

ef

To The A. G. O.

31

G.R.S. Form #114 B

FEB 11 1923

1710

Butsch Glenn

1. NAME BUTCH, Glenn SERIAL No. 1977848
 RANK Pvt. ORGANIZATION Co. M, 131st Inf.
 GRAVE LOCATION Amer. Mil. Vaux/s/Somme, Somme 443
CTY. NAME NUMBER

19 GRAVE C ROW 1 PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION Unknown Unknown Somme
GRAVE COMMUNE DEPT.

COORDINATES Not known.

CONCENTRATED TO June 3, 1919. 12 B #2
 Form 1-A dated June 3, 1919. DATE GRAVE ROW PLOT
British Mil. Cty. Vaux/s/Somme (Somme) Map 125E. East 128.6.
North 359.6. #443
CEMETERY CITY. NUMBER

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

Form 1 -A dated June 3, 1919. shows Ident. Tag buried with body.

Form 16-A dated Oct. 26, 1920. signed S.D. Campbell, Capt. Inf. shows "No Identification Tags found. No other means of identification. Lower jaw missing. Right upper limb fractured and in splint.

SUBSEQUENT REBURIALS Oct. 26, 1920. 19 C 1 443
DATE GRAVE ROW PLOT CEMETERY

Form 16-A dated Oct. 26, 1920. signed S.D. Campbell, Capt. Inf.
 DATE OF DEATH Aug 10/18
DATE GRAVE STATE FROM WHICH HE CAME CEMETERY

SIGNATURE, AREA SUPERVISOR W.R. BUCKLEY, Capt. Inf. DECORATIONS AWARDED none

3. FINAL GRAVE LOCATION Oct. 18, 1922 7 17 Block D.
DATE GRAVE ROW PLOT

Somme American Cemetery #636, Bony (Aisne)

AUDITED BY

A. G. O.
 FEB 11 1926
 WAR DIV.

REC'D WORLD WAR DIV.
 3 MAR 23 1926

Major General,
 The Adjutant General,
 By H
 FEB 16 1926

ma 3/2/26

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.



REPORT OF DISINTERMENT AND REBURIAL

Date November 10, 1920.

1. REMAINS OF Butsch, Glenn
MISCHERSKY, Peter P. SERIAL NUMBER 2067953 1977848
RANK Private Out 1/2 ORGANIZATION Com - 131st Inf 129th Ambulance Co., 108th Sanitary Train

2. Disinterred (date): November 10, 1920. From (give complete location):

Grave 14-Row C-Plot 1.

By: Group #4 Unit Sec.#1

3. Reburied (date): Nov. 19 - C - 1 In (give complete location): City #443

By: Group _____ Unit _____ Nature of reburial _____

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

In blanket-pine box.

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

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

None

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

(a) Height (actual measurement) Impossible to report

(b) Weight (estimated) Impossible to estimate

(c) Hair—Color None on skull

Quantity None

Characteristics None

(d) Hair on face—Color None on face

Location None

Quantity None

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

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

Impossible to report.

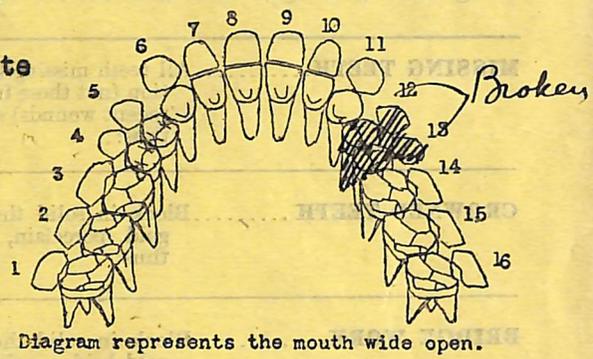
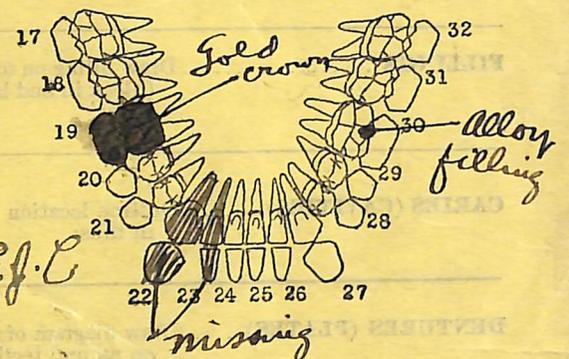


Diagram represents the mouth wide open.



7. Disinterment supervised by Clarence W. Dodge
Capt. M. C. Inspector

Approved: S. D. Campbell
Capt. Infantry
Mas. of Sec. #1

8. Reburial supervised by _____

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 TEETHAll teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:	 <p align="center">-TOOTH MISSING TOOTH MISSING</p>
CROWNED TEETHBlock in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus:	 <p align="center">-GOLD CROWN PORCELAIN CROWN -GOLD CROWN GOLD CROWN</p>
BRIDGE WORKBlock in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:	 <p align="center">-GOLD AND PORCELAIN BRIDGE GOLD BRIDGE</p>
FILLINGSDraw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:	 <p align="center">-SILVER FILLING GOLD FILLING -GOLD FILLING GOLD FILLING -GOLD FILLING GOLD FILLING</p>
CARIES (CAVITIES)Outline location and size of cavity, shade in thus:	 <p align="center">-CAVITY DECAYED DECAYED -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.



CODE SLIP



HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	<i>Butsch</i>	3	<i>2 12 12</i>
	<i>Glenon</i>		<i>1 0</i>
BURIED	CEMETERY <i>636</i>	1	<i>5</i>
	GRAVE <i>7</i>	2	<i>07</i>
	ROW <i>17</i>	2	<i>17</i>
	BLOCK <i>12</i>	1	<i>4</i>
STATE	<i>Ind</i>	2	<i>15</i>
RANK	<i>Port 1/c</i>	1	<i>2</i>
DIVISION	<i>33</i>	2	<i>33</i>
ORGANIZATION	<i>131</i>	3	<i>131</i>
ARM	<i>Inf</i>	1	<i>1</i>
MARTIAL	<i>Remarried</i>	1	<i>3</i>
NAME	<i>Gahert</i>	3	
	<i>Mrs. Frieda</i>		
RESIDENCE	<i>711 So Noble St</i>	2	
	<i>Indianapolis Ind</i>	2	
RELATION	<i>Mother</i>	3	
OTHER	<i>no loco</i>	1	
ELIGIBILITY	<i>no SM</i>	1	
NATIVITY	<i>Dead</i>	1	<i>6</i>
	<i>(3-17-27)</i>	1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE		1	

Rem-located

AUDITED
 SEP 19 1932 *MB*

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Butsch, Glenn 636-RW

July 8, 1930

Mrs. Freida Gabert,
711 S. Noble St.,
Indianapolis, Indiana

Dear Madam:

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?

