

To The A. G. O.

1604

G.R.S. Form #114 B

FEB 11 1923

DATE

1. NAME Burgess, Charles SERIAL NO. 1205158

RANK Pvt ORGANIZATION Co. I, 105th Inf & DIVISION 27th

GRAVE LOCATION Brit. Mil. Cty. St. Souplet (Nord) CTY. NAME 642 NUMBER

GRAVE 16 ROW 5 PLOT A

2. ORIGINAL BATTLE AREA GRAVE LOCATION (Form 1-A dated Feb. 11, 1919) GRAVE 8, Row, 3, Plot A, COMMUNE St. Souplet, DEPT. Nord

COORDINATES 13 NE E. 198.9 N. 370.1

CONCENTRATED TO Feb. 10, 1921 DATE GRAVE 16 ROW 5 PLOT A

St. Souplet Brit. Mil. Cty. CEMETERY 642 CTY. NUMBER

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

Form 16-A, dated Feb. 10, 1921, signed E. W. Austin, Major, FA., in addition to above gives ~~Body tag partly corroded. The following can be discerned -~~ Charles Burgess

DATE OF DEATH Oct 19, 1918

SUBSEQUENT REBURIALS STATE FROM WHICH HE CAME NY DATE GRAVE ROW PLOT CEMETERY

MEDALS OR DECORATIONS AWARDED no rec

DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR LOUIS R. DICE, Major, CAC.

3. FINAL GRAVE LOCATION 10/11/22 DATE GRAVE 12 ROW 8 PLOT Block D

FR

A.G.O. AUDITED BY 11 1926 WORLD WAR DIV. AWC

Some American Cemetery #636, Bony, Aisne, Albert O. Davis, Major General, The Adjutant General.

Rec'd World War Div, 5 MAR 24 1928

FEB 16 1926

## 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.



TO: \_\_\_\_\_

FROM: \_\_\_\_\_

DATE: \_\_\_\_\_

BY: \_\_\_\_\_

RECEIVED \_\_\_\_\_

1001

Place St. Soulet 642

# REPORT OF DISINTERMENT AND REBURIAL

Date Feb. 10, 1921

1. REMAINS OF BURGESS, Charles SERIAL NUMBER 1205158  
RANK Pvt. ORGANIZATION Co. 1 105th Inf.

2. Disinterred (date): Feb. 10, 1921 From (give complete location):  
Gr. 8, Pl. A, Row 3  
By: Group 3 Unit Sac. 7

3. Reburied (date): Feb. 10, 1921 In (give complete location):  
Gr. 16, Pl. A, Row 5  
By: Group 3 Unit 7 Nature of reburial Pine box  
Blanket

4. Report as to nature of original burial and condition of body upon disinterment:  
Uniform and slicker Badly decomposed

5. (a) Identification tags: Buried with body? Yes On grave marker? Yes  
(b) Other means of identification found upon disinterment, and general remarks:

Body tag partly corroded. The following can be discerned "Charl-----Burgue--"

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

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

(b) Weight (estimated) do

(c) Hair—Color Dr. brown

Quantity Thick

Characteristics Straight

(d) Hair on face—Color None

Location do

Quantity do

(e) Permanent marks on body (old scars, peculiarities, or missing parts) Imp. to determine

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

Imp. to determine

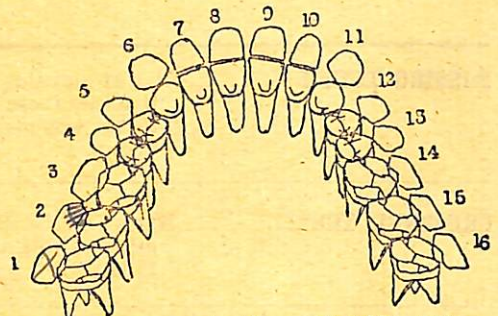
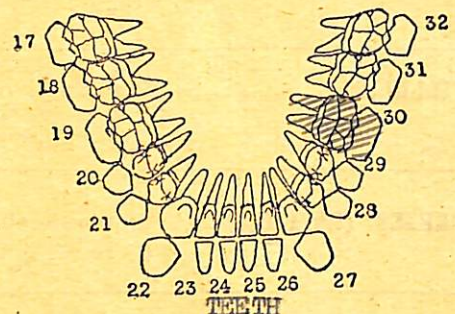


Diagram represents the mouth wide open.



