

FEB 6 - 1926

1. NAME CANNON, Gus *Sub. Sig.* DATE _____
 RANK Pvt. ORGANIZATION Co. C 318th F. S. Bn SERIAL No. 1,876,897
 GRAVE LOCATION St. Sever 8 DIVISION Rouen Seine Inf 56
 CTY. NAME _____ NUMBER _____
 _____ 3 _____ H Block R 1
 GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION 7635, Plot R. ROUEN S.I.
 GRAVE COMMUNE DEPT.

COORDINATES St. Sever Cemetery #56

CONCENTRATED TO Original burial
 DATE GRAVE ROW PLOT
 CEMETERY CTY. NUMBER

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

Original burial

DATE OF DEATH Oct 17, 1918
 STATE FROM WHICH HE CAME Mont

SUBSEQUENT REBURIALS None MEDALS OR DECORATIONS AWARDED no rec
 DATE GRAVE ROW PLOT CEMETERY

DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR G.V.S. QUACKENBUSH, Lieut.-Col., Q.M.C.
Chief, Operations Division.

3. FINAL GRAVE LOCATION 8/14/22 3 2 Blk. A
 DATE GRAVE ROW PLOT

Somme American Cemetery #636, BONY, Aisne

Major General
 The Adjutant General
 FEB 8 1926
 NOV 11 1918
 AUDITED BY
 Jva 2-10-26

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.



Repts in CC 312 12/18/18 R 80
GRAVE LOCATION BLANK.

LOCATION OF THE GRAVE OF

Cannon. 1876897 Gus. R
(Surname.) (Number.) (First Name and Initials.)

Pte. 318 US.F.S.Bttn.
(Rank.) (Organization.)

DATE OF BURIAL 19/10/18.

PLACE OF BURIAL Cemetery St. Sever.

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

Rouen.

GRAVE NUMBER 7635.

HOW MARKED: Name Peg? Cross? Yes.

Headboard? 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:

REPORTED BY:

W. J. Luman

(Signature and Rank of Reporting Officer.)

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

Commanding 6 General Hospital

Place Rbuen (Seine Inf.)

REPORT OF DISINTERMENT AND REBURIAL

Date 4/5/21

1. REMAINS OF CANNON, Gus SERIAL NUMBER 1876897

RANK Pvt ORGANIZATION Co. C. 318th F.S. Bn.

2. Disinterred (date): 4/5/21 From (give complete location):

Gr. 3, Row H, Plot 1 Block R, Cem. 56, St. Sever, Rouen (Seine Inf.)

By: Group 2 Unit A, Sec. 5

3. Reburied (date): 4/5/21 In (give complete location):

Gr. 3, Row H, Plot 1 Block R, Cem. 56, St. Sever, Rouen (Seine Inf.)

By: Group 9 Unit A, Sec. 5 Nature of reburial Burlap and pine box.

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

Sheet, pine box. Disc found on body partially disintegrated - reads "G- -." and serial number 1876897"

5. (a) Identification tags: Buried with body? Yes On grave marker? Yes.

(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) Disarticulated.

(b) Weight (estimated) -

(c) Hair—Color Brown

Quantity -

Characteristics Evidently straight

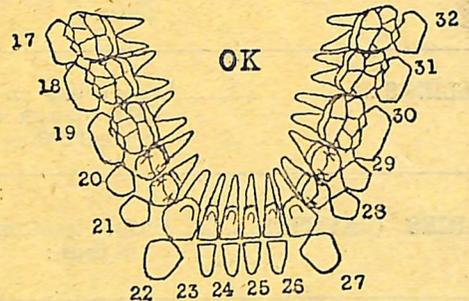
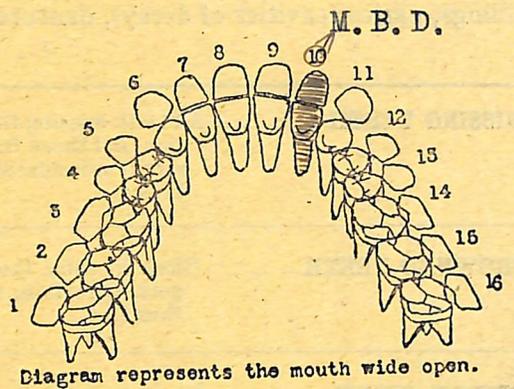
(d) Hair on face—Color -

Location -

Quantity -

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

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



7. Disinterment supervised by Theo Miller TM. Sup. Emb.

Approved: J. Gerald Cole, Capt. C.A.C. Inspector. (Title)

8. Reburial supervised by Theo Miller Sup. Emb.

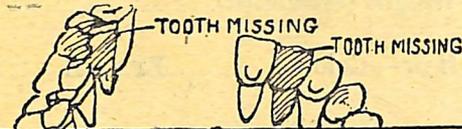
Approved: J. Gerald Cole, Capt., C.A.C. Inspector. (Title)

D-58980

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.