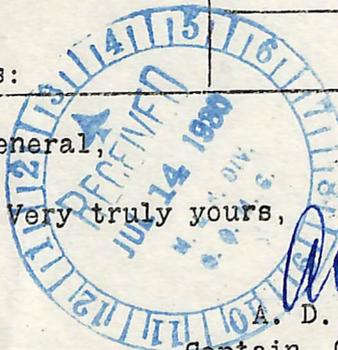
If so, give her name and address:

No

For The Quartermaster General,

Very truly yours,

Enclosures:
Envelope
Act
Amendment



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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Butsch, Glenn
636

August 27, 1929.

Mrs. Louisa Butsch,
1020 South East St.,
Indianapolis, Ind.

Dear Madam:

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:

Mrs Frieda Gebert
711 S Noble St
Indianapolis Ind

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.

Louisa Butsch
Died March 17th 1927

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

No

For The Quartermaster General,

Very truly yours,

2 Incls.
Act of Congress
Envelope



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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Butsch, Glenn

May 16 1929.

Mrs. Louisa Butsch,
1020 South East St.,
Indianapolis, Ind.

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, first class Glenn Butsch, Co. M, 131st Inf., 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 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 re-married 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.

B

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Butsch, Glenn

May 16, 1929.

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Indianapolis, Ind.

Dear Madam:

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The records of this office show that you are the widow of the late Private, first class Glenn Butsch, Co. M, 131st Inf., 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 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.

Your attention is particularly invited to Section 4 of the enclosed Act, which defines the terms "mother" and "widow". If the relationship is that of a stepmother, mother through adoption or a woman who stood in loco parentis to the decedent, a statement as to her relationship is requested. In case you have 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
Butsch, Glenn 636-RW

July 8, 1930

Mrs. Freida Gabert,
711 S. Noble St.,
Indianapolis, Indiana

Dear Madam:

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:

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

If so, give her name and address:

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

If so, give her name and address:

For The Quartermaster General,

Very truly yours,

Enclosures:
Envelope
Act
Amendment

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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Butsch, Glenn
656

August 27, 1929.

Mrs. Louisa Butsch,
1020 South East St.,
Indianapolis, Ind.

Dear Madam:

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

Butsch, Glenn

May 16 1929.

Mrs. Louisa Butsch,
1020 South East St.,
Indianapolis, Ind.

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, first class Glenn Butsch, Co. H, 151st Inf., 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 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 re-married 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.

B ✓

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Butsch, Glenn

May 16, 1929.

Mrs. Frieda Butsch,
711 S. Noble St.,
Indianapolis, Ind.

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 widow of the late Private, first class Glenn Butsch, Co. M, 131st Inf., whose remains are now interred in the Soissons American Cemetery, Soissons, France.

Will you please advise this office whether or not he is survived by a mother 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.

Your attention is particularly invited to Section 4 of the enclosed Act, which defines the terms "mother" and "widow". If the relationship is that of a stepmother, mother through adoption or a woman who stood in loco parentis to the decedent, a statement as to her relationship is requested. In case you have 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.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

QM 293 A-C

March 3, 1927.

BUTSCH, Glenn. - Pvt 1/c

Mrs. Frieda Butsch,
711 S. Noble Street,
Indianapolis, Indiana.

Dear Madam:

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

To be prepared in triplicate.

DATE Nov. 3, 1921.

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name Butsch
~~BUTCH, Glenn~~

10. Name No discrepancy

2. No. ~~1977848~~ 1977848

11. No. _____

3. Rank Pvt.

12. Rank _____

4. Org. Co. M, 131st Inf.

13. Org. _____

5. D.D. Aug. 10-18

14. (a) D.D. _____

6. C.D. KIA

(b) D.B. _____

Discrepancy found upon disinterment

7. Grave No. 19 Sec. _____

15. Grave No. _____ Sec. _____

8. Plot 1 Row C

16. Plot _____ Row _____

9. _____

17. No discrepancy

18. Cemetery Amer. Mil.

19. Commune or town Vaux/s/Somme

20. Dept. or County Somme

21. Country France

22. G.R.S. Hdqrs. Code No. 443

23. Disinterred (Date) Nov. 3, 1921

By E.L.Reid, Sup.Emb.

24. Inscription on grave marker:

Name BUTCH, Glenn

Serial No. _____

Rank Pvt.

Organization Co.M, 131st Inf.

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

E.L. Reid
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).

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

27. Condition of body Badly decomposed. Features unrecognizable.

28. Nature of burial wrapped in blanket and in 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 Nov. 3, 1921 By E.L.Reid

31. Casket sealed by _____
E.L.Reid

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

AUDITED BY
8/22
3/18/25

SHIPMENT. (Show actual marking of box.) Box No. C-13579

32. Designation of body:

Name BUTCH, Glenn Serial No. 1977848

Rank Pvt. Organization Co. H, 131st Inf.

33. Consigned to:

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

34. Casket boxed and marked (Date) Nov. 3, 1921 By R.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 R.S. Williams

R.S. Williams, 1st Lt., QMC

36. Remarks None.

37. Shipped from point of Operation: (Date) Nov. 3, 1921

To point of Concentration Amiens (Somme)

Convoyer E.C. Heims Signature Shipping Officer R.S. Williams

38. Received at Railhead or Point of Concentration: Date Nov. 3, 1921

By G.R.S. Representative H.W. Beyette

Hubert W. Beyette, Capt., QMC

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

To Permanent Cemetery No. 636, Bony (Aisne)

Convoyer Chas. Hornback Signature Shipping Officer H.W. Beyette

Hubert W. Beyette, Capt., QMC

40. Received: Date 25 NOV 1921

G.R.S. Representative J.P. Lica

41. Reinterred Oct. 18, 1922

(Date)

42. Grave No. 8, Section

Block D

17

43. Plot Row

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

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

357

Vaux-sur-Somme (Somme)

Nov. 3, 1921.

