

JUN 1 -

DATE Sept. 26, 1921.

1. NAME BRIER, Louis *Low name* SERIAL No. 2846418
 RANK Pvt. ORGANIZATION Co.H., 355th Inf.
 GRAVE LOCATION Argonne American, ROMAGNE_sous- MONTFAUCON (Meuse) 1232.08Sec.93
CTY. NAME NUMBER

152 93 3
GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION Romagne sous Montfaucon, Meuse
Isolated grave 35 N.E. E. 304.5 - N. 284.6 (argonne D-9008)
 COORDINATES Verdun 35 NE 285.1 N 306.1 E
GRAVE COMMUNE DEPT.

CONCENTRATED TO 6/12/19 152 Sec 93 3
DATE GRAVE ROW PLOT
Meuse Argonne Cemetery 1232
CEMETERY CTY. NUMBER

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

Tag on body and on peg over body.

DATE OF DEATH Oct 20 - 1918

STATE FROM WHICH HE CAME Colorado

data F-1.

SUBSEQUENT REBURIALS MEDALS OR DECORATIONS AWARDED -
DATE GRAVE ROW PLOT CEMETERY
DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR

M. B. Birdseye

M. B. BIRDSEYE
1st Lt., Q.M. Corps, U.S. Army

5. FINAL GRAVE LOCATION Sept. 26, 1921. 1 38
DATE GRAVE ROW PLOT

AUDITED BY
7/25-4-28-23

MEUSE ARGONNE AMERICAN CEMETERY #1232, Romagne-sous-Montfaucon, Meuse

APR 2 1928

The Adjutant General
By: *EMP*
JUN 10 1926

JUN 9 1926
WORLD WAR DIV.

SMP
7/2/27

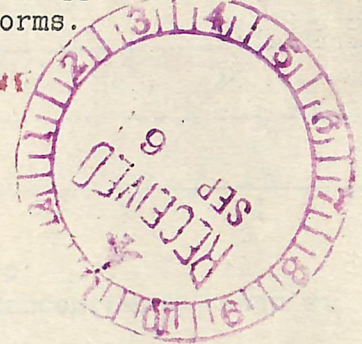
INSTRUCTIONS FOR PREPARATION OF FORM 114 B

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.



^B
o H, 355th Infantry
89th Division

BRIER, Louis, Pvt - 2845416
Home : Aoste, Italy

Killed in action, Oct. 20th 1918

Killed instantly in Bantheville Woods while lying on top of ground. Hit by shrapnel, direct hit. Holes had been dug but there was too much water to use them. Buried near here but can give no description of place.

Informant : Bertrand, Louis, - Mess Sgt. 2846171
Co H, 355th Infantry

Home : Upland, Nebr.

Signed : Oscar B. Abel, Captain
355th Infantry

Next of kin ;
Calites Brier.

NN.



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CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>Brien</i>	<i>Bri</i>	3	2 8 9
BURIED	CEMETERY <i>1232</i>	1	1
	GRAVE <i>1</i>	2	01
	ROW <i>38</i>	2	38
	BLOCK <i>8</i>	1	5
STATE	<i>Colo</i>	2	05
RANK	<i>Port</i>	1	2
DIVISION	<i>89</i>	2	89
ORGANIZATION	<i>355</i>	3	355
ARM	<i>Inf</i>	1	1 <i>JM</i>
MARITAL	<i>ms</i>	1	2
NAME <i>Bryer</i>	<i>Bry</i>	3	2 0 8 12 5
<i>Josephine Sougierren</i>	STATE	2	
RESIDENCE	COUNTY	2	
<i>Parents Unknown</i>	CITY	3	
<i>All-foreign-</i>	<i>Loco Parentis</i>	1	4 -
OTHER		1	
ELIGIBILITY	<i>Foreign</i>	1	4
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE		1	
<i>29/514 Country</i>	<i>Italy</i>	2	01 <i>JM</i>

AUDITED
FEB 17 1946
P.M.

D. January 17, 1930

NAME RANK SERIAL ORGANIZATION DATE OF DEATH
 Brier, Louis Pvt. 2846418 Co. H., 355th Inf. Oct. 20, 1918

STATE Colorado CTY. NO. 1232 GRAVE 1 ROW 38 BLOCK B

	Check relationship	Living - Deceased	
MOTHER	Parents unknown	:	yc-117000
STEFMOTHER (For the year prior to commencement of service)	hit taken	:	21
		:	all foreign
NAME		:	2-2-33
AND	MOTHER THRU ADOPTION (For the year prior to commencement of service)	:	
ADDRESS		:	<u>Foster</u> <u>mother</u>
	MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	:	<u>Josephine Forquier</u>
		:	<u>in Brier</u>
	WIDOW (Who has not remarried)	:	<u>fr Federico Bonves</u>
		:	<u>Prov. Cia di Aosta</u>
		:	<u>Italy</u>

came to us age 18

came to us age 18

ius

Single man

Veterans Bureau Claim Number _____
 29/156/

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Brier, Louis

June 29 1929.

