeterial Division
Graves Project Sub-Section

RECEIVED
JUL 30 1921
G. R. S.

July 29, 1921.

File No. 293.8 Cem.Div.Cor. Br.

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R. E. SHANNON,
Captain, Q. M. Corps.
Officer in Charge.

By:

F. C. HALLAS,
Executive Assistant.

1 incl.
mm/rm

CO[illegible]ILATION OF DISPOSITION OF REMAI[illegible] DATA

File # 2277

I. LOCATION INDEX CARD:

(a) Name BRAMS, Magnus M. Ser. No. 48503 (11/13 ok) C

(b) Rank Pvt. Organization Co. M. 18th Inf.

(c) Date of death 5-6-18 Cause of death K/A

TYP DB Edit

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

(a) Grave No. 180 Row - Plot - Sect. C TYP DB

(b) Emerg. Address Mr. Crist Brams, (Brother) Route #2, Scott Bluff, Nebr.

III. Files of soldiers dying from contageous diseases CKR L.

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

Suspended awaiting further advice from this office wd 12-27-20

V. Following advice forwarded to Europe by - (cable on 192
(letter of transmittal on 9-24 192

Par. f. Suspended (wd 12-27-20)

VI. Form 115 forwarded to G.R.S. Hoboken, N.J. DEC 29 1920 192

VII. SUPPLEMENTARY REQUESTS

Date of and Source	Relationship and name	Desires	Action taken
			12-9-20, Overseas advised not to return body. Correction should read "Brams, Magnus M. Private, 48503" 12-11-20 III.4.

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

COUNTRY CEMETERY NO. SHEET NO.

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

42

S-666/MB FRANCE 176

Alel 12/27/20

Exhumed for Cremation - Square # 636 - 6-8-22

GRAVE LOCATION BLANK.

LOCATION OF THE GRAVE OF

Brams, 48503 Magnus M.
(Surname.) (Number.) (First Name and Initials.)

(Rank.) Private Co. M. 18th. Infty. (Organization.)

DATE OF BURIAL May 6th 1918

PLACE OF BURIAL U.S. Cemetery

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

Coullemelle, Dept Somme

(36.3)

GRAVE NUMBER 6

HOW MARKED: Name Peg? no Cross? Yes

Headboard? no Bottle? no

IDENTIFICATION TAGS:

Was one buried with body? yes

Was one fastened to name peg or stake used as a grave marker? yes (on cross)

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

360

REMOVED OSP 55.

REPORTED BY: J. W. Young Jr.
2nd Lieut. 18th Inf.
(Signature and Rank of Reporting Officer.)

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

13 AUG 1919

GRAVE LOCATION BLANK.

LOCATION OF THE GRAVE OF

Brams (Surname.) 48503 (Number.) Magnus M. (First Name and Initials.)

Pvt. (Rank.) Co. M. 18th Infantry (Organization.)

DATE OF BURIAL May 6th 1918

PLACE OF BURIAL U.S. Cemetery

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

Coullemelle, Dept. Somme

21 S.E. (Corr) C-9

GRAVE NUMBER 6

HOW MARKED: Name Peg? no Cross? yes

Headboard? no Bottle? no

IDENTIFICATION TAGS:

Was one buried with body? Yes

Was one fastened to name peg or stake used as a grave marker? Yes (on cross)

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

REVIEWED OSP SS.

REPORTED BY: J. W. Young

2nd Lieut. 18th Inf.

(Signature and Rank of Reporting Officer.)

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

SEP 18 1920

3

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington.

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

Special

Date Sept. 17, 1920

File No. 2277 Registration.

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 Brams, OK

b. Christian name Magnus M. OK

c. Serial Number 48503

d. Organization Co. M. 18th Inf. OK

e. Rank Pvt. OK

f. Date of death 5/6/18 OK

g. Cause of death K/A OK

h. Authority (C.C.#) CC #126

i. Emergency address Chris Brams, Route #2 Scotts Bluff, Nebraska

j. Relationship (Brother)

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

a. Age of enlistment

b. Color of eyes

c. Color of hair

d. Height

e. Weight

f. Permanent marks and physical defects at enlistment (Old fractures or breaks)

DENTAL CHARTS
(See Physical report of examination prior to enlistment)

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

Date of Enlistment

Place of Enlistment

SEP 22 1920
RECEIVED

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

BY: H. J. Conner

H. J. CONNER,
~~Captain, Q.M.C.~~
1st Lt. Q. M. C.

CEMETERY NO: 176

SHEET NO: 42

TYPED BY: FFD

S-713/MB

REVIEWED OSP SS.

FILE

Donnelly - 1D
Cul Pri See 9-21-20

8

2277

Name Magnus, Brads m 48502

Rank Pvt. Co. M {Corps / Regt.} 18th. Inf.

Date of Death 7/8/18

Place

Cause

Date of Burial

Grave No. 4

Cemetery Commune of Coullemelle Somme c-9

Identified by {Tag / Papers / Clothing} 116.9 331.8 Cross

List of Effects

Field Record Made by Lieut. Grosvenor
Pvt. Owings
1st. Advance Group Company 302, Graves Rgistration Service

For additional data use reverse side

7/19

GRS Form 121a

FILE

File No. 2277

CEMETERIAL DIVISION
REGISTRATION SECTION

November 3 192 1.

MEMO FOR:
Cards Department.

1.
CASE OF:

Company M. 18th Inf.
ORGANIZATION (Old)

BRAMS 48503 Magnus M. Private
(Name)

Correction or additional data changes as shown below have been made on the Registration Card of the above-mentioned soldier and a corresponding change will be necessary on the Organization Card:

ORGANIZATION (New)

FILE NO.

SURNAME

SERIAL NUMBER

FIRST NAME AND INITIALS

RANK

DATE OF DEATH

CAUSE OF DEATH

	Date	Place	F.1A No.
Orig.			
1st.Reb.			
2nd Reb.	11/29/20	176	D. 30278
3rd Reb.			D-

(Note: In the above spaces below double line fill in ONLY the new date and data correcting previous information)

BY: Miss Lannon

Card.

(Department)

5 x 8 card was sent to file.

Corrections made
on Organization
File Card:

By MOC

S/3324/LML

Address reply to

_____Division

DIRECTOR OF PURCHASE
Munitions Building

WAR DEPARTMENT

PURCHASE, STORAGE, AND TRAFFIC DIVISION

OFFICE OF THE DIRECTOR OF PURCHASE AND STORAGE

WASHINGTON

No:

From:

To:

Subject: