

G.R.S. Form #114-B

CAUSE OF DEATH

Wounds recd in action

FULL NAME BROWN, Charles L.

RANK Private SERIAL 808057

DIVISION & ORGANIZATION Med. Det. 59th Inf. *4th Div.*

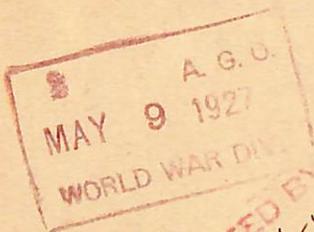
DATE OF DEATH 10-16-18. *OK*

STATE FROM WHICH HE CAME *Mich*

MEDALS OR DECORATIONS AWARDED. *none*

FINAL GRAVE LOCATION. 12. 7. B.
Date Grave Row Block

..... 1764
Cemetery



INDEXED BY 61471-406

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Brown 808057 Charles L.
(Surname.) (Number.) (First Name and Initials.)

Pvt. Med. Dept. 59th Inf.
(Rank.) (Organization.)

DATE OF BURIAL... October 18, 1918.

PLACE OF BURIAL... U. S. Cemetery.

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

U.S. Cemetery, Chatel Guyon, Puy de Dome, ..
France.

GRAVE NUMBER #33... Section #1.

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

Headboard? Bottle?

IDENTIFICATION TAGS: Yes.

Was one buried with body? Yes.

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

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

REPORTED BY:

[Signature]
(Signature and Rank of Reporting Officer.)

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

BROWN, Charles L. - Pvt. 808057

Hospital No. 20, Oct. 16/18,

ormant given.

t signed.

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

BROWN, Charles L. - Pvt. 808057

Gassed Aug. 10/18. Died in Base Hospital No. 20, Oct. 16/18,
from lobar pneumonia.

No informant given.

Not signed.

SJ

CODE SLIP



HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	<i>Brown</i>	3	2 8 5
BURIED	CEMETERY <i>1764</i>	1	4
	GRAVE <i>12</i>	2	12
	ROW <i>7</i>	2	07
	BLOCK <i>B:</i>	1	2
STATE	<i>Mich</i>	2	26
RANK	<i>Pvt</i>	1	2
DIVISION	<i>4</i>	2	04
ORGANIZATION	<i>59</i>	3	059
ARM	<i>Inf</i>	1	1
MARITAL	<i>Yes</i>	1	1
NAME	<i>Brown</i>	3	2 8 5
RESIDENCE	STATE	2	
	COUNTY	2	
	CITY	3	
RELATION	<i>Widow</i>	1	5
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>Country Canada</i>		24

AUDITED

AUG 17 1902

RS

4/23

ACCEPTANCE
29/514

Case

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

DATE 8/18/31

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
Brown, Charles L.	Pvt.	808057	Med. Detach. 59th Inf	10-16-18

STATE	CTY. NO.	GRAVE	ROW	BLOCK
	1764	12	7	B

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

married

Veterans Bureau Claim Number 81 307
29/156

w/ Laura V. Brown
RFD # 3
Galt, Ontario
Canada

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

81307

DATE 7-20-29

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
BROWN, Charles L.	Pvt.	808057	Med. Detach. 59th Inf.	10-16-18

STATE _____ CTY. NO. 1764 GRAVE 12 ROW 7 BLOCK B

<u>Check relationship</u>	<u>Living - Deceased</u>	
MOTHER	:	:
	:	:
	:	:

81307

W- Mrs Laura U. Brown
R.F.D # 3-
Galt - Ontario - Canada

Officials Bureau Claim Number 81207
29/156

7/23P

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

81307

DATE 7-20-29

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
BROWN, Charles L.	Pvt.	808057	Med. Detach. 59th Inf.	10-16-18

STATE	CTY. NO.	GRAVE	ROU	BLOCK
	1764	12	7	B

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

Total

SS

ng
Bureau Claim Number C-81307

29/156

7/23P

1764
~~Foreign~~

1. NAME **BROWN, Charles L.** DATE _____
SERIAL No. **808057**

RANK **Pvt.** ORGANIZATION **Med Det 59th Inf.**

ml GRAVE LOCATION **Amer. Mil. Cty, CHATEL-GUYON (Puy de Dome) # 406**
CTY. NAME NUMBER

33

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, Captain, Q. M. Corps.**

3. FINAL GRAVE LOCATION **Dec. 19, 1922** **12** **7** **Block B**
DATE GRAVE ROW PLOT

Aisne Marne American No. 1764
CEMETERY

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.