1 Not cut  
2 Decayed  
30 Missing

30134

7. Disinterment supervised by A. E. Dewey

Approved: E. W.

2nd Lt., Q.M.C.

(Title) M

8. Reburial supervised by A. E. Dewey  
JJO chp 2nd Lt., Q.M.C.

Approved: \_\_\_\_\_

(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), bicuspid (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."

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

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

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>Burgues</i>	<i>BUR</i>	3	<i>2 12 0</i>
<i>Charles</i>	CEMETERY <i>636</i>	1	<i>.5</i>
BURIED	GRAVE <i>12</i>	2	<i>12</i>
	ROW <i>8</i>	2	<i>08</i>
	FLOCK <i>2</i>	1	<i>4</i>
STATE	<i>N. Y.</i>	2	<i>37</i>
RANK	<i>Prk</i>	1	<i>2</i>
DIVISION	<i>27</i>	2	<i>27</i>
ORGANIZATION	<i>105</i>	3	<i>105</i>
ARM	<i>Inf</i>	1	<i>1</i>
MARITAL	<i>No</i>	1	<i>2</i>
NAME <i>Roberts, Amel</i>		3	<i>52</i>
<i>Loak Box 957</i>	STATE <i>N. Y.</i>	2	<i>37</i>
RESIDENCE	COUNTY <i>Putnam</i>	2	
<i>Granville, Ny</i>	CITY <i>Granville</i>	3	<i>006</i>
RELATION	<i>Mother</i>	1	<i>1</i>
OTHER		1	<i>3</i>
ELIGIBILITY <i>(no loco no SM)</i>	<i>Lead</i>	1	<i>6</i>
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE <i>29/514</i>		1	

**AUDITED**  
SEP 19 1932  
*MVB*

*M L*

*RMW*

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Burgess, Charles  
636

August 27, 1929.

Mr. Wm. H. Roberts,  
Lock Box #957,  
Granville, N. Y.

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:

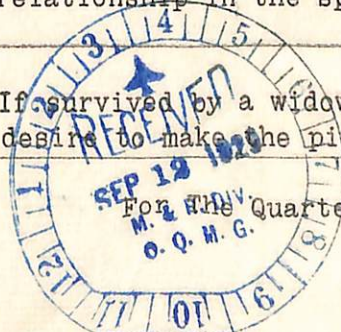
*No*

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.

*Foster Mother is dead*

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

2 Incls.  
Act of Congress  
Envelope



Very truly yours,

*John T. Harris*  
JOHN T. HARRIS,  
Major, Q. M. Corps,  
Assistant.

CODE SLIP



HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>Burgess</i>	<i>BUR</i>	3	<i>2 12 8</i>
<i>Charles</i>	CEMETERY <i>636</i>	1	<i>.5</i>
BURIED	GRAVE <i>12</i>	2	<i>12</i>
	ROW <i>8</i>	2	<i>08</i>
	BLOCK <i>A</i>	1	<i>4</i>
STATE	<i>N.Y.</i>	2	<i>37</i>
RANK	<i>Pvt</i>	1	<i>2</i>
DIVISION	<i>27</i>	2	<i>27</i>
ORGANIZATION	<i>105</i>	3	<i>105</i>
ARM	<i>Inf</i>	1	<i>1</i>
MARITAL	<i>No</i>	1	<i>2</i>
NAME <i>Roberts, Am H</i>		3	<i>3 5 2</i>
<i>Lab Box 957</i>	STATE <i>N.Y.</i>	2	<i>37</i>
RESIDENCE	COUNTY <i>Putnam</i>	2	<i>5</i>
<i>Granville, Ny</i>	CITY <i>Granville</i>	3	<i>006</i>
RELATION	<i>Mother</i>	1	<i>1</i>
OTHER		1	<i>3</i>
ELIGIBILITY <i>(no loco no SM)</i>	<i>Dead</i>	1	<i>6</i>
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE <i>29/514</i>		1	

