

Burke, Abie L

3,168,393 ✓

(Surname.) (Christian name in full.) (Army serial number.)
Pvt. Co M, 128th Inf

(Rank and organization.)

State your relationship to the deceased *Mother*

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? } *No*
(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)

Isabell Burke

Montana, Miss. Marion County, U.S.A.
(Number and street or rural route.) (City, town, or post office.) (State.)

Read carefully the letter accompanying this card.

Drawn Pm

1232 sec 25-24

H/3/21

checked
H/5/21
SH

202

4348

APR 27 1922

DATE Jan, 18th, 1922

1. NAME BURKE, Abie L. SERIAL No. 3168393

RANK Pvt. ORGANIZATION Co.M. 128th Inf.

GRAVE LOCATION Meuse-Argonne Amer. Romagne-sous-Montfaucon, #1232, Sec. 25

CTY. NAME Meuse NUMBER

150 Sec. 25 3 GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION Cierges, Meuse

GRAVE COMMUNE DEPT.

COORDINATES Verdun 35 NE 283.51 N 308.46 E

CONCENTRATED TO 6/7/19 150 Sec 25 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 cross,

DATE OF DEATH Oct 13-1918

STATE FROM WHICH HE CAME W Va

REMARKS MEDALS OR DECORATIONS AWARDED - data F-1.

SUBSEQUENT REBURIALS

ccg. DATE GRAVE ROW PLOT CEMETERY

DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR

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

3. FINAL GRAVE LOCATION Jan. 18th, 1922 28 17 Bl. C. DATE GRAVE ROW PLOT

Meuse-Argonne American Cemetery #1232, Romagne-sous-Montfaucon, (Meuse)

AUDITED BY 2/20/23

Major General The Adjutant General

APR 30 1926 MAY 4 1926 WORLD WAR DIV.

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 16, 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.



Co.M, 128 th Inf.
32 nd Div.

BURKE, Abie L - Pvt. 3168393
Home: Mannington - W. Va.

Killed instantly in action by concussion, near Romagnia, France,
between Oct. 1st 1918 and 20 th 1918.

Informant: Brinker, Auther L.- Pvt. 281452
Co.M, 128 th Inf.
Home : 343, Pine Ave. - Grand Rapids
Michigan

Signed : Payne H. Midgette - 2nd Lt.
128 th Inf.

Emergency address:
Isabelle Burke
Montana - W. Va.

M.S.

OC 322 @ 12/10/10 @ card
GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Burk 3168393 *Abiel*
(Surname). (Number). (First Name and Initials).

(Rank). (Organization).

PLACE OF DEATH: *Hill north of Cierges*

CAUSE OF DEATH: *Killed in action*

DATE OF BURIAL: *Oct 23rd 1918*

PLACE OF BURIAL: *Hill north of Cierges*
east side of road
(Give Cemetery, Town and Department) Map reference must specify clearly what map is used.

Verdun ff. 28^{ed} Aug 12, 1918
coord 08-82.9

GRAVE NUMBER:

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

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: *T. Legowski*
(Signature and Rank of Reporting Officer).

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

R

BURKE 3168393 ABIEL

hill N of CIERGES

K in A

Oct. 23-18

hill N of CIERGES E side

Side of road. VERDUN A 28 ed Aug. 12,
18 Co-08-82.9

Yes

Yes

Yes

T. B. LEGOWSKI

REPORT OF DISINTERMENT AND REBURIAL

Remains of :

NAME: BURKE, Abie L.NUMBER: 3168393RANK: UnknORGANIZATION: Unkn

DISINTERMENT AND REBURIAL MADE BY GROUP:

UNIT:

DISINTERMENT: (Date)

FROM: (Give complete location)

7th June 1919Isolated Grave ROMAGNE MEUSE35 NE E 308.46 N 283.51

REBURIED (Date)

IN: (Give complete location)

7th June 1919Grave No 150 Sec 25 Plot 3ARGONNE AMER CEMETERY NO 1232ROMAGNE MEUSE

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

Burial good; buried in uniform; body badly decomposed.Was one identification tag found upon the body? YesWhat other means of identification were found on the body? None

Note-

If, upon disinterment, effects are found on bodies, they will be promptly sent to the Effects Depot, direct, as is required by G. O. 170, G.H. O, 1918, after being carefully examined for clues of identity in doubtful cases, a relation thereof will be made and reported to the Chief, Graves Registration Service.