WT

AMERICAN GRAVES REGISTRATION SERVICE (PART OF DOWNS) 1/1/50

HEADQUARTERS, AMERICAN GRAVES REGISTRATION SERVICE, QUARTERMASTER GENERAL'S OFFICE, WASHINGTON, D. C.

FORM 114-B (REV. 1-1-50)

To be prepared in triplicate.

DATE 7 October 1921

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

COMPARATIVE REPORT

ml

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name BROWN, Charles L.

10. Name

2. No. 808057

11. No.

3. Rank Pvt

12. Rank

4. Org. Med.Det.59th Inf

13. Org.

5. D.D. Oct 16th 1921

14. (a) D.D. None

6. C.D. Pneumonia W/A

(b) D.B.

Discrepancy found upon disinterment

7. Grave No. 33 Sec.

15. Grave No. Sec.

8. Plot Row

16. Plot Row

9.

17. None

18. Cemetery American Military

19. Commune or town Chatel-Guyon

20. Dept. or County Puy de Dome

21. Country France

22. G.R.S. Hdqrs. Code No. 406

23. Disinterred (Date) 7 October 1921 By Meyer Group

24. Inscription on grave marker:

Name Charles L. Brown,

Serial No.

Rank Pvt

Organization Med Det, 59th Inf

25. Was identification disc found on grave marker? Yes On body? No

R. L. de Yousson
Signature Junior Technical Assistant

PREPARATION

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

None

27. Condition of body Badly decomposed

28. Nature of burial Uniform and wooden box

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 7 October 1921 By Meyer group

31. Casket sealed by Meyer Group

Signature of Embalmer, (Supervisor)

Joseph F Meyer
J.F. Meyer

11/4/21
sup

SHIPMENT. (Show actual marking of box.) Box No. **C- 11503**

32. Designation of body:

Name **BROWN, Charles L.** Serial No. **808057**

R nk **Pvt** Organization **Med Det 59th Inf.**

33. Consigned to:

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

34. Casket boxed and marked (Date) **7 October 1921** By **Meyer Group**

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 Lieut, 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 19, 1921.**

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

41. Reinterred **Dec. 19, 1922.** **Aisne-Marne Cem. 1764.**
(Date)

42. Grave No. **12** Section _____

43. Plot **BLOCK B** Row **7**

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

Place Chatel Guyon

REPORT OF DISINTERMENT AND REBURIAL

Date October 7, 1921.

1. REMAINS OF Brown, Charles L. SERIAL NUMBER 808057

RANK Pvt. ORGANIZATION Med. Det. 59th Inf

2. Disinterred (date): October 7, 1921. From (give complete location): Gr. No. 33 Cemetery 406

By: Group 1 Unit Sec 5

3. Reburied (date): Dec. 19, 1922. In (give complete location): Grave 12, Row 7, 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? No On grave marker? yes

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

6. What does examination of body show as regards the following identifying items? 1 16 32 never erupted

(a) Height (actual measurement) impossible to determine

(b) Weight (estimated) impossible to determine

(c) Hair—Color impossible to determine

Quantity small quantity

Characteristics straight

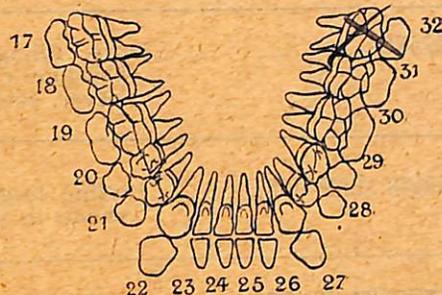
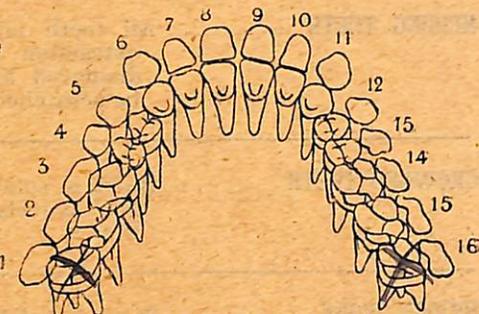
(d) Hair on face—Color impossible to determine

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 de Montozon

7. Disinterment supervised by Joseph F Meyer
J F Meyer, Supervising Emb

Approved: [Signature]
S H Unsicker
(Title) 1st Lieut QMC

8. Reburial supervised by [Signature]

L.D. HAYS

Approved: W.D. Cleary
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.