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

Place _____

REPORT OF DISINTERMENT AND REBURIAL

Date 1977848

Pvt.

Co. M, 131st Inf.

1. REMAINS OF Butsch, Glenn SERIAL NUMBER _____

RANK Nov. 3, 1921, Gr. 19, Pl. 1, Row C ORGANIZATION Amer. Mil. Cem. 443, Vaux-s/Somme (Somme)

2. Disinterred (date): 4 From (give complete location): F.S.8

By: Group _____ Unit _____

3. Reburied (date): Oct. 18, 1922 In (give complete location): _____

Grave no. 8, Row 17, Block D, Somme Amer. Cty. 636, Bony (Aisne)

Reburial _____ Reg. Casket & shipping case _____

By: Group _____ Unit _____ Nature of reburial Badly decomposed. Features unrecognizable. Wrapped in blanket and in

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

No. _____ No. _____

5. (a) Identification tags: Buried with body? _____ On grave marker? _____
Body previously reburied by Field Section. Bottle record & metal strips

(b) Other means of identification found upon disinterment, and general remarks: agree with form 114-A.

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

(a) Height (actual measurement) Impossible to estimate

(b) Weight (estimated) None visible

(c) Hair—Color _____

Quantity None visible

Characteristics _____

(d) Hair on face—Color _____

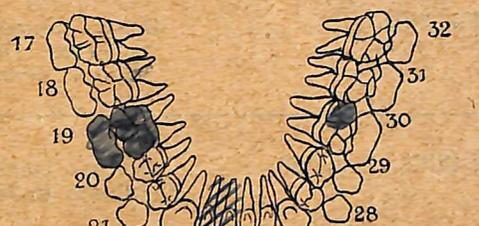
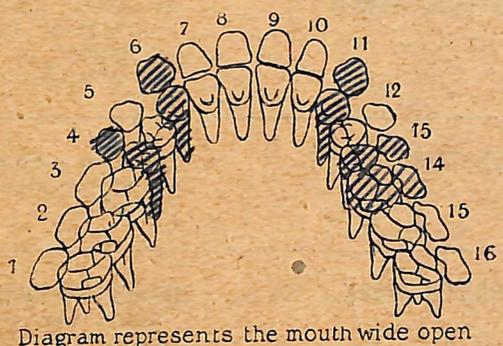
Location _____

Quantity None visible

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

None visible.

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



(4 MBD; 6, 11, 14, 15; 13&14 (toots; 12, 13, 24, 25, 26, 27, 30 (silv. fillings.

7. Disinterment supervised by E. L. Reid Approved: W. D. Hall, Jr., Checker.

8. Reburial supervised by Ben. A. Bradford Approved: D. E. Lowry
Sup. Emb. _____ (Title) 1st Lt. QMC.
(Title) 1st Lt. QMC.

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

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

1. Show soldier's name, serial number, rank and organization, and by 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.

Place Vaux-sur-Somme, (Somme).

REPORT OF DISINTERMENT AND REBURIAL

Date October 26, 1920.

1. REMAINS OF Glenn Butch SERIAL NUMBER 1977848

RANK Pvt. ORGANIZATION Co. M. 131st Infantry

2. Disinterred (date): 10/26/20 From (give complete location): Vaux-sur-Somme, (Somme).
Gr. 12, Row B, Plot 2, Cem. #443.

By: Group Five Unit Sec. One

3. Reburied (date): 10/27/20 In (give complete location): Vaux-sur-Somme, (Somme).
Gr. 19, Row C, Plot 1 Cem. #443.

By: Group Five Unit Sec. One Nature of reburial Wrapped in blanket
In pine box.

4. Report as to nature of original burial and condition of body upon disinterment:
In uniform in burlap, in pine box. badly decomposed

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

(b) Other means of identification found upon disinterment, and general remarks:
None

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

(a) Height (actual measurement) Impossible to estimate

(b) Weight (estimated) Impossible to estimate

(c) Hair—Color No hair on skull

Quantity do

Characteristics do

(d) Hair on face—Color No hair on face

Location do

Quantity do

(e) Permanent marks on body (old scars, peculiarities, or missing parts) Impossible to report

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

Impossible to report

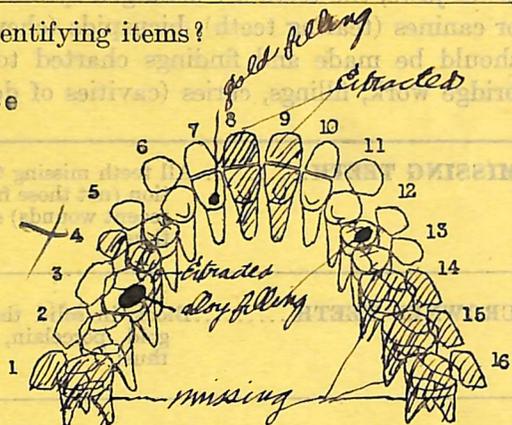
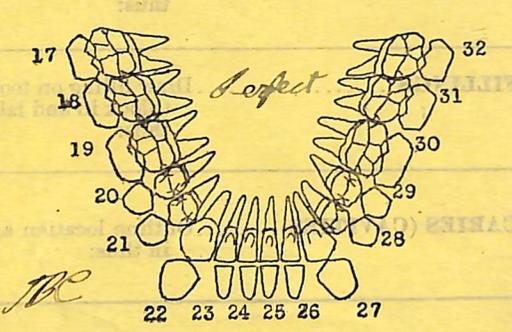


Diagram represents the mouth wide open.



7. Disinterment supervised by Clare W. Dodge Approved: (S.D. Cannon, Capt. M.C.)
Inspector (Title) Master of Section #1.

8. Reburial supervised by Clare W. Dodge Approved: (S.D. Cannon, Capt. Inf.)
Inspector. (Title) M. of S. #1.

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 TEETHAll teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:	
CROWNED TEETHBlock in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus:	
BRIDGE WORKBlock in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:	
FILLINGSDraw 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.