*2-1-54*

**AUDITED**  
SEP 19 1952 *MB*

*RM*

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Burgess, Charles  
636

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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:

*No*

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.

*Foster Mother is Dead*

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

RECEIVED  
SEP 19 1929  
M. & 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

Burguess, Charles  
IN REPLY REFER TO ~~QM 293-A-C~~

16

May , 1929.

Mr. Wm. H. Roberts,  
Lock Box #957,  
Granville, N. Y.

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 foster father of the late Private Charles Burgess, Company B, 105th 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

Burgess, Charles  
636

August 27, 1929.

Mr. Wm. H. Roberts,  
Lock Box #957,  
Granville, N. Y.

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:

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  
Burguess, Charles

May 16, 1929.

Mr. Wm. H. Roberts,  
Lock Box #957,  
Granville, N. Y.

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 foster father of the late Private Charles Burgess, Company I, 105th Infantry, whose remains are now interred in the Somme American Cemetery, Boxy, 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.

DISPATCHED

B ✓

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

QM 293 A-C

March 15th, 1927.

BURGESS, Charles, Private,  
Co. I, 105th Infantry,

Mr. Wm. H. Roberts,  
Lock Box #957,  
Granville, N. Y.

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,

K. J. Hampton,  
Lt. Col. Q.M.G.  
Assistant.

1 Incl.  
Record card.



25/560/EYS

COMPILATION OF DISPOSITION OF REMAINS DATA File # 57309

1. LOCATION INDEX CARD:

(a) Name **BURGESS, Charles,** Ser. No. **1205158**  
(b) Rank **Pvt.** Organization **Co. I, 105th Infantry.** TYP. **EN**  
(c) Date of death **10-19-18** (d) Cause of death **K/A** CKR. **L8**

11. Registration Card:- (Check Reg. Card Inf. against Loc. Ind. Inf.)

(a) Grave No. **8** Row **3** Plot **A. Amer. Sect. -** TYP. **EN**  
(b) Emerg. Address **Mrs. Daniel W. Roberts (Friend), Main Street, Granville, N.Y.**

111. Files of soldiers dying from contagious diseases; **NO CARD** CKR. **OK**

IV. A.G.O. DISPOSITION CARD:

Date of receipt **None**

(a) Name **Mrs Daniel W. Roberts** (b) Relationship **Foster-mother**  
(c) Address **E. Main St., Granville, N.Y.**  
(d) Remains to be brought to U. S.? **Yes**  
(e) To be interred in National Cemetery in U. S. at **No**

(f) Shipping instructions upon arrival of body in U.S.

**Mrs Daniel W Roberts Granville, N.Y**  
**National Exp - W. U. Tele. -**

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

Examiner's Initials **AES** Date **8-16** 1920

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

confirmed request in Par. IV. item **1**, above, or requesting that

**No correspondence**

Examiner's Initials **AES** Date **8-16** 1920

VI. G.R.S. Files - Correspondence - shows as follows:

**No request for disposition**

(a) Cancellation memos referred to? **yes HW**

Examiner's Initials **HW** Date **8-17** 1920

COUNTRY **France.**

CEMETERY NO. **# 642**

SHEET NO. **38**

G.R.S. Form #115  
Amended April 6, 1920.