CIVILIAN



CIVILIAN DIVISION

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	Cannon	3	314
	Gus		
BURIED	CEMETERY 636	1	5
	GRAVE 3	2	03
	ROW 2	2	02
	BLOCK a	1	1
STATE	Mont	2	91
RANK	Priv	1	2
DIVISION	Sig Corps	2	59
ORGANIZATION	318	3	xxx
AFM	F. S. Bu	1	4
MARITAL	no	1	2
NAME	Hume	3	
	E. Ross		
RESIDENCE	STATE	2	
	COUNTY	2	
	CITY	3	
RELATION	Mother	1	1
OTHER		1	
ELIGIBILITY	(No loco no sn) Dead	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

SEP 19 1932

MB

A nadarko 636

A nadarko, Okla., May 13, 1931.

Quartermaster's Office,
Washington, D.C.,

Sir: in answer to your communication regarding Guss Cannon,
deceased sent to Sarah E. Cannon, mother, will say that mother has died and
I probated both her estate and soldier's.

Guss Cannon never married, and died without issue. His mother's estate
received his insurance, and she received his insurance during her life.

I knew him for many years.

Very truly,

J. Ross Hund
Attorney at Law,

A nadarko,

Handwritten signature in red ink



QM 293 A-M

May 9, 1931.

Cannon, Gus (Som)M

Mrs. Sarah E. V. Cannon,
Anadarko,
Oklahoma.

Dear Madam:

In order that the records of this office may be complete and correct, it is requested that you advise whether or not the late Private Gus Cannon was married and is survived by a widow, and if so, her name and address.

For your convenience in replying, there is enclosed herewith a self-addressed envelope which requires no postage.

For The Quartermaster General,

Very truly yours,

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

Encl:
Env.
MB

2 M 295 9.0
Cannon Gus 636 M.

June 10th, 1930.

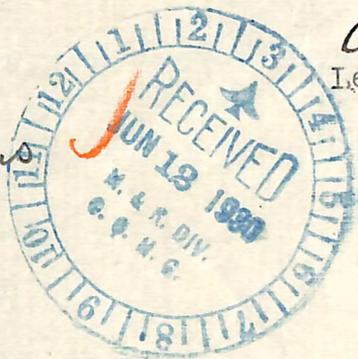
Adjutant General,
Washington, D.C.,

Dear Sir,

In answer to your inquiry as to Sarah Ellen Virginia Cannon whose son is buried in France, I will say that this woman by reason of her infirmity is adjudged an incompetent, and I am her guardian. She has been bedfast for four or five months, and also does not wish to go to France.

Very truly,

C. Ross Hume
Legal Guardian.



636 Cannon, Gus

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

June 5, 1930.

IN REPLY REFER TO QM 293 A-C
Cannon, Gas-535 M

Mrs. Sarah N. Y. Cannon,
Anadarko, Oklahoma.

Dear Madam:

Arrangements are now being made for conducting pilgrimages during the year 1931, to the cemeteries in Europe under the provisions of the Act of Congress of March 2, 1929.

To assure proper and satisfactory accommodations, reservations for steamship transportation required during the summer of 1931 must be made by this office not later than August 1st of this year. It is therefore desired that you answer the question below by writing the word "Yes" or "No" in the blank space following the question.

As soon as you have answered the question, please sign your name and return this sheet in the enclosed addressed envelope, which requires no postage. Do not delay, as a prompt reply is essential.

This letter is being sent to all mothers and widows who are not making the pilgrimage in 1930, regardless of whether or not they have expressed a desire to make the pilgrimage.

For The Quartermaster General,

Very truly yours,

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

DO YOU DESIRE TO MAKE THE PILGRIMAGE DURING THE YEAR 1931? _____
(Write answer here)

(Sign here)

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO ~~QM 293 A-C~~
Cannon, Gus

May 16 , 1929.

Mrs. Sarah E. V. Cannon,
Anadarko, Okla.

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 Gus Cannon, Co. C., 318th Field Signal Battalion, 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.

QM 293 A-M

May 9, 1931.

Cannon, Gus (Som)M

Mrs. Sarah E. V. Cannon,
Anadarko,
Oklahoma.

Dear Madam:

In order that the records of this office may be complete and correct, it is requested that you advise whether or not the late Private Gus Cannon was married and is survived by a widow, and if so, her name and address.

For your convenience in replying, there is enclosed herewith a self-addressed envelope which requires no postage.

For The Quartermaster General,

Very truly yours,

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

Encl:
Env.
MB

1891 MAY - 8 - PM 3:37

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

June 5, 1930.

IN REPLY REFER TO QM 293 A-C

Cannon, Gus-636 M

Mrs. Sarah E. V. Cannon,
Anadarko, Oklahoma.