[Faint, illegible text and signatures]

COMPILED OF DISPOSITION OF REMAINS DATA

File # 14705

1. LOCATION INDEX CARD:

Butsch "15"
 (a) Name BUTCH, Glenn. Ser. No. 1977848
 (b) Rank Pvt. 1cl Organization Co. M., 131st Inf.
 (c) Date of death 8-10-18 of death K/A

*25/22 Exhumed
 for concentration
 #636
 att 4/14/22*

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

(a) Grave No. 12 Row B Plot 2 Sect. - TYP. DB
 (b) Emerg. Address Mrs. Frieda Butsch, (Wife) 42 S. Oriental St., Indianapolis, Ind.

Butsch "15"

111. Files of soldiers dying from contagious diseases; NO CARD) CKR. E.M.

IV. A.G.O. DISPOSITION CARD:

Date of receipt None

(a) Name Frieda Butsch (b) Relationship Wife
 (c) Address 43 S. Oriental St., Indianapolis Ind
 (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. Edwin E. Gorse,
(Underlaker) 653 S. Delaware St., Indianapolis,
Ind. Ex. + Tel. Indianapolis, Ind.

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

SEE SUSPENSION REMARKS.

Examiner's Initials att Date 8-12-1920

V. A.G.O. CORRESPONDENCE shows communication from wife, Mrs. Frieda Butsch,
43 S. Oriental St., Indianapolis Ind, dated Ind. 3-25-19
 confirmed request in Par. IV. item Yes, above, or requesting that

No Correspondence

Examiner's Initials PM Date 8-11-1920

VI. G.R.S. Files - Correspondence - shows as follows: wife Mrs Frieda Butsch
new address
Indianapolis, Ind 4/26/20 (841 N. Tacoma Ave.)
request prefers body remain in a National
Cemetery where it now is. HW.
 (a) Cancellation memos referred to? Yes

Examiner's Initials HW Date 8-12-1920

*Butsch
 9-26-21
 HW
 checked by JS
 11-18-20*

VII. G. R. S. FORM No. 114 made 8-13-, 1920

Typed by Meb, Checked by _____, _____ 1920

VIII. FINAL ACTION:

Following advice forwarded to Europe by- (cable on _____, 1920
(letter on 8/19, 1920

Par. # 2 not to be returned (P.G.R.)

IX.

CORRECTIONS

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

X. SUSPENSION REMARKS:

Form 120 rec'd. 9-4-20 Mrs. Frieda Butsch, Widow, 711 S. Noble St., Indianapolis Ind. requests body remain in France. Esc. 9-9-20

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
GRAVES REGISTRATION SERVICE
WASHINGTON

443-33
Mob

AUG 27 1920

Rush Answer

FROM: Chief, Graves Registration Service, Q.M.C.
TO: Mrs. Frieda Butsch, 841 N. Tacoma Ave., Indianapolis, Ind.
SUBJECT: Remains of Pvt. Gleen Butch, Ser. No. 1977848, Co. M, 131st Inf.

The records of this office show that you have requested that his body be not returned to the United States.

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.

CEMETERY DIVISION
OVERSEAS SECTION, No. 115
Date 7-9-20 sc

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
Soldier's Widow	711 S. Noble Frieda M. Butsch	Indianapolis	Ind.
Soldier's Children (Name oldest first)	1. Dorothy Butsch 711 S. Noble. 2. 3.	Indianapolis	Ind.
Father	John Butsch 1020 South East St	Indianapolis	Ind.
Mother	Louisa Butsch 1020 South East	Indianapolis	Ind.
Brothers (Name oldest first)	1. Edward Butsch 1020 South East 2. 3.	Indianapolis	Ind.
Sisters (Name oldest first)	1. Annabel Perry 1020 South East 2. 3.	Indianapolis	Ind.

Date _____ Signature *Mrs Frieda Butsch*

Address *711 S. Noble St Indianapolis* Relationship *Wife*

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

(Name of next of kin)
State

I, the undersigned, am the Wife and nearest living relative of the within
(Relationship)
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. Frieda Butsch

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 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.



58

REPORT OF DISINTERMENT, PREPARATION, AND SHIPMENT OF BODY

DISINTERMENT

COMPARATIVE REPORT

2M-5-16-22

Records Office Chief G. R. S.

Discrepancy found upon examination of body.

- 1. Name MISCHOFFKY, Peter P. Butsch 10. Name _____
- 2. No. ~~2067953~~ 1977848 11. No. _____
- 3. Rank Private 1/c 12. Rank _____
- 4. Org Amb. Co. 129th 108 San. Train. 13. Org _____
- 5. D. D. ~~8-17-18~~ 8-10-18 14. (a) D. D. _____
- 6. C. D. Cerebral Hemorrhage 15. (b) D. B. _____

But 22 & 23 (JM 5-11-22)

Discrepancy found upon disinterment.

- 7. Grave No. ~~20~~ Sec. ~~---~~ 15. Grave No. 14 Sec. _____
- 8. Plot 2 Row B 16. Plot 12 Row C
- 9. _____ 17. Discrepancy due to having been reburied.

- 18. Cemetery American Mil. Cty.
- 19. Commune or town VAUX-sur-COMME
- 20. Department or county Somme
- 21. Country France 22. G. R. S. Headquarters Code No. 443
- 23. Disinterred November 10, 1920 (Date.) By A. F. McCabe
- 24. Inscription on grave marker { Name Peter P. Mischofsky Serial No. 2067953
Rank Private Organization Amb. Co. 129--108th Sanitary Train
- 25. Was identification disk found on grave marker? No On body? No

William V. ...
Signature of Junior Technical Assistant.

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

3-7727

Cable Ref. No. 157

(OVER)

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) None.

27. Condition of body Badly decomposed.

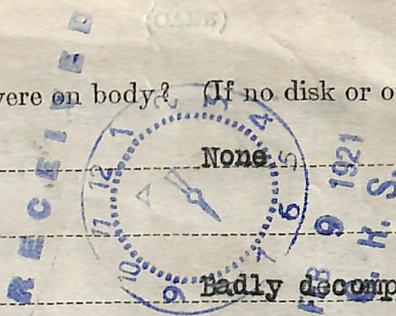
28. Nature of burial In blanket-pine box.