Supervised by: Lt SteinmetzR. H. ROSENTHAL2nd Lieut. Q.M.C.U.S.AG.O. Group Unit

JMB



CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>Burke</i>	<i>Bur</i>	3	2 12 8
	CEMETERY <i>1232</i>	1	1
BURIED	GRAVE <i>28</i>	2	28
	ROW <i>17</i>	2	17
	BLOCK <i>C</i>	1	3
STATE	<i>N. Va.</i>	2	57
RANK	<i>Priv.</i>	1	2
DIVISION	<i>32</i>	2	32
ORGANIZATION	<i>128</i>	3	128
ARM	<i>Inf.</i>	1	1
MARITAL <i>(Bro.)</i>	<i>No</i>	1	21
NAME <i>Burke, John</i>		3	
<i>Lumberport, W. Va. Jr.</i>	STATE	2	
RESIDENCE	COUNTY	2	
	CITY	3	
RELATION <i>M. J. M.</i>	<i>mother</i>	1	1
OTHER <i>no loco</i>		1	
ELIGIBILITY	<i>Dead 3-4-25</i>	1	6
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE		1	

AUDITED

APR 14 1932

RS

29/514

PCB

RM

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Burke, Abie L 1232-B

July 7, 1930

1

Mr. John Burke Jr,
Lumberport,
West Virginia

Dear Sir:

Your attention is invited to the enclosed copy of an Act of Congress of March 2, 1929, together with an amendment thereto, approved May 15, 1930.

This office has no record of any person entitled under the Act mentioned to make a pilgrimage to the cemeteries in Europe as the mother or widow of the above named deceased service man. To complete the list of eligibles and to assure that, if the above named man is survived by a mother or widow entitled to make a pilgrimage she receive an invitation to do so, it is requested you answer the following questions in the space provided on this letter and return to this office in the enclosed envelope which requires no postage.

1. Is the deceased survived by a mother?

If so, give her name and address:

No

2. Is the deceased survived by a widow who has not remarried?

If so, give her name and address:

No

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:

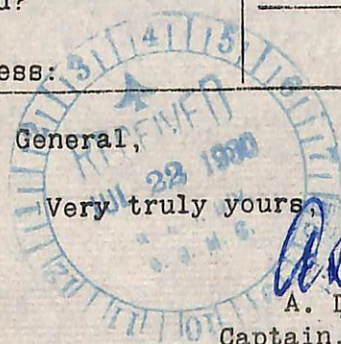
No

For The Quartermaster General,

Very truly yours,

Enclosures:
Envelope
Act
Amendment

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



WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Burke, Abie L 1232-B

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If so, give her name and address:

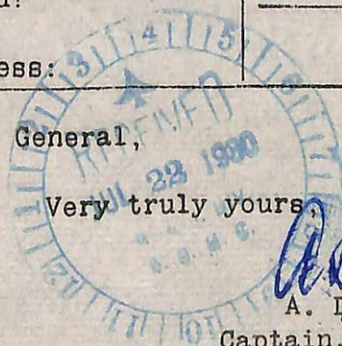
No

For The Quartermaster General,

Very truly yours,

Enclosures:
Envelope
Act
Amendment

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



WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

DATE November 26, 1929.