**Mrs. Clemence Sloss,
Sloss, Colorado.**

Dear Madam:

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

The records of this office show that you are the sister of the late Pvt. Louis Brier, Co. H, 355th Inf., whose remains are now interred in the Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon, Meuse, France.

Will you please advise this office whether or not he is survived by a mother or widow who is entitled under the provisions of the above quoted Act, to make the pilgrimage, and if so, will you please furnish the full names and addresses of the mother and widow in order that action may be taken to extend invitations to them to make the pilgrimage. Both mothers and widows are entitled to make the pilgrimage.

Your attention is particularly invited to Section 4 of the enclosed Act, which defines the terms "mother" and "widow". If the relative is a stepmother, mother through adoption, or any woman who stood in loco parentis to the decedent, a statement as to her relationship is requested. If he was survived by a widow who has since remarried it is also requested that a statement to that effect be made.

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

For The Quartermaster General,

Very truly yours,

2 incls.
Act of Congress.
Envelope.

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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Brier, Louis
1232

Sept. 4, 1929.

Mrs. Clemence Sloss,
Sloss, Colo.

Dear Madam:

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

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

Write answers in space below

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

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

June 29 1929.

Brier, Louis

Mrs. Clemence Sloss,
Sloss, Colorado.

Dear Madam:

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

The records of this office show that you are the **sister of the late Pvt. Louis Brier, Co. H, 355th Inf., whose remains are now interred in the Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon, Meuse, France.**

Will you please advise this office whether or not he is survived by a mother or widow who is entitled under the provisions of the above quoted Act, to make the pilgrimage, and if so, will you please furnish the full names and addresses of the mother and widow in order that action may be taken to extend invitations to them to make the pilgrimage. Both mothers and widows are entitled to make the pilgrimage.

Your attention is particularly invited to Section 4 of the enclosed Act, which defines the terms "mother" and "widow". If the relative is a stepmother, mother through adoption, or any woman who stood in loco parentis to the decedent, a statement as to her relationship is requested. If he was survived by a widow who has since remarried it is also requested that a statement to that effect be made.

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

For The Quartermaster General,

Very truly yours,

2 incls.
Act of Congress.
Envelope.

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

Brier,

(Surname.)

Louis

(Christian name in full.)

2,846,418

(Army serial number.)

Pvt

Co H 355 Inf
(Rank and organization.)

State your relationship to the deceased

Adopted brother ⁴²

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)

Mrs. Clemence Sloss

Sloss

Colo.

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

3-6713

Noted *A.C.*

Date 5-11-21

1232 Sec. 93-23

checked - *BER*

5-12-21

October 3, 1923.

Mrs. Clemence Sloss,
Sloss,
Colorado.

Dear Madam:

The Quartermaster General desires you to be informed that the permanent grave of Private Louis Brier, Company H, 355th Infantry, is Grave 1, Row 38, Block E, Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon (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, division, organization, date of soldier's death and State from which he came. 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.

You are assured in effecting removal of the remains, the utmost care and reverence were exercised and more than willingly accorded by those who performed 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.

Very truly yours,

wpr
Assistant.

O.Q.M.G.
Central Mail & Files Bt.



OCT 8 1923

REPORT OF DISINTERMENT AND REBURIAL

1. REMAINS OF BRIER, Louis SERIAL NUMBER 2846418

RANK Pvt. ORGANIZATION Co. H. 355th Inf.

2. Disinterred (date): Sept. 22, 1921 From (give complete location): Gr 152 Sec 93. Plot 3. Cty. 1232.

By: Group 1 Unit Sec 2.

3. Reburied (date): Sept. 26, 1921 In (give complete location): Cty 1232, Row 38, Block E, Grave 1

By: Group Reburial S. Unit Nature of reburial unlined casked

4. Report as to nature of original burial and condition of body upon disinterment :
wooden box and burlap and uniform, badly decomposed, features not recognizable.

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 and tag on peg over body agree with G.R.S. records.

6. What does examination of body show as regards the following identifying items ? 4,5,6,8,9, MAD. 19,29,31, G.S. 30 G.Bridge. 22, 20,23,24,25,26, MAD.