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

30. Body prepared and placed in casket November 10, 1920 By A. F. McCabe
(Date.)

31. Casket sealed by A. F. McCabe

Signature of Embalmer (Supervisor) A. F. McCabe



SHIPMENT (Show actual marking of box.) Box No. 16606

32. Designation of body { Name MISCHERKY, Peter P. Serial No. 206 7953
Rank Private Organization Amb. Co. 129th 108 San. Tr.

33. CONSIGNEE—Name Quartermaster General,
Address Graves Registration Service, Hoboken, N.J.

34. Casket boxed and marked November 10, 1920 By A. F. McCabe
(Date.)

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 Clarence W. Dodge
(Clarence W. Dodge)

36. Remarks Found in grave 14-row G-plot 1, due to having been reburied.
Capt. M.C. Inspector

37. Shipped from cemetery 11/10/20 To Port Officer, Calais, (Pas de Calais).
(Date.) (Point of concentration.)

Convoyer _____ Signature Shipping Officer (S. D. Campbell)
Capt. Infantry

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

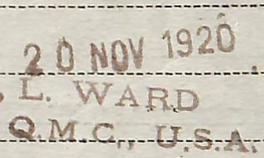
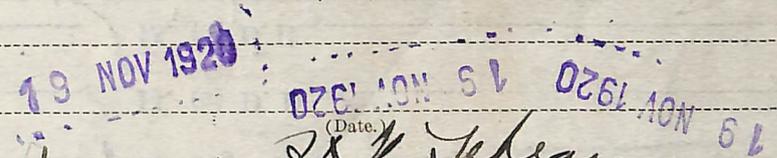
39. Shipped from point of concentration _____
(Date.) To Calais Convoyer S. D. Campbell
(Port.) Signature Shipping Officer (S. D. Campbell)
Capt. Infantry

40. Received European port Calais _____
(Date.) Signature of G. R. S. Representative Howard
H. L. WARD
Major Q.M.C., U.S.A.

41. Shipped to HOBOKEN N.J. On _____
(U. S. port.) (Boat.) H. L. WARD
Date _____ Convoyer _____
Major Q.M.C., U.S.A.
(Signature of Shipping Officer.)

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

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



Butsch

Correction in Name.

#443-33

Butsch

(Surname)

Glenn

(Christian name in full.)

Forrester

1,977,848

(Army serial number.)

Pvt.

Co. M, 131 Inf.

(Rank and organization.)

State your relationship to the deceased

Wife.

Do you desire the remains brought to the United States?

yes.
(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:

Edwin E. Cross, Auditor, Indianapolis, Indiana
(Name of person to receive remains.) (Express office.) (Telegraph office.)

4053 South Delaware St. Indianapolis, Indiana
(Number and street.) (City or town.) (State.)

(Sign here)

Frieda Butsch

43 S. Oriental St. Indianapolis, Ind.

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

Drawn by Am

443-33

11-13

**REVIEWED
OSP SS.**

F.S. 11-18-20

61268

cty 443

100768

GRAVE LOCATION BLAN

LOCATION OF THE GRAVE OF

Butsch, 1977848 Glenn F.
.....
(Surname). (Number). (First Name and Initials).

Pvt. Co M. 131st Inf.
.....
(Rank). (Organization).

PLACE OF DEATH: *Gressare Wood*
.....

CAUSE OF DEATH: *Tree wounds.*
.....

DATE OF BURIAL: *unknown*
.....

PLACE OF BURIAL: *unknown*
.....

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

unknown
.....

GRAVE NUMBER:

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

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

IDENTIFICATION TAGS:

Was one buried with body?.....

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

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

14705

NEAREST RELATIVE:

ADDRESS:

RELATIONSHIP:

REPORTED BY:

**REVIEWED
OSP SS.**

(Signature and Rank of Reporting Officer).

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



14705 14705

File No.....

Butsch, 1977848, G. F. Private *1cl*

Gm 131st Inf. U.S.A.

Date of Death 8/11/18

File No _____

Date Buried _____

Cemetery Fouilloy or Souilloy

Guil Cty (writing not clear)

Grave No: _____ Sect: _____

Commune (No _____) _____

Dept _____ Sheet _____

Coordinates _____

Remarks: _____

491

Sketch No: _____

HP _____ CROSS _____ HD BD _____ BTTL _____

Ident. Tag _____ on Gr. mkr. _____ b.w.b. _____

Authority: Army form W. 3314 by
Gordon H Hirst, att to 3rd Div A I F
received Sept 3/1918.

d 33

REVIEWED
OSP S.

14705 4705

File No.....

BUTSCH, 1977848 ~~G. P.~~ Glenn

1el com
Pvt. 131st Inf.

Date of Death

File No

Date Buried

Cemetery Touilly Com. Cem.

Plot 1. Row "CH"

Grave No: 4 Sect:

Commune (No)

Dept Sheet 62d

Coordinates 0.10.a.5.8.

Remarks:

491

Sketch No:

IP CROSS X HD BD BTTL

Ident. Tag on Gr. mkr. b.w.b.

Authority:

AUG 24 1918

REVIEW
OSP S:

a 38

14705

File No:.....

Butsch, 1977-48, A.F.

131st, Inf.

Date of Death: _____

705
14

File No:.....

Date Buried: _____

Cemetery Fouilloy, Com. Cty.

Grave No: _____ Sect: _____

Commune (NO:.....) _____

Dep't: _____ Map: _____

Coordinates: _____

Remarks: _____

Sketch No: _____

NP _____ CROSS _____ HD BD _____ BTTL _____

Ident. Tag on Gr. Mkr: _____ b.w.b. _____

Authority: _____

FILE

11 SEP 1918

REVIEWED 99
GSP SS.

FILE UNDER NO. 14705

Butsch., Glenn 1977848, Pvt 1/c, Co. M. 131st Inf

INDEX SHEET

SYNOPSIS

FILE

DOCUMENT FILED UNDER NO.

See Case of:

Harding, Geo. H., Lt., R.F.C.,
File #99773, Allied File
for letter to Europe re Board of Review
on Cty. 443 and return of bodies from
this cty.

DA 3/4/22

INSTRUCTIONS.—Under "Synopsis" make brief entry showing date of communication and from whom received and synopsis sufficient to identify the papers. When these index sheets become numerous under a subject they will be entered on the consolidated index sheet and then destroyed.

3-6642

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

FROM: O. Q. M. G.
CEMETERIAL DIVISION
Munitions Building
Room

PLEASE
EXPEDITE

G.R.S. Form 8-W-A

Information requested of A.G.O.