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
Abie L. Burke	Pvt.	3168393	Co. M 128th Inf.	10-13-18

Single

STATE	CTY. NO. <u>1232</u>	GRAVE	ROW	BLOCK
-------	----------------------	-------	-----	-------

	<u>Check relationship</u>	<u>Living - Deceased</u>	
	✓	:	:
MOTHER	:	:	✓ : <u>3-4-25</u>
	:	:	:
STEPMOTHER (For the year prior to commencement of service)	:	:	:
NAME	:	:	:
AND	:	:	:
ADDRESS	:	:	:
MOTHER THRU ADOPTION (For the year prior to commencement of service)	:	:	:
	:	:	6105500
	:	:	"1307
MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	:	:	:
	:	:	:
WIDOW (Who has not remarried)	:	:	:
	:	:	:

(Bro-)
John Burke, Jr.
Sumnerport, W. Va.

Veterans Bureau Claim Number 6105500
29/156/



THIRTIETH DAY

...

...

...

...



WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Burke, Abie L. 1232

September 9, 1929

Mr. E. A. Frame,
Fairmont, West Virginia

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated August 12, 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.

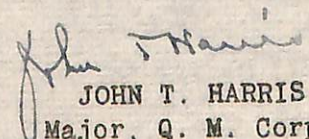
Will you please fill in the answers to the following questions in the space provided on this letter, and return the letter to this office in the enclosed envelope which requires no postage?

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,


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

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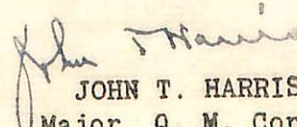
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For The Quartermaster General,

Very truly yours,


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

2 Incls.
Act of Congress
Envelope

WAR DEPARTMENT



WASHINGTON, D. C.

OFFICIAL BUSINESS

OFFICE OF THE QUARTERMASTER GENERAL

WASHINGTON, D.C.
SEP 10
7-PM
1929

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

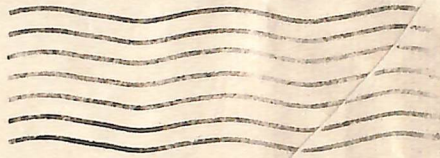
NOTIFY
YOUR
CORRESPONDENTS
OF CHANGE
OF ADDRESS

RETURN TO WRITER
REASON FOR NON-DELIVERY CHECKED
Unclaimed
Deceased
Moved, Left no address
No such person
Unknown
For better address
Refused

NAME NOT IN DIRECTORY



FAIRMONT, W. VA.
SEP 25
2-PM
7929



FAIRMONT, W. VA.
SEP 25
2-PM
7929

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Burke, Able L.

Mr. E. A. Frame,
Fairmont, West Virginia

No bonus application
August 12, 1929 *JH*

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 Administrator of the estate of the late Pvt. Able L. Burke, Co. M. 128th Inf., whose remains are now interred in the Meuse-Argonne Amer. Cty. Romagne-sous-Montfaucon, Meuse, France.

Will you please fill in the answers to the following questions in the space provided on this letter, and return 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?

2. If so, give her complete address.

3. 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.

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

Burke, Abie L.

August 12, 1929

Mr. John Burke, Jr.
Lambert, West Va.

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} Pvt. Abie L. Burke, Co. M, 128th Inf., whose remains are now interred in the Meuse-Argonne American Cty. Romagne-sous-Montfaucon, Meuse, France.

Will you please fill in the answers to the following questions in the space provided on this letter, and return 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?
2. If so, give her complete address.
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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

Am. of estate

IN REPLY REFER TO QM 293 A-C

Burke, Abie L.

June 29, 1929.

*E. D. Frame,
Fairmont, W. Va.*

C 105500

Mrs. Isabelle Burke,
Montana Mine, W. Va.

*Brother John Burke Jr.
Punburyport, W. Va.*

5/27

Dear Madam:

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

The records of this office show that you are the mother of the late Private Abie L. Burke, Co. M, 128th 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 widow who is entitled under the provisions of the above quoted Act, to make the pilgrimage, and if so, will you please furnish her full name and address in order that action may be taken to extend an invitation to her to make the pilgrimage. Both mothers and widows are entitled to make the pilgrimage.