Make Form #114

MAR 5 1921

J. L.

**rechecked**  
**JP-1-27-21**

**OK**  
**att**

**(over)**

**X**

**8**

VII. G. R. S. FORM No. 114 made Aug. 18th, 1920

Typed by V.A.H.

Checked by MacH

Aug. 18th 1920

VIII. FINAL ACTION:

Following advice forwarded to Europe by-  
( cable on \_\_\_\_\_ 1920  
( letter on 8/21 1920

Par. # 1. To be returned. (MacH)

IX. CORRECTIONS

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

X. SUSPENSION REMARKS:

Form 120 - 9-3-20 from Mother by adoption  
m/k requests body to remain in France  
SEP 16 1920 OVERSEAS ADVISED by proposed cablegram 139 9-11-20 P  
not to return body HBC.  
B.W.R.E.A. Mr Wm H. Roberts (Foster Parents)  
Lock Box # 957 Granville, N.Y. 2-28-21.g.c.

COMPILATION OF DISPOSITION OF REMAINS DATA

File # 57309

I. LOCATION INDEX CARD: *auth also 7/3/20*

(a) Name **BURGESS, Charles** Ser.No. **1205158**  
 (b) Rank **Pvt.** Organization **Co. I, 105th Inf.** TYP. **EN**  
 Cause of **LS**  
 (c) Date of death **10-19-18** death **K/A**

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

(a) Grave No. **8** Row **3** Plot **A. Amer.** Sect. **-** TP. **EN**  
 (b) Emerg. Address **Mrs. Daniel W. Roberts. (Friend) Main Street. Granville, N.Y.**

III. Files of soldiers dying from contagious diseases: **No Card.** CKR. **DB**

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

*also Card = Mrs. Daniel W. Roberts (foster-mother  
 E. Main St., Granville, N.Y., requests  
 body returned to U.S. to her at this address  
 - ap. 2/1/21*

(cable on.....192.....  
 V. Following advice forwarded to Europe by (letter of transmittal on **8-21-1920**)  
 Par. #1, to be returned (Mac<sup>B</sup>)

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

VII. SUPPLEMENTARY REQUESTS

Date of and Source	Relationship and name	Desires	Action taken
<i>9-3-20</i>	<i>Foster-mother</i>	<i>body remain in France.</i>	<i>9-16-20</i>
<i>Form 120:</i>	<i>Mrs. Daniel W. Roberts, Granville, N.Y.</i>		<i>Overseas advised not to return body. - ap. 2/1/21</i>

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	FRANCE 642	38

MAR 5 1921 G. L.  
1921 MAR

B. N. R. B. A. -

Mr. William H. Roberts (Foster parents)  
Lock Box # 957 Granville, N. Y.

To be prepared in triplicate.

DATE Oct. 17, 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  
Disc on body (partly corroded) shows:

1. Name Burgess  
~~Burgess, Charles~~

2. No. 1205158

3. Rank Pvt.

4. Org. Co. I. 105th Inf

5. D.D. 10-19-18

6. C.D. KIA

10. Name "Char--- --rue--"

11. No. -

12. Rank -

13. Org. U.S.A."

14. (a) D.D. -

(b) D.B. -

Discrepancy found upon disinterment

7. Grave No. 16 Sec. -

8. Plot A Row 5

9. -

18. Cemetery Brit. Mil. Cty.

20. Dept. or County Nord

22. G.R.S. Hdqrs. Code No. 642

15. Grave No. - Sec. -

16. Plot - Row -

17. no discrepancy

19. Commune or town St. Souplet

21. Country -

23. Disinterred (Date) Oct. 17, 1921

By E.L. Reid

24. Inscription on grave marker:

Name Charles Burgess

Rank Pvt.

Serial No. -

Organization Co. I. 105th. Inf.

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

W.D. Wall Jr.  
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 and details of body previously worked by Field Section. Bottle record and dental strips; data disc agrees with form 114-A. Disc on body (partly corroded and pinned to blanket) shows: "Char--- --rue--", - U.S.A."