Dear Madam:

Arrangements are now being made for conducting pilgrimages during the year 1931, to the cemeteries in Europe under the provisions of the Act of Congress of March 2, 1929.

To assure proper and satisfactory accommodations, reservations for steamship transportation required during the summer of 1931 must be made by this office not later than August 1st of this year. It is therefore desired that you answer the question below by writing the word "Yes" or "No" in the blank space following the question.

As soon as you have answered the question, please sign your name and return this sheet in the enclosed addressed envelope, which requires no postage. Do not delay, as a prompt reply is essential.

This letter is being sent to all mothers and widows who are not making the pilgrimage in 1930, regardless of whether or not they have expressed a desire to make the pilgrimage.

For The Quartermaster General,

Very truly yours,

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

DO YOU DESIRE TO MAKE THE PILGRIMAGE DURING THE YEAR 1931? _____

(Write answer here)

(Sign here)

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Cannon, Gus
636

August 27, 1929.

Mrs. Sarah E. V. Cannon,
Anadarko, Okla.

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

Cannon, Gus
IN REPLY REFER TO QM 293 A-C

16
May , 1929.

Mrs. Sarah E. V. Cannon,
Anadarko, Okla.

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 ~~Private Gus Cannon, Co. C, 32nd Infantry, 8th Division, whose remains are now interred in the Somme American Cemetery, Bony, Aisne, France.~~ ^{Private Gus Cannon, Co. C, 32nd Infantry, 8th Division, whose remains are now interred in the Somme American Cemetery, Bony, Aisne, France.} late

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.

Place Somme Cty. 636.

REPORT OF DISINTERMENT AND REBURIAL

Date April 5, 1928.

1. REMAINS OF CANNON, Gus SERIAL NUMBER 1876897

RANK Private. ORGANIZATION Co. C, 318th F.S. Bn.

2. Disinterred (date) : April 5, 1928. From (give complete location) :
Grave 18, Block A, Row 2.

By : Group Cty. Unit _____

3. Reburied (date) : April 5, 1928. In (give complete location) :

Grave 3, Block A, Row 2.

By : Group Cty. Unit _____ Nature of reburial Metallic Casket.

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

Metallic Casket.

5. (a) Identification tags : Buried with body ? _____ On grave marker ? _____

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

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

(a) Height (actual measurement) _____

(b) Weight (estimated) _____

(c) Hair—Color _____

Quantity _____

Characteristics _____

(d) Hair on face—Color _____

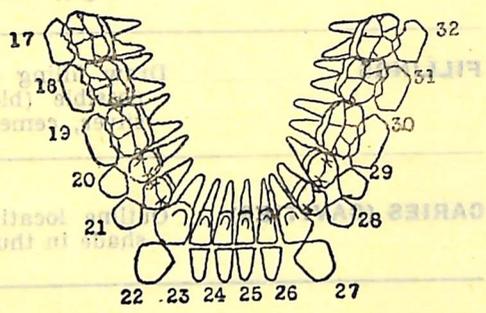
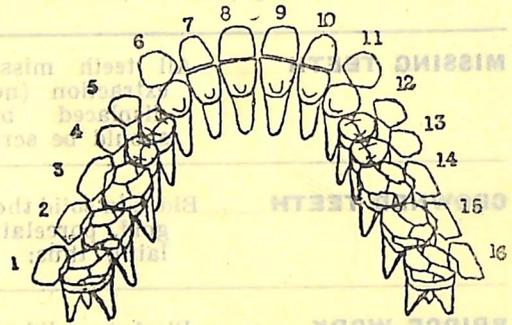
Location _____

Quantity _____

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

missing parts) _____

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



7. Disinterment supervised by J. J. Dillow

Approved : _____
(Title)

8. Reburial supervised by J. J. Dillow
3-7832

Approved : _____
(Title)

[Handwritten signature]

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:

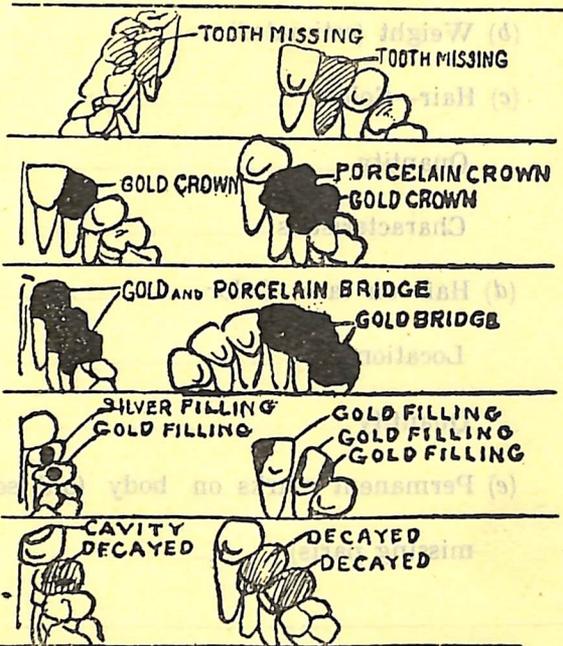
CROWNED TEETH Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus:

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.