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

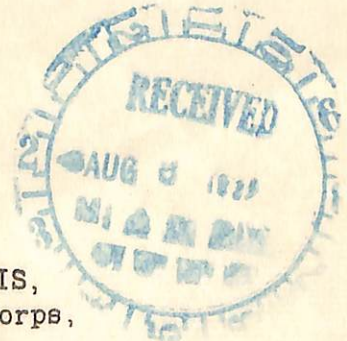
For your reply, you may use the enclosed envelope which requires no postage.

For The Quartermaster General,

Very truly yours,

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, D. C.

OFFICIAL BUSINESS

**REASON FOR
NON-DELIVERY
CHECKED**



UNCLAIMED UNKNOWN _____
DECEASED _____ FOR BETTER ADDRESS _____
MOVED LEFT NO ADDRESS _____ REFUSED _____
NO SUCH POST OFFICE IN STATE NAMED _____



PENALTY FOR PRIVATE USE TO
AVOID PAYMENT OF POSTAGE, \$30

**INSURE
VALUABLE MAIL**



PAID
JUL 19 1951

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Burke, Abie L 1232-B

July 7, 1930

Mr. John Burke Jr,
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West Virginia

Dear Sir:

Your attention is invited to the enclosed copy of an Act of Congress of March 2, 1929, together with an amendment thereto, approved May 15, 1930.

This office has no record of any person entitled under the Act mentioned to make a pilgrimage to the cemeteries in Europe as the mother or widow of the above named deceased service man. To complete the list of eligibles and to assure that, if the above named man is survived by a mother or widow entitled to make a pilgrimage she receive an invitation to do so, it is requested you answer the following questions in the space provided on this letter and return to this office in the enclosed envelope which requires no postage.

1. Is the deceased survived by a mother?

If so, give her name and address:

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If so, give her name and address:

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

If so, give her name and address:

For The Quartermaster General,

Very truly yours,

Enclosures:
Envelope
Act
Amendment

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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Burke, Abie L. 1232

September 9, 1929

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Dear Sir:

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Act of Congress
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JOHN T. HARRIS,
Major, Q. M. Corps,
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WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Burke, Abie L.

August 12, 1929

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The records of this office show that you are the ^{brother of the late} Pvt. Abie L. Burke, Co. M, 128th Inf., whose remains are now interred in the Meuse-Argonne American Cty. Romagne-sous-Montfaucon, Meuse, France.

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Assistant.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

June 29 , 1929.

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Mrs. Isabelle Burke,
Montana Mine, W. Va.

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

The records of this office show that you are the mother of the late Private Abie L. Burke, Co. H, 128th 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 widow who is entitled under the provisions of the above quoted Act, to make the pilgrimage, and if so, will you please furnish her full name and address in order that action may be taken to extend an invitation to her to make the pilgrimage. Both mothers and widows are entitled to make the pilgrimage.

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

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

For The Quartermaster General,

Very truly yours,

2 incls.
Act of Congress.
Envelope.

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

In reply refer to:
293 C-R

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

June 25, 1923.

Mrs. Isabelle Burke,
Montana Mine,
W.Va.

Dear Madam:

The Quartermaster General desires that you be informed that the permanent grave of Private Abie L. Burke, Company M, 128th Infantry, is Grave 28, Row 17, Block C, 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. The 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.

In effecting removal, the utmost care and reverence were exacted and more than willingly accorded by those performing 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,

H. J. Conner
H. J. Conner,
Assistant.

RD
23/236/ARK

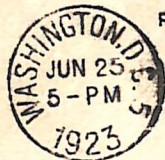
293
Burke, Abie L.
R
77/23/23

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

WASHINGTON, D. C.