27. Condition of body Badly decomposed. Features unrecog.

28. Nature of burial U.S. uniform, blanket and wooden 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 Oct. 17, 1921 By E.L. Reid

31. Casket sealed by E.L. Reid

E.L. Reid  
Signature of Embalmer, (Supervisor)

ADMITTED BY  
3/21/25

SHIPMENT. (Show actual marking of box.) Box No. G-1669

32. Designation of body:

Name Burgess, Charles Serial No. 1205158

Rank Pvt Organization Co. I, 105th Inf

33. Consigned to:

Name of Permanent Cemetery American Cemetery #636, Bony (Aisne)

34. Casket boxed and marked (Date) Oct. 17, 1921 By E.L.Reid

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

36. Remarks Dice on grave marker read: "Charles Burgess, U.S.A."

37. Shipped from point of Operation: (Date) Oct. 17, 1921

To point of Concentration Roisel, Somme

Convoyer Frank Atwell Signature Shipping Officer J.J. Powers, 1st Lt. QMC

38. Received at Railhead or Point of Concentration: Date Oct. 17, 1921

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

39. Shipped from Railhead or Point of Concentration: Date Oct. 17, 1921

To Permanent Cemetery No. 636, Bony, Aisne

Convoyer Frank Atwell Signature Shipping Officer H.W. Beyette, Capt. QMC

40. Received: Date 17 OCT 1921

G.R.S. Representative J.P. Sica

41. Reinterred: 10-11-22. Somme American Cty. #636. Bony, Aisne.

(Date)

42. Grave No. 13. Blk. D. Section

43. Plot Row 8.

G.R.S. Representative

D.E. Lowry  
D.E. Lowry.  
1st Lt, QMC. el.

Place St. Souplet (Nord)

# REPORT OF DISINTERMENT AND REBURIAL

Date Oct. 17, 1921.

BURGESS, Charles

SERIAL NUMBER 1205158

1. REMAINS OF

RANK Pvt.

ORGANIZATION Co. I, 105th Inf.

2. Disinterred (date):

From (give complete location):

Oct. 17, 1921, Gr. 16, Pl. A, Row 5, Brit. Mil. Cem. 642, St. Souplet, France.

By: Group 4

Unit F.S.8

3. Reburied (date): 10-11-22.

In (give complete location) Gr. 13, Blk. D, Row. 8.

Somme American Cty. #636, Bony, Aisne.

By: Group Re-burial.

Unit ----

Nature of reburial Lined Basket.

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

Badly decomposed. Features unrecognizable. U.S. uniform, blanket and wooden box.

5. (a) Identification tags: Buried with body? Yes,

pinned to blanket.

On grave marker? Yes.

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

Body previously worked by Field Section. Bottle record and metal strip on box and blanket - data agrees with form 114-A.

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

(a) Height (actual measurement) Impossible to determine

(b) Weigh, (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) Imp. to determine

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

Impossible to determine

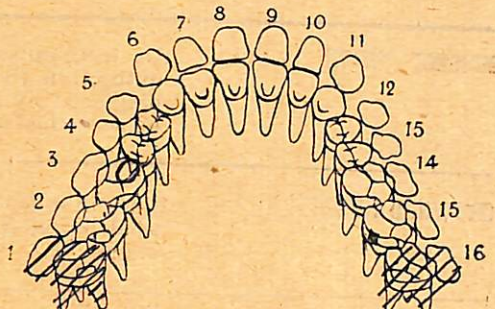
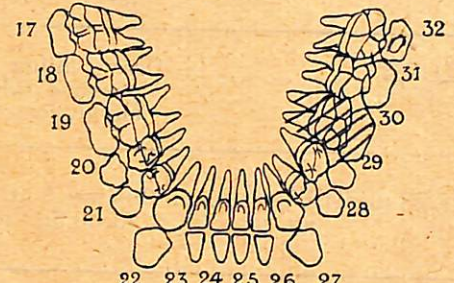


Diagram represents the mouth wide open



(1, 16 & 30 MBD, 3 & 32 Cav.)