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

32. Designation of body: _____

Name CANNON, Gus Serial No. 1876897

Rank Pvt. Organization Co. C, 318th F.S.Bn.

33. Consigned to: _____

Name of Permanent Cemetery Somme, Bony, Aisne

34. Casket boxed and marked (Date) April 5, 1928 By J.J. DILLON

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

Signature of G.R.S. Inspector _____

J.J. Dillon
J.J. DILLON

36. Remarks _____

37. Shipped from point of Operation: (Date) _____

To point of Concentration _____

(Name)

Convoyer _____ Signature Shipping Officer _____

38. Received at Railhead or Point of Concentration: Date _____

By G.R.S. Representative _____

39. Shipped from Railhead or Point of Concentration: Date _____

To Permanent Cemetery _____

(Name)

Convoyer _____ Signature Shipping Officer _____

40. Received: Date _____

G.R.S. Representative _____

41. Reinterred April 5, 1928 Somme American Cty.

(Date)

42. Grave No. 3 _____ Section _____

43. Plot Block A _____ Row 2 _____

G.R.S. Representative _____

J.P.V. Brady
J.P.V. BRADY

Superintendent.

To be prepared in triplicate.

DATE April 5, 1928

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 CANNON, Gus

10. Name _____

2. No. 1876897

11. No. _____

3. Rank Pvt.

12. Rank _____

4. Org. Co. C, 318th F.S. Bn.

13. Org. _____

5. D.D. Oct. 17, 1918

14. (a) D.D. _____

6. C.D. DOW

(b) D.B. _____

Discrepancy found upon disinterment

7. Grave No. 18 Sec. _____

15. Grave No. _____ Sec. _____

8. Plot Block A Row 2

16. Plot _____ Row _____

9. _____

17. _____

18. Cemetery Somme

19. Commune or town Bony

20. Dept. or County Aisne

21. Country France

22. G.R.S. Hdqrs. Code No. #636

23. Disinterred (Date) April 5, 1928

By J.J. DILLON

24. Inscription on grave marker:

Name CANNON, Gus

Serial No. 1876897

Rank Pvt.

Organization Co. C, 318th F.S. Bn.

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

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).

27. Condition of body _____

28. Nature of burial metallic casket

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

30. Body prepared and placed in casket: Date April 5, 1928 By J.J. DILLON

31. Casket sealed by J.J. DILLON

Signature of Embalmer, (Supervisor)

J.J. Dillon
J.J. DILLON

Cannon, (Surname.) 1,876,897 (Army serial number)

Pvt (Rank and organization.) Co C 318th Fld Sig Bn

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? yes 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) Mrs. Sarah E. Cannon

Anadarko Okla.

(Number and street or rural route.) (City, town, or post office.) (State.)

Read carefully the letter accompanying this card.

drawn by ~~mt~~

56741

1-6-21

REVIEWED
OSP SS.

mejs 1/7/21

QM 293 A-C

January 8, 1927.

CANNON, Gus - Private

Mrs. Sarah E. V. Cannon,
Anadarko, Oklahoma.

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,

1 Incl.
Record card.

F.H. POPE,
Colonel, C.M.C.
Assistant.

25/560/EYS



2011

To be prepared in triplicate.

DATE Sept. 28, 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 CANNON Gus

2. No. 1,876,897

3. Rank Pvt.

4. Org. Co. C 318th F.S. Bn

5. D.D. Oct. 17 1918

6. C.D. DOW

10. Name _____

11. No. _____

12. Rank _____

13. Org. _____

14. (a) D.D. _____

(b) D.B. _____

Discrepancy found upon disinterment

7. Grave No. 3 Sec. _____

8. Plot 1 Row H

9. Block R

15. Grave No. _____ Sec. _____

16. Plot _____ Row _____

17. no discrepancy

18. Cemetery St. Sever

20. Dept. or County Seine Inf

22. G.R.S. Hdqrs. Code No. 56

19. Commune or town Rouen

21. Country France

23. Disinterred (Date) Sept. 28, 1921

By E. L. Reid

24. Inscription on grave marker:

Name Gus Cannon

Rank Pvt.

Serial No. _____

Organization Co. C. 318th. F.S. Bn.

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

[Signature]
Signature Junior Technical Assistant
W. D. Wall Jr.

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 worked by Field Section. Reburial bottle with 16-A and 2 metal strips; data on both checks with form 114-A. Disc on body (partly corroded) reads only: "1876897, U.S.A."