OFFICIAL BUSINESS



PENALTY FOR PRIVATE USE TO AVOID
REGISTERED
PAYMENT OF POSTAGE \$300.
OR
INSURE
VALUABLE MAIL

~~Mrs. Isabelle Burke~~

~~Montana~~

~~W. Va.~~



In reply refer to:
293 C-R

June 25, 1923.

Mrs. Isabelle Burke,
Montana Mine,
W.Va.

Dear Madam:

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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. The 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.

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Very truly yours,

H. J. Canner,
Assistant.

L
ID

23/236/ARK



REPORT OF DISINTERMENT AND REBURIAL

1. REMAINS OF BURKE, Abie L. SERIAL NUMBER 3168393

RANK Pvt. ORGANIZATION Co. M. 128th Inf.

2. Disinterred (date): Jan 17, 1922 From (give complete location): gr 150, sec 25, plot 3. Cty. 1232

By: Group 3 Unit sed 1

3. Reburied (date): Jan. 18, 1922, Grave 28, Block C, Row 17, Cemetery 1232. In (give complete location):

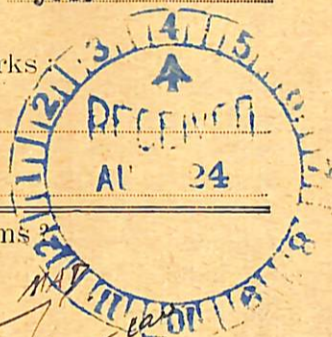
By: Group Reburial S Unit Unlined Casket, Nature of reburial

4. Report as to nature of original burial and condition of body upon disinterment: wooden box and burlap and U.S. uniform. body decomposed, unrecognizable.

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 inscribed. "Abie E. Burke. 3168393"



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

(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

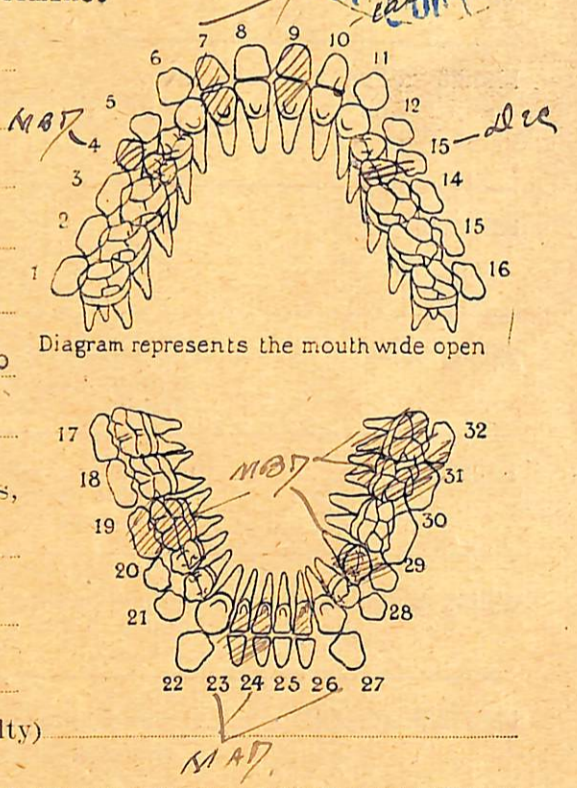
Location do

Quantity do

(e) Permanent marks on body (old scars, peculiarities, or missing parts) do

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

none visible.



7. Disinterment supervised by J.L. Haky. J.L. Haky.

Approved: H.S. Harpole, 1st Lt. Q.M.C. (Title)

8. Reburial supervised by W.B. Shields. J.H.L. W.B. Shields.

Approved: James W. Younger, Captain Q.M.C. (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.

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.

To be prepared in triplicate.

DATE Jan 17 1922

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT mg

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name BURKE, Abie L.

10. Name Abie E Burke

2. No. 3168393

11. No.

3. Rank Pvt.

12. Rank

4. Org. Co.M. 128th Inf.

13. Org.

5. D.D. Oct. 13th 1918

14. (a) D.D.