MISSING TEETH	All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:	 <p style="text-align: center;">TOOTH MISSING TOOTH MISSING</p>
CROWNED TEETH	Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus:	 <p style="text-align: center;">GOLD CROWN PORCELAIN CROWN GOLD CROWN</p>
BRIDGE WORK	Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge) thus:	 <p style="text-align: center;">GOLD AND PORCELAIN BRIDGE GOLD BRIDGE</p>
FILLINGS	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:	 <p style="text-align: center;">SILVER FILLING GOLD FILLING GOLD FILLING GOLD FILLING</p>
CARIES (CAVITIES)	Outline location and size of cavity, shade in thus:	 <p style="text-align: center;">CAVITY DECAYED DECAYED</p>
DENTURES (PLATES)	Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"	

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

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

Brown,
(Surname.)

Charles L.
(Christian name in full.)

808,057
(Army serial number.)

Private Medical Detachment, 59th Infantry.
(Rank and organization.)

State your relationship to the deceased

Wife. (Widow)

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:

I desire to have Remains left abroad.

(Name of person to receive remains.)

(Express office.)

(Telegraph office.)

(Number and street.)

(City or town.)

(State.)

(Sign here)

Mrs. Charles L. Brown.

Sp. E. Tollmer, R. R. # 3, Galt, Ontario, Can.

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

3-6713

Done by mks

406-05

11-10-20

checked

AKC 11-12-20

COMPILATION OF DISPOSITION OF REMAINS DATA

File # 37575

I. LOCATION INDEX CARD:

(a) Name BROWN, Charles L. Ser. No. 808057
 (b) Rank Pvt. Organization Med. Det. 59th Inf.
 (c) Date of death 10-16-18 (d) Cause of death Pneumonia

TYP. DB
 CKR. 7213-22

att 2/4/22
Exp. Summed Jan 1-10-22
Concentration Avons-Manned # 1764

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

(a) Grave No. 33 Row - Plot - Sec. - TYP. DB q
 (b) Emerg. Address Mrs. Laura O. Brown, (Wife) Galt, Ontario, Canada

III. Files of soldiers dying from contagious diseases

CKR 773

NO CARD

IV. A. G. O. DISPOSITION CARD:

Date of receipt none

(a) Name Mrs. Charles L. Brown (b) Relationship wife
 (c) Address 408 Volmer RR 3 - Galt - Ont - Can.
 (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 11-10, 1920.

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

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

no corresp.

Examiner's Initials mkS Date 11-10, 1920.

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

no request for disposition.

(a) Cancellation memos referred to? Yes.

Examiner's Initials JT Date 11-11, 1920.

COUNTRY FRANCE

CEMETERY No. 406

SHEET No. 5

11-24-20

checked all 11-22-20

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
GRAVES REGISTRATION SERVICE

~~WASHINGTON~~ HOBOKEN, N. J. DEC 4 1920

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

To: Mrs. Charles L. Brown, % E. Vollmer, R.R.#3, Galt, Ont., Can.

SUBJECT: Remains of Pvt. Charles L. Brown, Ser.No. 808057,
Med.Det. 59th 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.
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.

Address _____, 1920.

JUL 28 1921
Central Postal Directory Section

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.

DEPARTMENT OF THE ARMY
 GENERAL REGISTRATION SERVICE
 OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
 WASHINGTON, D. C.

37575
GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Brown **808057** **Charles L.**
(Surname.) (Number.) (First Name and Initials.)

Pvt. **Med. Dept.** **59th Inf.**
(Rank.) (Organization.)

DATE OF BURIAL **October 18, 1918.**

PLACE OF BURIAL **U. S. Cemetery.**

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

U. S. Cemetery, Chatel Guyon, Iuy de Dome,
France.

GRAVE NUMBER **#33** **Section #1.**

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

Headboard? Bottle?

IDENTIFICATION TAGS: **Yes.**

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:

400

REPORTED BY: *[Signature]*
(Signature and Rank of Reporting Officer.)

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

	(A)		(B)		(C)	
Lotment Number	QMPJ PM					
Commodity						
Classification Number						
Quantity						
Package						
List of Bidders	Price, F.O.B.	Frt. Rate	Price, F.O.B.	Frt. Rate	Price, F.O.B.	Frt. Rate