27. Condition of body Badly decomposed. Features unrecognizable.

28. Nature of burial Burlap and wooden box.

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

30. Body prepared and placed in casket: Date Sept. 28, 1921 By E.L.Reid

31. Casket sealed by E.L.Reid

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

[Signature]

AUDITED BY
[Signature]
101-23-24

SHIPMENT. (Show actual marking of box.) Box No. C-10114

32. Designation of body:

Name CANNON Cns Serial No. 1,876,897Rank Evt Organization Co. C. 318th F. S. Bn

33. Consigned to:

Name of Permanent Cemetery Somme American Cemetery 636 Bony Aisne34. Casket boxed and marked (Date) Sept. 28, 1921By H.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

Disc on marker gave name as: "I. Cannon"

37. Shipped from point of Operation: (Date)

Sept. 28, 1921To point of Concentration Rouen (Seine Inf.)Convoyer Frank Atwell

Signature Shipping Officer

(Name)

R.S. Williams, 1st Lt. QMC

38. Received at Railhead or Point of Concentration: Date

Sept. 28, 1921

By G.R.S. Representative

Hubert W. Bryette, Capt. QMC

39. Shipped from Railhead or Point of Concentration: Date

3-OCT 1921To Permanent Cemetery No. 636, Bony, AisneConvoyer B. J. Flynn

Signature Shipping Officer

(Name)

H.W. Beyette, Capt. QMC

40. Received: Date

7 OCT 1921

G.R.S. Representative

41. Reinterred August 14, 1922

(Date)

42. Grave No. 18

Section

43. ~~Plot~~ Block A

Row

2

G.R.S. Representative

D.E. Lowry, 1st Lt. QMC

Place Rouen (Seine Inf.)

REPORT OF DISINTERMENT AND REBURIAL

Date Sept. 28, 1921.

1. REMAINS OF CAHNON, Gus SERIAL NUMBER 1876897

RANK Fvt. ORGANIZATION Co. C, 318th P.S. Bn.

2. Disinterred (date): Sept. 28, 1921, Gr. 3, Plot 1, Row "H", Block "R", St. Sever Cem 56, Rouen
From (give complete location):

By: Group 4 Unit P.S. 8

3. Reburied (date): August 14, 1922, Grave 18, Block A, Row 2, Somme Cemetery, Bony (Aisne)
In (give complete location):

By: Group Reburial Unit _____ Nature of reburial Casket and shipping case

4. Report as to nature of original burial and condition of body upon disinterment:
Badly decomposed. Features unrecognizable. Burlap & wooden box.

5. (a) Identification tags: Buried with body Yes, partly corroded On grave marker? Yes.

(b) Other means of identification found upon disinterment, and general remarks:
Body previously worked by Field Section. Reburial bottle with 16-A and 2 metal strips - data on both checks with form 114-A.

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

(a) Height (actual measurement) Impossible to determine

(b) Weight (estimated) Impossible to estimate

(c) Hair—Color Apparently dark brown

Quantity Thin

Characteristics Straight

(d) Hair on face—Color None visible

Location _____

Quantity _____

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

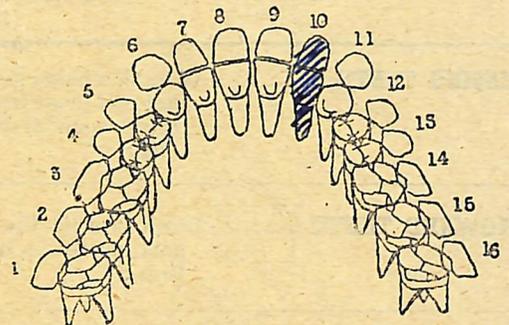
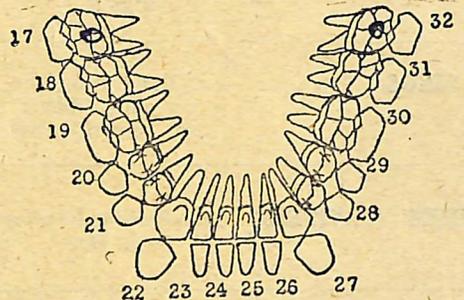


Diagram represents the mouth wide open.



(10 MAD, 17 Cav., 32 Cav.)

(f) Wounds or missing parts (received at time of casualty) Impossible to determine.

7. Disinterment supervised by E. L. Peirc

Approved: W. D. Wall, Jr., Checker.

(Title) W. D. Wall, Jr., Checker.

8. Reburial supervised by B. A. Bradford
B. A. Bradford

Approved: D. E. Lowry, 1st Lt., Q.M.C.

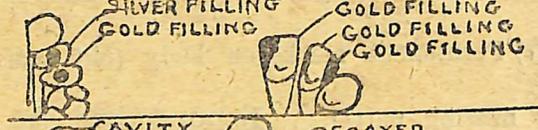
(Title) D. E. Lowry, 1st Lt., Q.M.C.