Date Feb 11, 1922

S-3448/MB

File No. 14705

Registration.

From: The Quartermaster General, U. S. Army, (Cemeterial Division)

To: The Adjutant General of the Army, 6th & B Sts., N.W., Washington, D.C.

Subject: Information required for G.R.S.

1. It is requested that the items checked below be completed. Request confirmation of all information shown.

- a. Surname Butsch *Q/K* f. Date of death 8/10/18 *Q/K*
b. Christian name Glenn *Q/K* g. Cause of death K/A *Q/K*
c. Serial Number 1977848 *Q/K* h. Authority (C.O.#) 251 *Q/K*
d. Organization Co. M. 131st Inf. *Q/K* i. Emergency address Mrs. Frieda Butsch
43 S. Oriental St., Indianapolis, Ind.
e. Rank Pvt 1/c *Q/K* j. Relationship wife *Q/K*

BODY DESCRIPTION

(See page #2 of the Service Record)

- a. Age of enlistment 24 yrs 8 mos.
b. Color of eyes Lt. brown
c. Color of hair Brown
d. Height 5 ft 5 in
e. Weight 119 lbs

f. Permanent marks and physical defects at enlistment (Old fractures or breaks) 7 - mole at cheek - scar l of chin - mole at breast & stomach - bullet wound lt fore arm - scar at thigh + 3rd finger lt. hand - mole at shoulder - cut 3rd finger

DENTAL CHARTS

(See Physical report of examination prior to enlistment)

a. Strike out teeth missing

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
upper right upper left

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
lower right lower left

FILE

World War Division

FEB 14 1922

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

BY:

Charles J. Wynne
Charles J. Wynne,
Captain, Q.M.G., U.S.A.

REC'D MAIL SECT

Archives Branch, A. G. O

4 FEB 14 1922

Andresen
Ron B. P. 2
CEMETERY NO:

SHEET NO:
TYPED BY:

S/3310/LML

Dunnally (2073)

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington



G.R.S. Form 8-W-A

Information requested of A.G.O.

Date Feb. 11, 1922

File No. 14705 Registration.

From: The Quartermaster General, U. S. Army, (Cemeterial Division)
To: The Adjutant General of the Army, 6th & B Sts., N.W., Washington, D.C.
Subject: Information required for G.R.S.

1. It is requested that the items checked below be completed. Request confirmation of all information shown.

- a. Surname **Butsch** *a/k*
- b. Christian name **Glenn** *a/k*
- c. Serial Number **1977848** *a/k*
- d. Organization **Co. M. 131st Inf.** *a/k*
- e. Rank **Pvt 1/c** *a/k*
- f. Date of death **8/10/18** *a/k*
- g. Cause of death **K/A** *a/k*
- h. Authority (C.O.#) **251** *a/k*
- i. Emergency address **Mrs. Frieda Butsch
43 S. Oriental St., Indianapolis, Ind.**
- j. Relationship **Wife** *a/k*

BODY DESCRIPTION

(See page #2 of the Service Record)

- a. Age of enlistment **24 yrs 8 mos.**
- b. Color of eyes **Lt. brown**
- c. Color of hair **Brown**
- d. Height **5 ft 5 in**
- e. Weight **119 lbs**

DENTAL CHARTS

(See Physical report of examination prior to enlistment)

- a. Strike out teeth missing
- | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|-------------|---|---|---|---|---|---|---|--|
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| | | | | | | | | upper right | | | | | | | | |
| | | | | | | | | upper left | | | | | | | | |
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| | | | | | | | | lower right | | | | | | | | |
| | | | | | | | | lower left | | | | | | | | |

f. Permanent marks and physical defects at enlistment (Old fractures or breaks)
7 - mole rt cheek - scar l of chin - mole rt breast & stomach - bullet wound lt fore - arm - scar rt thigh + 3rd finger lt hand - back - mole rt shoulder - cut 3rd finger

Andersen
Row B, P. 2
CEMETERY NO:

Rec'd World War Division

FEB 14 1922

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

BY:

Charles J. Wynne
Charles J. Wynne,
Captain, Q.M.G., U.S.A.

SHEET NO:
TYPED BY:

REC'D MAIL SECT

Archives Branch, A. G. O

4 FEB 14 1922

S/3310/LML
Dunnally (2073)

ADDRESS REPLY TO

Division
DIRECTOR OF STORAGE
MUNITIONS BUILDING

WAR DEPARTMENT
PURCHASE, STORAGE, AND TRAFFIC DIVISION
OFFICE OF THE DIRECTOR OF PURCHASE AND STORAGE
WASHINGTON

No:

From:

To:

Subject:



[Faint, mostly illegible typed text covering the majority of the page, including headers, body text, and footers.]

INVESTIGATION AND ADJUSTMENT DEPARTMENT

G. R. S. Fe... W-A
Information req... of A. G. O.

Adjustment Made

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL OF
WASHINGTON

SEP 26 1921

FROM: O. Q. M. G.
CEMETERIAL DIVISION
War Trade Building
Room 2421

PLEASE
EXPEDITE

File No. 14705

Date

File No. 14705 Registration.

From: The Quartermaster General, U. S. Army (Cemeterial Division).

To: The Adjutant General of the Army, Sixth and B Streets NW., Washington, D. C.

Subject: Information required for G. R. S.

1. It is requested that the items checked below be completed. Request confirmation of all information shown.

- a. Surname. BUTSCH or BUTCH *Butsch*
- b. Christian name. Glenn *OK*
- c. Serial number. 1977848 *OK*
- d. Organization. Co. M. 131st Infantry *OK*
- e. Rank. Pvt. 1/c
- f. Date of death. 8-10-18 *OK*
- g. Cause of death. K/A *OK*
- h. Authority (C. C. No.) 251 *OK*
- i. Emergency address. Mrs. Frieda Butsch
43 S. Oriental St.
Indianapolis Ind.
- j. Relationship. wife

BODY DESCRIPTION.

(See page 2 of the Service Record.)

- a. Age at enlistment.
- b. Color of eyes.
- c. Color of hair.
- d. Height.
- e. Weight.
- f. Permanent marks and physical defects at enlistment. (Old fractures or breaks.)

DENTAL CHARTS.