7. Disinterment

supervised by E. L. Reid

E. L. Reid, Sup. Enb.

Approved; W. D. Wall

(Title) Asst. Checker.

8. Reburial

Supervised by B. A. Bradford

B. A. Bradford, S.A.

Approved; D. E. Lowry

(Title) 1st Lt. OMC.






et.

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

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

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.
2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
3. Give date and accurate information as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.
5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".  
(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No 6.

6. Give all information as to body description and dental chart as nearly correctly as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

MISSING TEETH	All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus :	
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"	

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.

REPORT OF DISINTERMENT, PREPARATION, AND SHIPMENT OF BODY

DISINTERMENT

COMPARATIVE REPORT

Records Office Chief G. R. S.

Discrepancy found upon examination of body.

- 1. Name Burgess, Charles 10. Name .....
- 2. No. 1205158 11. No. ....
- 3. Rank Pvt. 12. Rank .....
- 4. Org Co. I, 105th Inf. 13. Org .....
- 5. D. D. 10-19-18 14. (a) D. D. ....
- 6. C. D. K/A 15. (b) D. B. ....

Discrepancy found upon disinterment.

- 7. Grave No. 8 Sec. --- 15. Grave No. .... Sec. ....
- 8. Plot A. Amer. Row 3 16. Plot .... Row .....
- 9. ----- 17. ....

- 18. Cemetery British Military Cemetery, (Amer. Plot.)
- 19. Commune or town St. Souplet
- 20. Department or county Nord
- 21. Country France 22. G. R. S. Headquarters Code No. 642
- 23. Disinterred (Date) \_\_\_\_\_ By \_\_\_\_\_
- 24. Inscription on grave marker { Name \_\_\_\_\_ Serial No. \_\_\_\_\_  
Rank \_\_\_\_\_ Organization \_\_\_\_\_
- 25. Was identification disk found on grave marker? \_\_\_\_\_ On body? \_\_\_\_\_

*Handwritten:* 1730  
*Stamp:* SEP 16 1920

Signature of Junior Technical Assistant.

(The following space is reserved for notations to be made by office Chief Graves Registration Service.)

PREPARATION

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

27. Condition of body.....

28. Nature of burial.....

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.) By.....

31. Casket sealed by.....

Signature of Embalmer (Supervisor).....

SHIPMENT (Show actual marking of box.) Box No. ....

32. Designation of body { Name **Burgess, Charles** Serial No. **1205158**  
Rank **Pvt.** Organization **Co. I, 105th Inf.**

33. CONSIGNEE—Name **Mrs. Daniel W. Roberts,**  
Address **Granville, N.Y. (National Expr. W.U. Teleg. Granville, N.Y.)**

34. Casket boxed and marked..... (Date.) By.....

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.....

36. Remarks.....

37. Shipped from cemetery..... (Date.) To..... (Point of concentration.)  
Convoyer..... Signature Shipping Officer.....

38. Received at point of concentration..... (Date.)  
Signature Receiving Officer.....

39. Shipped from point of concentration..... (Date.)  
To..... (Port.) Convoyer.....  
Signature Shipping Officer.....

40. Received European port..... (Date.)  
Signature of G. R. S. Representative.....

41. Shipped to..... (U. S. port.) On..... (Boat.)  
Date..... Convoyer..... (Signature of Shipping Officer.)

42. Received..... (Date.) By G. R. S. Representative..... (Signature.)

43. Shipped to destination..... (Date.) { B/L or Express Order No. ....  
Convoyer..... { Shipping Officer.....

64238

<sup>u</sup>  
Burgess

(Surname.)