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), 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.

<p>MISSING TEETH All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:</p>	
<p>CROWNED TEETH Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus:</p>	
<p>BRIDGE WORK Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:</p>	
<p>FILLINGS Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:</p>	
<p>CARIES (CAVITIES) Outline location and size of cavity, shade in thus:</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.

5648

COMPILATION OF DISPOSITION OF REMAINS DATA

3/23/22 Exhumed
For Centralization
Somme Amer 636
Att 6/13/22

I. LOCATION INDEX CARD:

File #52869

(a) Name CANNON, Gus Ser. No. 1876897
(b) Rank Pvt. Organization Co. C, 318th F.S. Bn.
(c) Date of death 10/17/18 (d) Cause of death DWRIA

TYP. DMA
CKR. B.J.

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

(a) Grave No. 3 Row H Plot 1 Block Block -Sec. R TYP. DMA
(b) Emerg. Address Mrs. Sarah E. V. Cannon (mother) Anadarko, Okla.

III. Files of soldiers dying from contagious diseases ----- CKR. B.J.

IV. A. G. O. DISPOSITION CARD:

Date of receipt -----

(a) Name Mrs. Sarah E. V. Cannon (b) Relationship Mother
(c) Address Anadarko Okla
(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 MJI Date 1-6-21, 1920.

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

-----, dated -----
confirming request in Par. IV., item -----, above, or requesting that -----
No correspondence

Examiner's Initials MJI Date 1-6-21, 1920.

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

No request for disposition.

(a) Cancellation memos referred to? Yes S.M.

Examiner's Initials S.M. Date 1-6-, 1920.

COUNTRY FRANCE CEMETERY No. 56 SHEET No. 41

FORM 115 - A COMPLETED

MJI-31-21

CARDED

checked 1-14-21

Reviewed 3/29/21-68

RECEIVED

VII. G. R. S. Form No. 114 made _____, 1920. TYPED BY _____, Checked by _____, 1920.

MAR 19 1921
Cemeterial Division
Overseas Project Sub-Section

VIII. FINAL ACTION

Following advice forwarded to Europe by { cable on _____, 1920
letter on JAN 22 1921 1920

Par. #2, Not To Be Returned

HA

IX.

CORRECTIONS

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

Anadarko, Okla.

X. SUSPENSION REMARKS: 2/22/21 F.120- Mother N.K. Mrs. Sarah E. Cannon, requests body remain in Europe. H-3/8/21 aep

FORM 115 RETURNED BY HOBOKEN - BODY TO REMAIN IN EUROPE.

3-19-21 mw

Name _____

Rank _____

Serial No. _____

Org. _____

Remarks:

Name -----

Rank -----

Serial No. -----

Org. -----

Remarks:

A. G. O. Card & Corr. -----

Discrepancies -----

Name -----

Rank -----

Serial No. -----

Org. -----

Remarks:

G. R. S. Corr. -----

Discrepancies -----

Name -----

Rank -----

Serial No. -----

Org. -----

Remarks:

Checkers -----

Discrepancies -----

Name -----

Rank -----

Serial No. -----

Org. -----

Remarks:

EWent 1-7-21

*checked by
mars 17/21*

March 12, 1921.

File No. 293.8 Gen.Div.Cor.Br.
(CANNON, Gus)

Mrs. Sarah E. V. Cannon,
Anadarko, Oklahoma.

Dear Madam:-

Receipt of shipping inquiry dated February 22nd, 1921, relative to the remains of your son, the late Private Gus Cannon, serial number 1876897, Company C, 318th Field Signal Battalion, is acknowledged.

In accordance with your desire, the remains will be left in France for burial in a permanent American Cemetery. You are assured that the grave site will always be maintained as a fitting memorial of the late soldier's sacrifice.

The Department wished to convey to you renewed assurance of its sympathy in your bereavement.

By authority of the Quartermaster General:

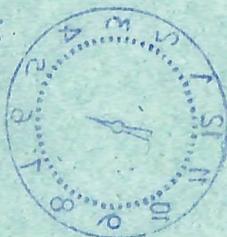
R. E. SHANNON,
Captain, Q.M.C.,
Officer in Charge.

BY:

F. C. PALLAS,
Executive Assistant.

ff/cmw

1921
MAR 18 1921



RECEIVED

31 Mailed-O.P.D.
MAR 18 1921

55 - 41

March 18, 1921.

File No. 233.8 Gen.Div.Cor.Ar.
(CANNON, Gus)

Mrs. Sarah E. Cannon,
Ada, Oklahoma.

Dear Madam:-

Receipt of shipping inquiry dated Feb-
ruary 22nd, 1921, relative to the remains of your son,
the late Private Gus Cannon, serial number 187887,
Company G, 31st Field Signal Battalion, is acknow-
ledged.

