

260

1299

G.R.S. Form #11-B

FULL NAME CAMPBELL, Alexander ✓

RANK Civ. Emp. ✓

DIVISION & ORGANIZATION *Guillander*
Guillander Constr. Co. ✓

DATE OF DEATH *Aug 12 - 1918* ✓

STATE FROM WHICH HE CAME *No C. A. available*

MEDALS OR DECORATIONS AWARDED: —

FINAL GRAVE LOCATION.....
Date 21 18 B
Grave Row Block

Suresnes, #34

Cemetery

15 Received A. G. O. SEP 3 1924

REC'D WORLD WAR DIV.
SEP 3 24

23/306/ARK

Have no of Campbell's Alexander

GRAVE LOCATION BLANK

B 70 11/18

LOCATION OF THE GRAVE OF

Campbell, **Alexander**
(Surname.) (Number.) (First Name and Initials.)

Civ. Emp. Guillaudou Co.
(Rank.) (Organization.)

DATE OF BURIAL **August 12, 1918**

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

American Expeditionary Forces'

Cemetery #25, Talence, Bordeaux,

Section B.

GRAVE NUMBER **100**

HOW MARKED: Name Peg? Cross?

Headboard? **Yes** Bottle?

IDENTIFICATION TAGS:

Was one buried with body? **No**

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:

Bottle buried with body containing

name and death data. This man's rank

and organization are not known at

Base Hospital N. 6.

REPORTED BY:

G. W. Everberg
2nd Lieut. G. W. Everberg, Q. M., U. S. R.
(Signature and Rank of Reporting Officer.)

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

G. R. S. Form No. 115

COUNTRY FRANCE

Cemetery No. 25

Sheet No. 72

File No. 12685

*3/16/22 Examined
for Concentration
34
Swines
att 3/31/22*

COMPILATION N/R REQUESTS

I. DATA COMPILATION

A. Location Index Card:-

(1) Name Campbell, Alexander Ser. No. - -)
(2) Rank Civ. Emp. Organization Guillaudeu Const. Co.) TYP. ESW
(3) Date of death - - -) CKR. JLB

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

(4) Cause of death - - -) TYP. HDP
(5) Grave No. 100 Row - - Plot - - - Sect. "B") CKR. ML

II. FILES EXAMINATION

A. Files of soldiers dying from contagious diseases; No Card

B. A. G. O. DISPOSITION CARD Date of receipt _____

(6) Relationship no card in file - E.S. 4-24-20
(7) Name _____
(8) Address _____
(9) Desires remains brought to U. S.? _____
(10) Desires remains brought to U. S. and interred in National Cemetery at _____
(11) If brought back, what shipping instructions? _____

C. A. G. O. CORRESPONDENCE Date of communication _____

(12) Does correspondence Change or qualify request as made on A.G.O. card? If so, specify such information. _____

(13) A. G. O. Files EXAMINED by J.P.L. (Date) 4-26-20

D. (14) G. R. S. Files - Correspondence. (Has reference been made to File No. Cancellation memos.?) Does such correspondence, if containing request for disposition, reconcile with that of A. G. O.? (Specify "Yes or "No".) If "No", give date of communication, the name, address, and relationship and substance of request.

P.S.P.
No request for disposition
ML
4-26-20

(15) G. R. S. Files EXAMINED by ML (Date) 4-26-20

(over) Rechecked by jen
10-18-20

III. FINAL ACTION

A. MEMORANDUM to D. M. O. in E. made (Date)

(16) Removal of Remains (within custody of G.R.S.) to

(17) Instructions that remains be left undisturbed

(18) Typed by Checked by (Date)

B. G. R. S. FORM NO. 114 made (Date)

(19) Typed by Checked by (Date)

C. SUSPENSION REMARKS:

.....
.....
.....
.....

D. Dispatched (Date) **MAY 7** (Let. Trans. No.)

Par. # 4 Civilian Employee. MB 10-19-20

Approved by

(Date)

No. 8 a given

II. LIFE EXAMINATION

(1) CIVILIAN NO. 100 HOM - - - - -

(2) DATE OF DEATH - - - - -

B. REGISTRATION CARD - (CHECK ONE) CIVILIAN () MILITARY ()

(1) DATE OF DEATH - - - - -

(2) NAME OF DEATH - - - - -

(3) NAME OF DEATH - - - - -

V. LOCATION INDEX CARD

I. ONLY CONTRIBUTION

CONTRIBUTION FOR BENEFIT

CONTRIBUTOR NO. 52 SPECIAL NO. 113 LIFE NO. 1234

CONTRIBUTOR NO. 172 CONTRIBUTOR NO. 1234

DATE 10/28/21

1. NAME Campbell, Alexander SERIAL No. _____

RANK Civ. Empl. ORGANIZATION Guillauen Con, Co

GRAVE LOCATION Talence (Gironde) CTY. NAME m25 NUMBER

100 - Sec. B
GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION 100 Sect. B Talence Gironde
GRAVE COMMUNE DEPT.