6. C.D. KIA

(b) D.B.

Discrepancy found upon disinterment

7. Grave No. 150 Sec. 25

15. Grave No. Sec.

8. Plot 3 Row

16. Plot Row

9.

17. None

18. Cemetery Meuse-Argonne Amer.

19. Commune or town Romagne-sous-Montfacon

20. Dept. or County Meuse

21. Country France

22. G.R.S. Hdqrs. Code No. 1232, Sec. 25

23. Disinterred (Date) Jan 17 1922

By J L Haky

24. Inscription on grave marker:

Name Abie L Burke

Serial No. 3168393

Rank Pvt

Organization Co M 128 Inf

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

Signature C T Brown, Junior Technical Assistant

C T Brown

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 features unrecognizable

28. Nature of burial Pine box burlap and US Uniform

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

None See Item 10

30. Body prepared and placed in casket: Date Jan 17 1922 By J L Haky

ADDED BY

31. Casket sealed by J L Haky

Signature of Embalmer, (Supervisor J L Haky

SHIPMENT. (Show actual marking of box.) Box No. **C-20668**

32. Designation of body:

Name **Abie L. BURKE** Serial No. **3168393**

Rank **Pvt.** Organization **Co.M. 128th Inf.**

33. Consigned to:

Name of Permanent Cemetery **Meuse-Argonne Amer.#1232,
Romagne-sous-Montfaucon, Meuse.**

34. Casket boxed and marked (Date) **Jan 17 1922** By **J L Haky**

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 *H S Harpole*
H S Harpole 1st Lt. QMC

36. Remarks

37. Shipped from point of Operation: (Date) **Jan 17 1922**

To point of Concentration **Morgue Romagne**

Convoyer **W J Royed** Signature Shipping Officer *G F Spann*

G F Spann, Capt. QMC

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 (Name)

40. Received: Date

G.R.S. Representative

41. Reinterred: **Meuse Argonne Cemetery 1232. Jan. 18, 1922,**

(Date)

42. Grave No. **28** Section

43. ~~Plot~~ **Block** **0** Row **17**

G.R.S. Representative *James W. Younger*
**JEL James W. Younger,
Captain Q.M.C.**

COMPILATION OF DISPOSITION OF REMAINS DATA

File #55861

I. LOCATION INDEX CARD:

(a) Name BURKE, Abie L. Ser. No. 3168393
(b) Rank Pvt. Organization Co. M, 128th Inf.
(c) Date of death 10-13-18 (d) Cause of death K/A

TYP. aew
CKR. 1023

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

(a) Grave No. 150 Row - Plot 3 Sec. 25 TYP. aew
(b) Emerg. Address Mrs. Isabelle Burke, Mother, Montana Mine, W. Va.

III. Files of soldiers dying from contagious diseases

CKR. 1023

IV. A. G. O. DISPOSITION CARD:

ok (4-7-21) gsc

Date of receipt

(a) Name Isabell Burke (b) Relationship Mother
(c) Address Montana Mines, Marion County, W. Va.
(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 Pm Date 4-5-21, 192

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

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

No Correspondence

Examiner's Initials Pm Date 4-5-21, 192

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

No request for disposition

(a) Cancellation memos referred to? Yes

Examiner's Initials Pm Date 4-5-21, 192

COUNTRY France

CEMETERY No. 1232, Sec. 25 SHEET No. 24

JUN 1 1921

[Signature]

checked 4-7-21

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 5/18, 1921

*Sec 25
Par 2 not to be returned CPA*

IX.

REMARKS

Location Index
Discrepancies
Name
Rank
Serial No.

Location Index

Discrepancies

Name

Rank

Serial No.

Org.

Remarks

Myle 4-5-21

A.G.O. Card & Corr.

Discrepancies

Name

Rank

Serial No.

Org.