In accordance with your desire, the remains
will be left in France for burial in a Government Assem-
bled Cemetery. You are assured that the grave site
will always be maintained as a fitting memorial of the
late soldier's sacrifice.

The Department wishes to convey to you re-
newed assurance of its sympathy in your bereavement.

By authority of the Quartermaster General:

J. H. BRADY,
Quartermaster General,
Office in Charge.

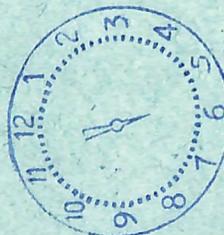
BY:

F. C. FARLEY,
Executive Assistant.

Mailed-O.F.D.

MAR 18 1921

RECEIVED



MAR 19 1921

6. n. 3.

tt/ans

WAR DEPARTMENT

56-41 1em *CBM*

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

CEMETERIAL DIVISION

WASHINGTON
Hoboken, N.J.

FEB 14 1921

FROM: Chief, Cemeterial Division, O. Q. M. G.

To: Mrs. Sarah E. V. Cannon, Anadarko, Okla.

SUBJECT: Remains of Pvt. Gus Cannon, Ser. No. 1876897, Co. C, 318 F.S. Bn.

The records of this office show that you have requested that the body of the above-named soldier remain in Europe.

If these are not the correct instructions, please correct them. Make corrections on reverse side of this sheet.

The nearest next of kin may choose between, (1) return of the body to any address in the United States; (2) interment in the National Cemetery, Arlington, Va., or any other National Cemetery; or (3) body to remain in Europe.

By authority of the Quartermaster General.

CHARLES C. PIERCE,
Lieut. Colonel, U. S. Army.

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 or not these relatives are STILL LIVING.

Was soldier married? no

NAME OF—	NO. AND STREET.	TOWN.	STATE.
Soldier's widow	<u>none</u>		
Soldier's children. (Name oldest first.)	1 <u>none</u>		
	2		
	3		
Father	<u>dead</u>		
Mother	<u>Sarah E. V. Cannon</u>		
Brothers. (Name oldest first.)	1 <u>Gene Cannon</u>	<u>Anadarko</u>	<u>Okla.</u>
	2 <u>Chas. Cannon</u>	<u>Okla. City</u>	<u>Okla.</u>
	3		
Sisters. (Name oldest first.)	1 <u>Mrs. Mollie Frick,</u>	<u>Anadarko</u>	<u>Okla.</u>
	2 <u>Mrs. Nora Robinson,</u>	<u>Anadarko</u>	<u>Okla.</u>
	3 <u>Mrs. Sadie Mobley</u>	<u>Ft. Cobb</u>	<u>Okla.</u>

(Handwritten in red ink: "noted 2/15" and "2/3/21")

Date February 22, 1921

Signature Sarah E. V. Cannon

Address Anadarko, Okla.

Relationship Mother

Feb. 21, 1921. 192

I, the undersigned, am the mother and nearest living next of kin of the within-named
(Relationship.)

soldier, and desire the following disposition of his remains, viz:
(Strike out all except the one showing the disposition desired.)

1. As stated on first page of this sheet.

2. To be returned to the U. S. and shipped to _____
(Name.)

(R. R. station.) _____ (State.)

3. To be returned to the U. S. and buried in _____ National Cemetery.

4. To remain in Europe, for burial in a permanent American Cemetery. YES.

Signature Sarah E V Cannon

INSTRUCTIONS FOR FILLING OUT.

1. If definite instructions for the disposition of a body are not received from the next of kin within two weeks of its arrival at New York, burial will be made without further notice in the World War Section of Arlington National Cemetery.

2. The transfer of bodies will be made ENTIRELY at Government expense.

3. This paper MUST BE SIGNED BY THE PERSON WHO IS THE NEXT OF KIN IN THE ORDER shown in the square on the other side of this sheet.

4. This paper must be returned showing the name and address of each of the nearest next of kin 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 next of kin, please ask the nearest next of kin, if living near you, to fill out this paper.

7. If YOU are not the nearest living next of kin and do not know who or where the nearest relatives are, please fill out this paper AT ONCE and mail to this office.

8. You are requested to return this paper AT ONCE in order to avoid delay in the case of this body.

9. Use the inclosed envelope—pay no postage.

NOTE.—INSTRUCTIONS FOR THE DISPOSITION OF REMAINS will be issued by this office upon the properly executed authority of the legal next of kin in each case. The widow is the first person having disposition of the remains of her husband. Should there be no widow or children, the father and, in turn (upon his decease), the mother, is the proper authority. The brothers, in order of seniority, and then the sisters in order of seniority, if there are no brothers, rank next in authority to decide. Under an opinion rendered by the Judge Advocate General of the Army, if a widow has remarried she forfeits her right, and the next of kin as given above will make decision.