COORDINATES _____

CONCENTRATED TO Aug. 12, 1918 100 Sect. B
DATE GRAVE ROW PLOT

Talence 25-B
CEMETERY CTY. NUMBER

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

SUBSEQUENT REBURIALS _____

DATE GRAVE ROW PLOT CEMETERY

DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR

W. R. Nichols
W. R. NICHOLS
Major, C. A. C.

3. FINAL GRAVE LOCATION 10/28/21 21 18m B
DATE GRAVE ROW Block PLOT

Suresnes American Cty # 34 Suresnes Seine
CEMETERY

8/27/22
gn.g.d.

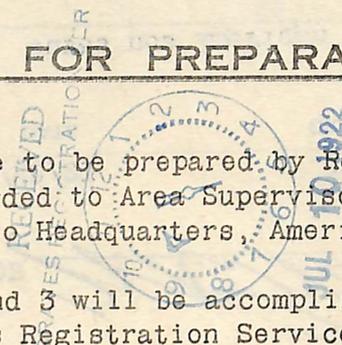
INSTRUCTIONS FOR PREPARATION OF FORM 114 B

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.



COPIES DESTROYED 1965

RECEIVED

11-3

COPIES DESTROYED 1965

COORDINATES

COPIES DESTROYED 1965

100 - 200 B

COPIES DESTROYED 1965

COPIES DESTROYED 1965

COPIES DESTROYED 1965

DATE 10/10/45

COPIES DESTROYED 1965

Place Talence, Cem., 25

REPORT OF DISINTERMENT AND REBURIAL

Date Sept. 8th, 1921

1. REMAINS OF CAMPBELL, Alexander SERIAL NUMBER
RANK Civ. Employee ORGANIZATION Guillanes Con. Co.

2. Disinterred (date): Sept. 8th, 1921 From (give complete location): Gr. 100, Sec. B, Cem. 25
By: Group 1 Unit Sec. 8

3. Reburied (date): October 28th, 1921. In (give complete location): Suresnes Cemetery, - Block B - Row 18 - Grave 21.
By: Group Field Operations Branch Unit Nature of reburial Metal Casket and Blanket.

4. Report as to nature of original burial and condition of body upon disinterment :
Pine box and wrapped in blanket. Badly decomposed, features not recognizable.

5. (a) Identification tags : Buried with body ? No On grave marker ? Yes
(b) Other means of identification found upon disinterment, and general remarks :
No means of identification other than grave marker.

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

(a) Height (actual measurement) Impossible to determine

(b) Weight (estimated) Impossible to estimate

(c) Hair—Color None

Quantity

Characteristics

(d) Hair on face—Color None

Location

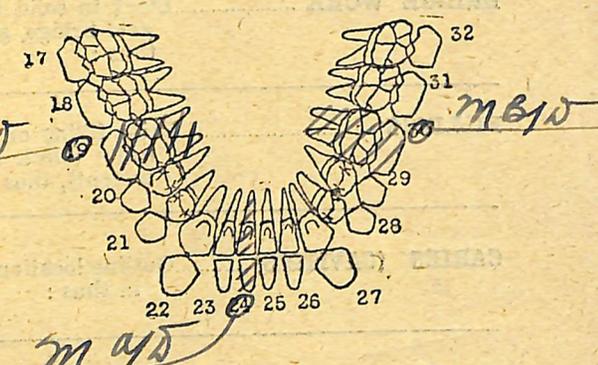
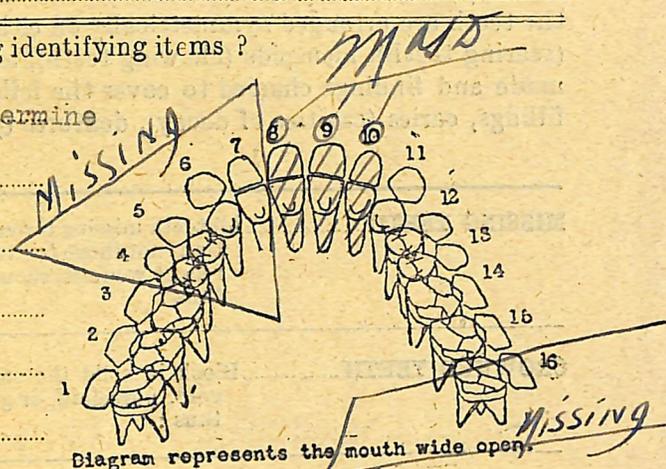
Quantity

(e) Permanent marks on body (old scars, peculiarities or missing parts) None

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

Skull shattered.