Remarks

Ed

G. R. S. Corr.

Discrepancies

Name

Rank

Serial No.

Org.

Remarks

OK - no SW sent 4-7-21 jmb

Checkers

Discrepancies

Name

Rank

Serial No.

Org.

Remarks

*Checked
4/10/21
AH*

COMPILATION OF DISPOSITION OF REMAINS DATA

File #55861

I. LOCATION INDEX CARD:

(a) Name BURKE, Abie L. Ser. No. 3168393
 (b) Rank Pvt. Organization Co. M, 128th Inf. } TYPew
 (c) Date of death 10-13-18 (d) Cause of death K/A } 1073

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

(a) Grave No. 150 Row - Plot 3 Sec. 25 TYP. acw
 (b) Emerg. Address Mrs. Isabelle Burke, Mother, Montana Mine, W. Va.
(4-7-41) 826

III. Files of soldiers dying from contagious diseases _____ CKR. 1073

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

V. Following advice forwarded to Europe by { cable on _____, 192
Sec 25 letter of transmittal on 5/18, 1921
Par 2 not to be returned LPAW

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.

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

3-8020

France 1232, Sec. 25 24 ✓

JUN 1 1921 - *ap*

55861

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Booke 3168393 *Abil*
(Surname). (Number). (First Name and Initials).

(Rank). (Organization).

PLACE OF DEATH: *Hill N. of Currier*

CAUSE OF DEATH: *W. in A.*

DATE OF BURIAL: *Oct. 23, 1918.*

PLACE OF BURIAL: *Hill N. of Currier*

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

London A. 28^{ed} Aug 12, 1918

Coord. 08-82.9

GRAVE NUMBER:

HOW MARKED: Name Peg? Cross? *yes*

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:

Romagne-pous-Montfaucon (refuse)

280 357. E. {E-368.0}
NEAREST RELATIVE: *{N-282.9}*

ADDRESS:

RELATIONSHIP:

REPORTED BY:

T. J. Legowski
(Signature and Rank of Reporting Officer).



826-186

Communal List No. _____
Daily Report No. _____

53861



1. G. R. S. Form No. 1. Hq. G. R. S. File

2. Soldier's No. 3168393

3. Burke Abie L.
Surname (in block letters) First Name and Initials

4. Pvt.
Rank Company Regt. or Corps

5. Date of Death Cause, if known

6. Isolated
Date of Burial Cemetery

7. Romagne Meuse
Town or Commune (in block letters) Department

8. 1149
Grave No. Plot No. or Letter

9. Name Peg? Cross? 1 Headboard? Bottle?
Check Method of Marking

10. Buried with Body? Attached to Grave Marker? 1
Identification Tags

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

(Meuse)
Romagne-sous-Montfaucon

(O. 28) 37E COORD E 31846

12. "A" sketch 80 728307
Map reference, if interment is outside of cemetery

283.51 N 308.46 E.

13. Give name of Chaplain or Burial Officer

GROUP 1 Signed Lt. Hodson 2270

Group.....Unit.....G. R. S.
PROV. UNIT "A" G.R.S.



FILE

4/5/21
(Date)

FORM 115 has been compiled on the following case:-

CEMETERY NO. 1232 SECTION 45

FORM 115 Sheet No. 24

24
(Initials)

OSP-SS
Form No. 1011.

S/2053/LML

1st Ind.

FILE

File No. 293.8 Cem. Div. -55861(Burke, Abie L.)
From: O. M.G., Cemeterial Division, February 23, 1921. To: The
Adjutant General of the Army, 6th & B Sts., N.W., Washington, D.C.

1. Returned. There is on file in this office a Grave
Location Blank, signed by T. S. Legowski, which states Private
Burke, was killed in action(date not given) and was buried October
23, 1918.