(a) Height (actual measurement) impossible to determine

(b) Weight (estimated) do

(c) Hair—Color do

Quantity do

Characteristics do

(d) Hair on face—Color do

Location do

Quantity do

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

(f) Wounds or missing parts (received at time of casualty) head shattered both jaws fractured.

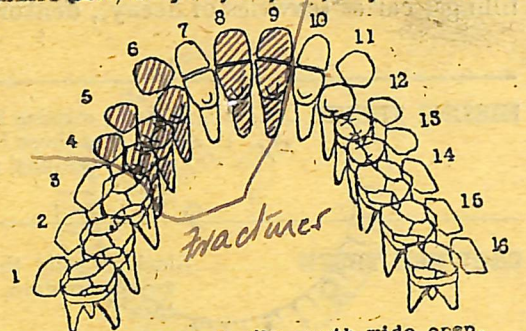
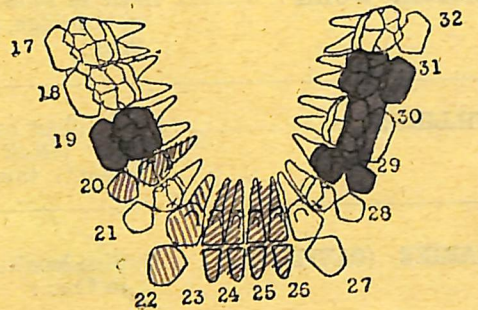


Diagram represents the mouth wide open.



7. Disinterment supervised by G.S. Wright

Approved: F.B. Daniel
F.B. Daniel, Capt. Q.M.C.
(Title)






8. Reburial supervised by W B SHEILD

Approved: James Younger
JAMES W YOUNGER, CAPT
(Title)

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>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>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>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>SILVER FILLING GOLD FILLING GOLD FILLING GOLD FILLING</p>
<p>CARIES (CAVITIES).....Outline location and size of cavity, shade in thus:</p>	 <p>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.

To be prepared in triplicate.

DATE Sept. 22, 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 BRIER, Louis
- 2. No. 2846418
- 3. Rank Pvt.
- 4. Org. Co. H. 355th Inf.
- 5. D.D. Oct. 20th/18
- 6. C.D. K.I.A.
- 10. Name _____
- 11. No. _____
- 12. Rank _____
- 13. Org. _____
- 14. (a) D.D. _____
- (b) D.B. none.

Discrepancy found upon disinterment

- 7. Grave No. 152 Sec. 93
- 8. Plot 3 Row _____
- 9. _____
- 15. Grave No. _____ Sec. _____
- 16. Plot _____ Row _____
- 17. none.

- 18. Cemetery Argonne American
- 19. Commune or town ROMAGNE-sous-MONTEAUCON
- 20. Dept. or County Meuse
- 21. Country France
- 22. G.R.S. Hdqrs. Code No. # 1232--Sec. # 93
- 23. Disinterred (Date) Sept. 22, 1921 By G.S. Wright.

24. Inscription on grave marker:

- Name Louis Brier Serial No. 2846418
- Rank Pvt. Organization Co. H. 355th Inf.

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

C. T. Brown
 Signature Junior Technical Assistant
 C.T. Brown.

je.

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 and tag on peg over body agree with G.R.S. records.

27. Condition of body badly decomposed, features not recognizable.

28. Nature of burial wooden box and burlap and uniform.

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? none.

30. Body prepared and placed in casket: Date Sept. 22, 1921 By G.S. Wright.

31. Casket sealed by G.S. Wright.

Signature of Embalmer, (Supervisor) *G.S. Wright*
 G.S. Wright.

AUDITED BY

SHIPMENT. (Show actual marking of box.) Box No. 0-6435

32. Designation of body:

Name Brink, Louis Serial No. 2846410

Rank Pvt Organization Co. H. 355th Inf.

33. Consigned to:

Name of Permanent Cemetery Argonne American # 1252, ROMAGNE-sous-MONTFAUCON

34. Casket boxed and marked (Date) Sept. 22, 1921 By G.S. Wright.

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 F. B. Daniel
F.B. Daniel, Capt. Q.M.C.

36. Remarks none.

37. Shipped from point of Operation: (Date) Sept. 22, 1921.

To point of Concentration M. Argonne, Romagne.
(Name)

Convoyer W.J. Royed. Signature Shipping Officer Albert M. Jackson
Albert M. Jackson, Capt. Q.M.C.