(See physical report of examination prior to enlistment.)

a. Strike out teeth missing:

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Upper right								Upper left.							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Lower right.								Lower left.							

FILE

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

H. J. Conner
H. J. CONNER,
1st Lieut. - ~~Captain~~, Q. M. C.

Donnelly (JTB)
E.P.S. 49079-222

Miss Knight - Adj. Sec.
DTD

REC'D MAIL SECTION
W. W. DIV., A. G. O.
SEP 21 1921 3

Rec'd World War Division

SEP 22 1921

INVESTIGATION AND ADJUSTMENT DEPARTMENT

G. R. S. Fe... -W-A
Information req... of A. G. O.

Adjustment Made

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

WASHINGTON

SEP 26 1921

File No. 14705

Date September 20, 1921

File No. 14705 Registration.

From: The Quartermaster General, U. S. Army (Cemeterial Division).

To: The Adjutant General of the Army, Sixth and B Streets NW., Washington, D. C.

Subject: Information required for G. R. S.

1. It is requested that the items checked below be completed. Request confirmation of all information shown.

- a. Surname. BUTSCH or ~~BUTCH~~ *Butsch*
- b. Christian name. Glenn *Q.K.*
- c. Serial number. 1977848 *Q.K.*
- d. Organization. Co. M. 131st Infantry *Q.K.*
- e. Rank. Pvt. 1/c
- f. Date of death. 8-10-18 *Q.K.*
- g. Cause of death. K/A *Q.K.*
- h. Authority (C. C. No.) 251 *Q.K.*
- i. Emergency address. Mrs. Frieda Butsch
43 S. Oriental St.
Indianapolis Ind.
- j. Relationship. wife

BODY DESCRIPTION.

(See page 2 of the Service Record.)

- a. Age at enlistment.
- b. Color of eyes.
- c. Color of hair.
- d. Height.
- e. Weight.
- f. Permanent marks and physical defects at enlistment. (Old fractures or breaks.)

DENTAL CHARTS.

(See physical report of examination prior to enlistment.)

a. Strike out teeth missing:

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Upper right								Upper left.							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Lower right.								Lower left.							

FILE

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

H. J. Conner
H. J. CONNER,
1st Lieut. - ~~Captain~~, Q. M. C.

*Donnelly (DWB)
E.P. 509879-222*

Miss Knight - Adj. Sec.
DTD

REC'D MAIL SECTION
W. W. DIV., A. G. O.
SEP 21 1921 3

Rec'd World War Division

SEP 21 1921

G. R. S. Form
Information Report
A. G. O.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
WASHINGTON

Adjustment Made

SEP 28 1921

14705

Date September 23, 1921

Registration

File No. 14705

From: The Quartermaster General, U. S. Army (Commercial Division)

To: The Adjutant General of the Army, Sixth and B Streets NW, Washington, D. C.

Subject: Information required for G. R. S.

1. It is requested that the items checked below be completed. Request confirmation of all information shown.

a. Date of death. 8-10-18

a. Surname. BUTSCH or BUTCH

b. Cause of death. K/A

b. Christian name. Glenn

c. Authority (C. G. No.) 251

c. Serial number. 1977848

d. Emergency address

d. Organization. Co. M. 131st Infantry

e. Relationship

e. Rank. Pvt. 1/2

DENTAL CHARTS

Physical report of examination prior to enlistment

RECEIVED
DENTAL LABORATORY

BODY DESCRIPTION

(See page 2 of the Service Record)

Strike out teeth missing:

a. Age at enlistment.

Upper right 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

b. Color of eyes.

Upper left

Upper right

c. Color of hair.

Lower right 8 7 6 5 4 3 2 1

Lower left

d. Height.

SEP 24 1921

e. Weight.

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

H. I. ROGERS

Quartermaster General, U. S. A.

H. I. CONNER

1st Lieutenant, U. S. A.

REC'D MAIL ROOM
W. W. B. DIV., A. G. O.
SEP 21 1921

Miss Knight - Adj. Sec.

DTD

SEP 21 1921

Form
#113

14705-
FILE

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
CEMETERIAL DIVISION
WASHINGTON

May 5, 1920.

No: 14705-(Private Glenn Butch)
From: Quartermaster General, U.S. Army (Cemeterial Division)
To: Mrs. Frieda Butsch, 841 N. Tacoma Ave., Indianapolis, Ind.
Subject: Grave location. Request for permanent burial in France.

1. In reply to your inquiry of April 26th we beg to say that the records of the Cemeterial Division contain the following information as to grave location of Private Glenn Butch, Company M, 131st Infantry #1977848 reburied in American Military Cemetery, Vaux-sur-Somme, Somme, Grave #12, Row B, Plot #2.

2. The grave has been registered and suitably marked for present purposes, pending the adoption of a more permanent monument by the National Fine Arts Commission, which now has the matter under consideration.

3. Your request for the permanent burial of your husband has been noted and the necessary instructions will be forwarded to the Chief, American Graves Registration Service, Q. M. C. in Europe. Your former request has been cancelled.

By authority of the Quartermaster General:

CHARLES C. PIERCE,
Colonel, U.S. Army,
Chief, Cemeterial Division.

By:

CHARLES J. WYNNE,
Captain, Q. M. C.

E. W. C.

YMC

2 Encls.

MAY - 8 1920
G. M. C. MAIL ROOM

REVIEWED
OSP SS.

Old address was 43 S. Oriental
St
Indianapolis, Ind.

Indianapolis, Ind
April 26-1920

Dear Sir. 100,268

I filled a card out several
month ago to have my
Husband Pvt Glenn Butsch
Co M. 131st Infantry brought
back but later received a
letter telling me that he is
buried in a National
Cemetery so I have decided
to let him rest there.

Yours Truly

Mrs Frieda Butsch
841 W. Tacoma ave
Indianapolis Ind.



FILE

APR 29 1920
Received - - Ing. Dept

AMERICAN EXPEDITIONARY FORCES
HEADQUARTERS SERVICES OF SUPPLY
OFFICE OF THE CHIEF QUARTERMASTER, A.E.F.
GRAVES REGISTRATION SERVICE

December 3rd, 1918.

FROM : Chief, Graves Registration Service,
A.P.O. 717, American E. F.

TO : C.O. Co. M 131 Inf.