2. The records of this office show the above named
soldier to have been buried October 23, 1918, in Isolated Grave
1, Commune of Romagne-sous-Montfaucon, Meuse, C-280, 35-N.E., E-
308.46, N-283.51, and to have been disinterred and reburied June 1,
1919, in Grave 150, Section 25, Plot 3, Argonne American Cemetery
1232, Romagne-sous-Montfaucon, Meuse.

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

By:

Inv.S.S.
Inv. & Adj.

gg

M. N. GREMLEY
Captain, O.M.G.

FVW

CK

JTH

MAILED
FEB 24 1921
G.R.S.

✓

AG201 (Burke, Abie L.)WF

February 16, 1921.

Date and place of burial.

The Quartermaster General of the Army,
Washington, D. C.

1. A report is desired by this office relative to the date and place of burial of Private Abie L. Burke, #3,168,393, Company M, 128th Infantry, and if reburied, the date and place of original burial, or any additional information which your records afford from which this office may ascertain the date of death.

By order of the Secretary of War:

F. R. Brown.

Adjutant General.

RECEIVED



G. H. S.
FEB 17 1921



QUARTERS BRIGADE 2ND-SEC
GENERAL DIVISION

FEB 15 1921

RECEIVED

File # 55861

G.R.S Form No. 8-W; Central Records
Cards Sec. #3. Liaison.

Jan. 28, 1920.

Memo For: G.R.S. representative, C.R.O.

Subject: Information required for G.R.S.

1. Items checked are to be completed:

- ✓ Surname: *Burke @K.*
- ✓ Number: *3168393 @K*
- ✓ First name: *Abie L. @K.*
- ✓ Rank: *Pvt. @K.*
- ✓ Company: *M @K*
- ✓ Organization: *218th Inf.*
- ✓ Date of death: *Oct. 13/18 128 Inf.*
- ✓ Cause: *K. & A*
- ✓ Place: *a & 7*

Location of hospital:

Number " "

Class " "

✓ Emergency address *Isabelle Burke
Montana Mine, West Va*

✓ Relationship: *mother*

Authority:

✓ Cablegram No: *CC 322 Off.*

Telegram from:

dated:

✓ Reported to Washington: —

✓ C.C.Nos.

(Underscore the "official" C.C.)

Remarks:

CHARLES C. PIERCE,
Colonel, Q.M.C., U.S.A.

MC

HM

NS-3404/MB

*Blake/1-30-20
1197*

[Red signature]

G.R.S. Form No. 8; *501* Special Records Liaison.
 Memo For: G.R.S. representative, C.R.O.
 SUBJECT: Information required for G.R.S.

1. Items checked are to be completed:

() Surname: **BURKE**
 () Number: **3168393**
 () First name: **Abie L.**
 () Rank: **Private**
 () Company: **"M"**
 () Organization: **128th. Infantry**
 () Date of death:
 () Cause:
 () Place:

Location of hospital:

Number " "
 Class " "
 () Relative: **Isabelle Burke,**
 () Relationship: **Mother,**
 () Address: **Montana Mine, W. Va.,**
 () Authority:
 Cablegram No:
 Telegram from:
 dated:
 () Reported to Washington:
 C.C. Nos:
 (Underscore the "official" C.C.)
 () Remarks:
 () Show present status on reverse side.

CHARLES C. PIERCE
 Lieut.-Colonel, Q.M.C., U.S.A.

Initials of Reporter:

no me

13800

RECEIVED



1000

1000

Classification _____

Adjustment _____

CEMETERY DIVISION
GRAVES REGISTRATION SERVICE
REGISTRATION SECTION

Date 4/30/20

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			Burial Information		
Rank			Nearest Relative		✓
Organization			Notified Nearest Relative		✓
Cause of Death			Blue Card thrown out		
Date of Death			White Card set up		
Casualty Cablegram Number					

O.K. Alphabetical Files ✓ B-5-1-20
O.K. Organization Files _____
O.K. State Files. _____

Cemetery Audit Department
✓ Investigation & Adjustment Dept.

By Debra K Myers

1 Cards attached.