38. Received at Railhead or Point of Concentration: Date

By G.R.S. Representative

39. Shipped from Railhead or Point of Concentration: Date

To Permanent Cemetery

Convoyer Signature Shipping Officer

40. Received: Date Sept 22, 1921

G.R.S. Representative James W Younger

41. Reinterred* Meuse-Argonne Cty Sept. 26, 1921
(Date)

42. Grave No. Row 38, Block E, Gr. 1 Section

43. Plot Row

G.R.S. Representative James W Younger
JAMES W YOUNGER, CAPT., QMC

AEB



COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

File # 56751

(a) Name BRIER, Louis. Ser. No. 2846418

(b) Rank Pvt. Organization Co. H. 355th Inf.

(c) Date of death 10-20-18 (d) Cause of death k/a

TYP. hmp

CKR. sm

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

(a) Grave No. 152 Row - Plot 3 Sec. 93 TYP. hmp

(b) Emerg. Address Mrs. Clemence Sloss (sister) Sloss, Colorado.

III. Files of soldiers ~~dying from contagious diseases~~ / /

CKR. sm

IV. A. G. O. DISPOSITION CARD:

Date of receipt None

(a) Name Mrs. Clemence Sloss

(b) Relationship Adopted (Sister brother)

(c) Address Sloss, Colo.

(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 E. C.

Date 5-11, 1921

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

_____, dated _____

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

Examiner's Initials _____

Date _____, 1921

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

no request for disposition.

(a) Cancellation memos referred to? _____

Examiner's Initials E. C.

Date 5-11, 1921

COUNTRY

FRANCE

CEMETERY No. 1232 Sec. 93

SHEET No. 23

Handwritten notes:
7K
checked
5-12-21
E.C.R.

VII. G. R. S. Form No. 114 made _____, 192

Typed by _____, Checked by _____, 192

VIII. FINAL ACTION:

Following advice forwarded to Europe by { cable on _____, 192
letter on **MAY 23 1921**, 192

Sec # 93

Par. 2 Not to be returned.

meH

IX.

REMARKS

WRITE NOTHING BELOW THIS LINE.

COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

File # 56751

(a) Name BRIER, Louis, Ser. No. 2846418
 (b) Rank Pvt. Organization Co. H. 355th Inf.
 (c) Date of death 10-20-18 (d) Cause of death k/a

} hmp
 TYP. sm

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

(a) Grave No. 152 Row - Plot 3 Sec. 93 TYP. hmp
 (b) Emerg. Address Mrs. Clemence Sloss(sister) Sloss, Colorado.

III. Files of soldiers dying from contagious diseases ////////// CKR. sm

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

.....

V. Following advice forwarded to Europe by { cable on, 192
 letter of transmittal on MAY 23 1921, 192

Sec. # 93

Par. 2 Not to be returned.

VI. Form 115 forwarded to G. R. S., Hoboken, N. J., met, 192

VII. SUPPLEMENTARY REQUESTS.

Date of and source.	Relationship and name.	Desires.	Action taken.
.....
.....
.....
.....
.....
.....

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

COUNTRY

CEMETERY No.

SHEET No.

SL 7/21/21

5-675-1

5-12-21

(Date)

FORM 115 has been compiled on the following case:-

CEMETERY NO. 1232 SECTION 93

FORM 115 Sheet No. 23

BBR

(Initials)

OSP-SS
Form No. 1011.



WAR DEPARTMENT.

GRAVES REGISTRATION SERVICE

American Expeditionary Forces

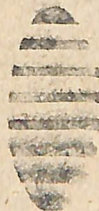
OFFICIAL BUSINESS.

FILE



Mrs. Clemence Sloss,
New Castle, Colo.

UNCLAIMED



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

Classification _____

Adjustment _____

CEMETERIAL DIVISION
GRAVES REGISTRATION SERVICE
REGISTRATION SECTION

Date 4/10/20

MEMORANDUM:

To: Registration Files Sub-Section.

Subject: Adjustments made on Registration Files.

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

	CORR.	ADD. DATA		CORR.	ADD. DATA
File Number			Date of Burial		
Name			Date of Reburial		
Serial Number			<i>re</i> Burial Information		✓
Rank			Nearest Relative <i>address</i>	✓	
Organization			Notified Nearest Relative		
Cause of Death			Blue Card thrown out		
Date of Death			<i>3x6</i> White Card set up	0	0
Casualty Cablegram Number					

O.K. Alphabetical Files W.E.N. 4-14-20

~~O.K. Organization Files~~ _____

~~O.K. State Files.~~ _____

✓
Cemetery Audit Department
Investigation & Adjustment Dept.
By Helmut Kruger

2 Cards attached.