COMPILATION OF DISPOSITION OF REMAINS DATA

See Form 115
att 6/13/22

I. LOCATION INDEX CARD:

File #52869

(a) Name CANNON, Gus Ser. No. 1876897 TYP. DMA
 (b) Rank Pvt. Organization Co. C (4-14-21) 318th F.S.En. B.J.
 (c) Date of death 10/17/18 Cause of death DWRIA

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

(a) Grave No. 3 Row H Plot 1 Sect. Block R TYP. DMA
 (b) Emerg. Address Mrs. Sarah E. V. Cannon (mother) Anadarko, Okla.

III. Files of soldiers dying from contagious diseases ----- CKR B.J.

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

Ad. Card - Mrs. Sarah E. V. Cannon, mother, Anadarko, Oklahoma, requests remains left in France - at 12/21

V. Following advice forwarded to Europe by - (cable on 192)
 (letter of transmittal on JAN 22 1921)

Par. #2, Not To Be Returned H

VI. Form 115 forwarded to G.R.S. Hoboken, N.J. FEB 2- 1921 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. MAR 19 1921 192

m81-31-21

52869
GRAVE LOCATION BOOK.

LOCATION OF THE GRAVE OF

Cannon. 1876897

Gus.

(Surname.)

(Number.)

(First Name and Initials.)

Pte.

318 U.S.F.S. Bttn.

(Rank.)

(Organization.)

DATE OF BURIAL..... 19/10/18.

PLACE OF BURIAL... Cemetery St. Sever.

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

Rouen.

FILE

GRAVE NUMBER... 7635.

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

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

IDENTIFICATION TAGS :

Was one buried with body?..... No.

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

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

51
REVIEWED
OSP SS.

REPORTED BY :

W. C. [Signature]

(Signature and Rank of Reporting Officer.)

This portion to be sent to Chief of Graves Registration Service.
Commanding 6 General Hospital



52868

Cannon G. 1876897

Private 318/Sig.Co

D.D. 17.10.18

Buried St. Sever Cem. Extn. Rouen.
1.10-A. Bk. "R" Pl. 1 R "H"
Gr. 3.

56

REVIEWED
OSP SS.

Q 352

52569

Cannon, .

1876897

Pvt. 318th, Sig. Co., U.S.A.,

10/17/18

Buried St. Sever Cem. Ext. Rouen

Block R. Plot 1.

E 7635

H 3

56

REVIEWED
OSP SS.

h 259

52869

Cannon G.

#1876897

Pvt. 318 Sig.Co.

DD 10/17/18

Buried St Sever Cem Ext., Rouen

1.10-A Bk."R"

Pl 1 R"H"

Gr 3

REVIEWED
OSP SS.

56

9291

WAR DEPARTMENT.

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

OFFICIAL BUSINESS.

REVIEWED
OSP-SS.

Gus Cannon

1876897

FILE.

52869



WAR DEPARTMENT.

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

OFFICIAL BUSINESS.

REVIEWED
OSP-SS

Gus Cannon

1876897



FILLE.

52869

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

G.R.S. Form 8-W-A-0
Information requested A.G.O.

Date 1/7/21

File No. 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 **Cannon** ✓
- b. Christian name **Gus** ✓
- c. Serial Number **1876897** ✓
- d. Organization **Co. C, 318th F.S. Bn. (Co. C, 318th Fld. Sig. Bn.)** ✓
- e. Rank **Pvt.** ✓
- f. Date of death **10/17/18** ✓
- g. Cause of death **DWRIA** ✓
- h. Authority (C.O.#)
- i. Emergency address **Mrs. Ruth E. Cannon Anadarko, Okla.**
- j. Relationship **mother**

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

CW

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

No correction

CEMETERY NO: 56

SHEET NO: 41

TYPED BY: JBC

S/713/LML

JAN 11 1921

RECEIVED BY:

H. J. CONNER, 1st. Lieut. Q.M.C.

Rec'd World War Div.
Date JAN. 8 - 1921

JAN 8 1921 6

*Sounelly/100
2nd. Lieut. Sec.*

*wg. 7
1-11-21*

J

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

Date 1/11/21

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

File No. 100-19-1000

From: The Quartermaster General, U.S. Army, (Comptrol Building)

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

Subject: Information requested for G.R.S.

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

a. Service Number

b. Christian name

c. Serial Number 187687

d. Organization
Co. E, 51st Sig. Bn. (Co. E, 51st Sig. Bn.)

e. Rank Pvt.

f. Relationship

DETAILED CHARTS
(See physical report of
examination previous enlistment)

a. Strike out teeth missing

b. Color of eyes

c. Color of hair

d. Height

e. Weight

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

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

H. L. COMBER
1st Lieut. U.S.A.

JAN 11 1921
RECEIVED

27

66

41

185