Geo. S. Parker, checker.



60 306

7. Disinterment supervised by Ben A. Bradford Approved: [Signature]
(Title) Herron, Capt., Q.M.C.

8. Reburial supervised by Ben A. Bradford, Sup. Emp. Approved: [Signature]
(Title) R. P. HARBOLD, Major, Q.M.C.

R. G. RICHARDS, 1st Lieut. Q.M.C.

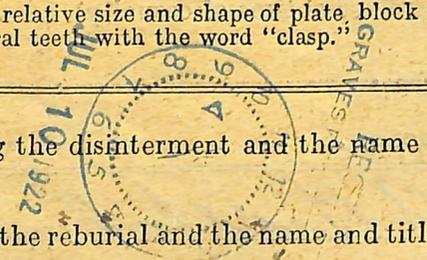
INSTRUCTIONS FOR THE PROPER COMPLETION OF G. R. S. FORM NO. 16-A

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

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.
2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
3. Give date and accurate information as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.
5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".
 (b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6.
6. Give all information as to body description and dental chart as nearly correctly as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

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

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



To be prepared in triplicate.

DATE Sept. 8th, 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 Campbell, Alexander

10. Name _____

2. No. _____

11. No. _____

3. Rank _____

12. Rank _____

4. Org. Civ. Empl. Guillanen Con. Co.

13. Org. _____

5. D.D. Aug. 11th 18

14. (a) D.D. _____

6. C.D. _____

(b) D.B. _____

Discrepancy found upon disinterment

7. Grave No. 100 Sec. B

15. Grave No. _____ Sec. _____

8. Plot _____ Row _____

16. Plot _____ Row _____

9. _____

17. No discrep.

18. Cemetery American

19. Commune or town Talence

20. Dept. or County Gironde

21. Country _____

22. G.R.S. Hdqrs. Code No. 25

23. Disinterred (Date) Sept. 8th, 1921

By Ben A. Bradford

24. Inscription on grave marker:

Name Alexander Campbell

Serial No. --

Rank Civ. Empl.

Organization Guillanen Con. Co.

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

E. S. Parker
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).

No means of identification other than gr. marker.

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

28. Nature of burial Pine box and wrapped in blanket.

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? No discrep.

30. Body prepared and placed in casket: Date Sept. 8th, 1921 By Ben A. Bradford.

31. Casket sealed by Ben. A. Bradford.

Signature of Embalmer, (Supervisor) Ben A Bradford

SHIPMENT. (Show actual marking of box.) Box No. **C-1863**

32. Designation of body:

Name **Campbell, Alexander** Serial No.

Rank Organization **Civ. Employee Guillauen Con. Co**

33. Consigned to:

Name of Permanent Cemetery **SURESNESE AMERICAN CEMETERY #34**

34. Casket boxed and marked (Date) **Sept. 8th, 1921** By **Ben A. Bradford**

35. I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

Signature of G.R.S. Inspector *F. L. Herron*
F. L. Herron, Capt., U.S.A.

36. Remarks

37. Shipped from point of Operation: (Date) **Sept. 8th, 1921**

To point of Concentration **Bassens (Gironde)** (Name)

Convoyer **Jack Roberts** Signature Shipping Officer *J. Campbell*

38. Received at Railhead or Point of Concentration: Date **9 SEP 1921** **S. D. Campbell, Capt., Q.M.C.**

By G.R.S. Representative *W. R. Nichols* **W. R. NICHOLS**
Major, C. A. C.

39. Shipped from Railhead or Point of Concentration: Date **Oct 14 1921**

39 (a) Received at Paris Morgue, October 17, 1921. *H. L. Ward*
H. L. WARD,
Major, Q.M.C.

39 (b) Shipped from Paris Morgue, **Oct. 28th** 1921. To Permanent Cemetery No. 34, American, Suresnes (Seine) by Shipping Officer, Convoyed by: *H. L. Ward*
H. L. WARD,
Major, Q.M.C.

42. Grave No. **21.** Section

43. ~~Plot~~ Block **B.** Row **18.**

G.R.S. Representative *R. G. Richards*
R. G. RICHARDS,
1st Lieut. Q.M.C.



SHIPMENT. (Show actual marking of box.) Box No. **C-1863**

32. Designation of body:

Name **Campbell, Alexander** Serial No.

Rank _____ Organization **Civ. Employee Guillauen Con. Co**

33. Consigned to:

Name of Permanent Cemetery **SURESNE AMERICAN CEMETERY #34**

34. Casket boxed and marked (Date) **Sept. 8th, 1921** By **Ben A. Bradford**

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 *[Signature]*
F. L. Herron, Capt., Q.M.C.