Charles

(Christian name in full.)

1,205,152

(Army serial number.)

Pvt.

Co I, 105th Inf.

(Rank and organization.)

State your relationship to the deceased.

*Wife. but brought her in  
up and care for her before his injury*

Do you desire the remains brought to the United States?

(Yes or no.)

*Yes*

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

(Yes or no.)

*No*

If you desire the remains interred at the home of the deceased, give full information below as to where they should be sent:

*Mrs Daniel W. Roberts. National Express. Western Union*

(Name of person to receive remains.)

(Express office.)

(Telegraph office.)

*Granville*

*New York*

(Number and street.)

(City or town.)

(State.)

(Sign here)

*X M<sup>rs</sup> Daniel W. Roberts  
East Main Street. Granville N. Y.*

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

Received in the Division

Drawn by Rm

642-38

1-26

REVIEWED  
OSP SS

~~7-10-1-27-21~~

CEMETERIAL DIVISION  
REGISTRATION SECTION

**FILE**

January 9 1922

MEMO FOR:  
Cards Department.

1.  
CASE OF:

Co. 1. 105th Inf.,

ORGANIZATION (Old)

BURGESS 1205158 Charles Pvt.,

(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.			D-
1st Reb.	2/10/21	642	D- 30134
2nd Reb.			D-
3rd Reb.			D-

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

Miss Lannon

BY: \_\_\_\_\_

Card.,

\_\_\_\_\_  
(Department)

5 x 8 card was sent to file.

Corrections made  
on Organization  
File Card:

By A.B.  
S/3324/LML



OFFICE OF THE QUARTERMASTER GENERAL  
CEMETERIAL DIVISION  
OVERSEAS PROJECT SUB-SECTION

Harlow.

*Please*  
*refuse*  
*C-119958*

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

BURGESS, Charles.

Pvt.

642 - 38.

2/5/21.

SERIAL NUMBER

ORGANIZATION

1205158.

Co. I, 105th Inf.

D/D. 10-19-18.

*Copy Fred*  
*Adj. Dept.*  
*2-23-21.*

WAR RISK INSURANCE INFORMATION

DATE \_\_\_\_\_

NAME OF BENEFICIARY

RELATIONSHIP

*Mr. Wm. H. Roberts,*

*Foster Parents.*

Address

*Lock Box #957 Granville, N.Y.*

S/709/LML

OFFICE OF THE QUARTERMASTER GENERAL  
CEMETERY DIVISION  
OVERSEAS PROJECT SUB-SECTION

Harlow.

*Copy*

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

BURGESS, Charles.

Pvt.

642 - 38.

2/5/21.

SERIAL NUMBER

ORGANIZATION

1205158.

Co. I, 105th Inf.

D/D. 10-19-18.

Adjustment Made

FEB 25 1921

57309

*Out to 2-23-21.*

WAR RISK INSURANCE INFORMATION

DATE

File No. ....

NAME OF BENEFICIARY

RELATIONSHIP

Mr. Wm H. Roberts,

Foster Parents.

Address

Lock Box #957 Granville, N.Y.

*2*

S/709/LML

*at*

Auth. A.G.O.

Telephone 4-1-1925 GR

"Charles Burgess"

57309

Concentrated from  
61673

REVIEWED  
OSP SS.

# GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

<sup>U</sup>  
.....BURGESS, I205158 Charles.....  
(Surname) (Number) (First Name and Initials).

.....Pvt. Co. I. 105th. Inf.....  
(Rank) (Organization).

PLACE OF DEATH: *Mar St. Souplet*

CAUSE OF DEATH: *K.I.A.*

DATE OF BURIAL: *unknown*

PLACE OF BURIAL: *St Souplet*

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

GRAVE NUMBER: *A-5-8* 642

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

Headboard?..... Bottle?.....

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: .....

(Signature and Rank of Reporting Officer).