SUBJECT: Query as to Identification Tag.

1. This office has received from

EFFECTS DEPOT.

identification tag as follows:

Name: BUTSCH 1977848 GLENN. F.

Rank: Pvt Organization: 131 Inf.

any info

2. It is possible that the wearer of this tag was killed in action. If so, will you please fill out, as far as possible, the enclosed Grave Location Blank, and furnish any other information available which will tend to establish the place of his death and burial, and mail same promptly to office, G.R.S., Hdqrs. S.O.S., with return of this paper.

3. If he was not killed in action please advise as to present status, by notation hereon.

CHARLES C. PIERCE

Lieut. Colonel, Q.M.C., U.S.A.



TO:- REGISTRATION BRANCH, G.R.S.

Date 4-30-20

FROM:- INQUIRY BRANCH.

Please furnish information as checked (✓) below regarding the following soldier:

NAME *Butsch, Glenn* Serial Number

RANK *Pvt.* ORGANIZATION *Co. M 131st Inf.*

NO.	QUESTION	REPLY
1.	Do particulars of soldiers given above agree with Records?	1) no <i>Butsch, Glenn</i> <i>Serial #19 77848</i>
2.	Date of Death.	2) <i>8-10-18</i>
3.	Cause and place of death.	3) <i>K/a</i>
4.	Number of Casualty Cablegram.	4) <i>#251</i>
5.	Date buried.	5) <i>8-11-18</i>
6.	Grave Location. (a) Complete record required (b) Name of Cemetery or Commune only required. (c) Note reinterments.	6) <i>Huilloy Communal</i> <i>Cty. #491 Huilloy, Somme</i> <i>Reburied 5-26-19</i> <i>Grave #12 Row B Plot</i> <i>2 Amer. ^{mil} Cty. #443</i> <i>Vaux sur Somme, Somme</i>
7.	Who reported burial?	
8.	Confirmed by G.R.S.?	
9.	Report as to Grave Marker.	
10.	Identification Tags: (a) Buried with body? (b) Attached to grave marker?	10) (a) <i>yes</i> (b) <i>no</i>
11.	Complete Emergency Address?	11) <i>Mrs. Frieda Butsch</i> <i>425 Oriental St.</i> <i>Indianapolis, Ind.</i> <i>12-8-19</i>
12.	Has been notified? (Give date)	(12) <i>7107-12-8-19</i> <i>4-23-19</i>
13.	Report the exact position of your inquiry on this case. (Reply in all cases if no information on record)	(14) <i>B-14512</i>
14.	What is the Photograph No.?	
15.	Inquiry made by?	

FILE

Released by Information Control Dept.

Directory
 Cards 5x8
 Cards 4x6

REVIEWED
OSP SS.

N.B. All Proper names to be typewritten, or printed in PLAIN BLOCK LETTERS.

B.B.S.

Mr Wilson

Butsch, Glenn

Pat. 1977848

Co M. 131st Inf.

Adjust

H

Adjustment Made

NOV 17 1920

File No. 100268 15-20

J

WAR DEPARTMENT.

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

OFFICIAL BUSINESS.



Glenn F. Butsch, #1977848

FILE.

100-2680

REMOVED
OS 33.

WAR DEPARTMENT.

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

OFFICIAL BUSINESS.



Glenn F. Butsch, #1977848

FILE.

100-2680

REMOVED
08 33.

Surname **BUTSCH,** Pvt. Number.....

Christian name **Forrester Glenn.**

Regiment **Co. M, 131st Infantry,**

Washington reports killed in action Aug. 10

Request for photograph of grave.

Enquirer - Washington.

Washington adv 3/6/19
File

REVIEWED
OSP SS.

File Number 14705

TO:- REGISTRATION BRANCH, G.R.S.

File Number 14705

From:- ARC

Date: Dec. 30th. 1918.

Please furnish information as indicated below regarding the following soldier:-

NAME Forrester Glenn Butsch.

NUMBER.

RANK Pvt. ORGANIZATION Co. M. 131st Inf.

No.	Question	Reply
1	Do particulars of soldier given above agree with Records?	N.B. All Proper names to be printed in PLAIN BLOCK LETTERS
2	Date of Death	<i>Butsch, Glenn</i>
3	Cause and place of death	(1) Butsch G. F. 1977848 Pvt. 131st Infantry
4	Number of Casualty Cablegram	(2) G.O.# 251
5	Date buried	
6	Grave location (a) Complete record required (b) Name of cemetery or commune only required	(6) Grave No. 4 Plot-1 Row-C Cemetery # 491 (Communal City) Fouilloy, (Somme)
7	Who reported burial?	
8	Has report been confirmed by G.R.S.	<i>Orw</i>
9	Report as to grave marker	
10	Report as to identification tags	
11	Who is nearest relative?	(11) 0
12	Has N/R been notified? (Give date)	(12) 0
13	Report the exact position of your inquiry on this case. (Reply in all cases if no information on record)	
14	What is the photograph No.?	

Drawn by pm

443-33

REVIEWED
OSP SS.

11-13 45 11-18-20

142P
14705

Ind
- 1919

received
f/

Glenn Butsch I would like for
his body to be brought over
I will have him buried in

FILE

Crown Hill cemetery Indianapolis Ind
Mr Edwin E. Gross 653 S. Delaware St
undertaker will take charge of
the body when it arrives.

yours Truly.

Mrs Frieda Butsch
43 S. Oriental St
Indianapolis

REVIEWED
OSP SS.

Ind. IN
Indexing Section
MAR 29 1919

FILE
Date 3-28-19 Sig. 63

REVIEWED
OSP SS.

70

A.G.O. 293.9

BUTSCH, GLENN

Indianapolis Ind

March 25 - 1919

Dear Sir

Your letter of March the 14th received
and as I am the wife of

Glenn Butsch I would like
his body to be brought
I will have him buried in

Crown Hill cemetery Indianapolis Ind
Mr Edwin E. Gross 653 S. Delaware St
undertaker will take charge of
the body when it arrives.

Yours Truly,

Mrs Frieda Butsch
43 S. Oriental St
Indianapolis

REVIEWED
OSP SS.



FILE
Date 3-28-19 Sig. *rtj* 63

REVIEWED
OSP SS.

142-P
14705

AGO

A.G.O. 293.9

BUTSCH, GLENN

70