36. Remarks _____

37. Shipped from point of Operation: (Date) **Sept. 8th, 1921**

To point of Concentration **Bassens (Gironde)**

Convoyer **Jack Roberts** Signature Shipping Officer *[Signature]*
S. D. Campbell, Capt., Q.M.C.

38. Received at Railhead or Point of Concentration: Date **9 SEP 1921**

By G.R.S. Representative *[Signature]* **W. R. NICHOLS**
Major C. A. C.

39. Shipped from Railhead or Point of Concentration: Date **Oct 14 1921**

ent Cemetery _____

Jack Roberts Signature Shipping Officer *[Signature]*

Date **October 28th, 1921.**

representative **R. G. RICHARDS, 1st Lieut. Q.M.C.**

d. **Suresnes Cemetary.** **October 28th, 1921.**
(Date)

42. Grave No. **21.** Section _____

43. ~~Plot~~ Block **B.** Row **18.**

G.R.S. Representative *[Signature]*
R. G. RICHARDS,
1st Lieut. Q.M.C.



No notification ltr. sent
(no E.A. available)

HCH 9/21/22

File

Name *Alexander Campbell*

Rank *Civ Emp* Co. *Gullander Con Co* {Corps} {Regt.}

Date of Death *Aug 10 - 1918*

Place *12885*

Cause *Bondand - Talence*

Date of Burial *Aug 12 - 1918*

Grave No. *100, Section B*

Cemetery *A.E.F. 25*

Identified by {Tag} {Papers} {Clothing} *Headboard*

List of Effects *25*

Field Record Made by *Sgt E.E. Morris*

Company *21*, Graves Registration Service

For additional data use reverse side

14 SEP 1918

V

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Campbell,

(Surname.)

Alexander

(First Name and Initials.)

Civ. Emp. Guillaudeau Co.

(Rank.)

(Organization.)

DATE OF BURIAL **August 12, 1918**

PLACE OF BURIAL

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

American Expeditionary Forces

Cemetery #25, Talence, Bordeaux,

Section B.

GRAVE NUMBER **100**

HOW MARKED: Name Peg? Cross?

Headboard? **Yes** Bottle?

IDENTIFICATION TAGS:

Was one buried with body? **No**

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:

Bottle buried with body containing

name and death data. This man's rank

and organization are not known at

Base Hospital No. 6.

REPORTED BY:

G. W. Everberg
2nd Lieut. G. W. Everberg, C. M., U. S. R.
(Signature and Rank of Reporting Officer.)

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

23 AOU Reg

CAMPBELL

Civ Emp

Alexander

Guillou Con Co

8-22-18

f-1

12885

&GLB

*Original Blue
card # 12885*

Cem 25.

DR. 253...

in file

8/14/18

15 047

H CO

100

Name *Alexander Campbell*
Rank *Civ Employ* { Corps }
Co. *Guillander Con* { Regt }
Date of Death *Aug 10 - 1918*
Place *Unknown*
Cause *fracture skull*

Date of Burial *Aug 12 - 1918*
Grave No. *100 Section B*
Cemetery *A E F Truce 25*
Identified by { Tag } *Head board tag*
{ Papers }
{ Clothing }

List of Effects

Field Record Made by *Sgt E E Morris*

Company *A*, Graves Registration Service

Draw!

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

[Handwritten signature]

G.R.S. Form 8-W-A
Information requested of A.G.O.

Date May 1-22

File No. 12885 Registration.

From: The Quartermaster General, U. S. Army, Graves Registration Service.

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 **Campbell**
- b. Christian name **Alexander**
- c. Serial Number
- d. Organization **Guillaudeu Con. Co.**
- e. Rank **Civ. Emp.**
- f. Date of death
- g. Cause of death
- h. Authority (C.O.#)
- i. Emergency address
- j. Relationship

FILE

BODY DESCRIPTION
(See page #2 of the Service Record)

- a. Age of 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~~

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

CEMETERY NO:

REC'D ARCHIVES BR.

BY: *Charles J. Wynne*
Charles J. Wynne, m.
Captain, G.M.C., U.S.A.

SHEET NO:

MAY 2 1922

TYPED BY: *R*

S/3310/LML

Form at G.R.S.

over

ADDRESSES ONLY TO
Director of Purchase & Storage
MUNDTOWN BUILDING

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

No:
From:
To:
Subject:

No record of the death of Alexander
Campbell, Civ. Employee, Guillauden
Con. Co. has been found in this
office. However ~~it is~~

~~it is~~ Alexander Campbell
was probably an employee ^(Civilian) of the
Guillauden Con. Co.

Robert C. Davis
Acting the Adjutant General
per J.H. 71271 5/10-22