1. G. E. S. Form No. 1.

57309

Hq. G. E. S. File

61670

2. Soldier's No. No Number

3. <sup>Vess</sup> ~~Burgnes~~ Charles  
Surname (in block letters) First Name and Initials

4. Rank Company Regt. or Corps

5. 10/16/18 Date of Death K.I.A. Cause, if known

6. 10/18/18 Date of Burial St Suplet Mil. Cemetery

7. St Suplet Town or Commune (in block letters) Department

8. 8 Grave No. 3 A Plot No. or Letter

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

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

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

642

12. Map Reference, if interment is outside of cemetery

Wassigny 0 33 c 31

13. Give name of Chaplain or Burial Officer

REVIEWED  
OSP SS.

Signed: J. T. ...  
Group ... Unit 302 G. E. S.



RECEIVED

2 Dec 18

O.C.O.M.  
G.N.S.

G.R.S. Form #120

Shipping Inquiry.

(Revised)

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

GRAVES REGISTRATION SERVICE

WASHINGTON

AUG 26 1920

642-38

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

TO: Mrs. Daniel W. Roberts, E. Main St., Granville, N.Y.

SUBJECT: Remains of Pvt. Charles Burgess Ser. No. 1205158 Co. I. 105th Inf.

The records of this office show that you have requested that his body be shipped to: Mrs. Daniel W. Roberts, Granville, N.Y.

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. & STREET	TOWN	STATE
None			
Soldier's Widow	None		
Soldier's Children (Name oldest first)	1. None 2. 3.		
Father	Deceased		
Mother	Deceased		
Brothers (Name oldest first)	1. 2. None 3.		
Sisters (Name oldest first)	1. 2. None 3.		

GENERAL DIVISION OVERSEAS PROJECT SECTION 9-11-20-D

SEP 7 1920 RECEIVED

SEP 16 1920 OVERSEAS ADVISED by proposed cablegram 139 not to return body ABC.

Date V.A.H.

Signature Mrs Daniel W. Roberts

Address Goldberg Block, Granville, N. Y

Relationship Mother by adoption. Per M.C.R.

IMPORTANT: CAREFULLY read instructions before filling out this paper (OVER)

Date: A.V.H. 2750410

(Name of soldier) Sept. 3, 1920. 1920.

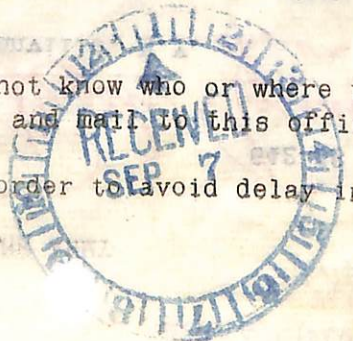
I, the undersigned, am the mother by adoption and nearest living relative of the within named soldier, and desire the following disposition of his remains, viz: (Strike out all except the one showing the disposition desired).

- 1. ~~As stated on first page of this sheet.~~
- 2. ~~To be returned to the U.S. and shipped to~~ (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 Mrs. Daniel W. Roberts Per. W.C.R.

INSTRUCTIONS FOR FILLING OUT

- 1. If definite instructions as to the disposition of a body are not received from the nearest relative within 2 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 enclosed envelope - pay no postage.



GENERAL HEADQUARTERS  
AMERICAN EXPEDITIONARY FORCES  
ADJUTANT GENERAL'S OFFICE

---

FROM : ADJUTANT GENERAL.  
TO :  
CO., Co. I. 105th. Infantry.  
SUBJECT : Information for burial Register.

1. You are directed to transmit without delay to the Chief, Graves Registration Service, the information indicated on enclosed Graves Location Blank as necessary for the completion of official records.

By Command of General Pershing:

Robert C. Davis  
Adjutant General.

Note:

In case this item is checked, you will note hereon:

Nearest relative of deceased:

---

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_



RECEIVED  
OCT 1 11:00

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED