

No Cl in GRS no record of mother or wife

✓ 247

G.R.S. Form #114-B CAUSE OF DEATH

H. P. S. A -

223

✓ FULL NAME..... CAPLINGER, Owen

✓ RANK..... Private ✓ SERIAL..... 1966094

✓ DIVISION & ORGANIZATION..... Co. I, 28th Inf. ✓ 1st Div

✓ DATE OF DEATH..... 11-23-18

✓ STATE FROM WHICH HE CAME..... Ohio

MEDALS OR DECORATIONS AWARDED..... Cited in GOI, 1st Div dated Jan 1, 1920

FINAL GRAVE LOCATION..... 15 9 B

Date Grave Row Block

..... 1764

✓ Cemetery

3/21/27 ex 1857

01479-519  
AUDITED BY

MAY 9

WORLD

27/86/-

*Allied Striptococ Infc. 11/23/18 low 20905  
cc 348*

**GRAVE LOCATION BLANK**

LOCATION OF THE GRAVE OF

*Caplinger* 1966094 *Owen*  
(Surname). (Number). (First Name and Initials).

*Pvt.* *Co. 1* *28 Inf.*  
(Rank). (Organization).

PLACE OF DEATH: *Base Hospital #30*

CAUSE OF DEATH: *Striptoc. infection rt. thigh*

DATE OF BURIAL: *Nov. 25, 1918*

PLACE OF BURIAL: *Clermont-Ferrand*

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

*American Cemetery. Grave number*

*given by QM Dept. Clermont-Ferrand*

Co. 1 GRAVE NUMBER: *Plot 15, Row 1, Grave 135-n* - Pvt. 1966094

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

Headboard? Bottle? *Yes*

IDENTIFICATION TAGS:

forma Was one buried with body? *Yes* present can give any in-

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

If name unknown and tags missing, description and marks captain, 28th Infantry. should be given here?

NEAREST RELATIVE:

ADDRESS:

RELATIONSHIP:

REPORTED BY: *Christopher W. Collier*

J.R. *Christopher W. Collier, Acting Chapln*  
(Signature and Rank of Reporting Officer) *A.R.C.*

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

Co. I, 28th Infantry  
1st Division

CAPLINGER Owen - Pvt. 1966094

No one in this organization at present can give any information regarding Pvt. CAPLINGER.

Signed : Thomas HENRY, Captain, 28th Infantry.

J.R.

CODE SLIP

*✓*

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>Caplinger</i>	<i>CAP</i>	3	<i>316</i>
	<i>Owen</i>		
	CEMETERY <i>1764</i>	1	<i>4</i>
BURIED	GRAVE <i>15</i>	2	<i>15</i>
	ROW <i>9</i>	2	<i>09</i>
	BLOCK <i>B</i>	1	<i>2</i>
STATE	<i>Ohio</i>	2	<i>41</i>
BANK	<i>P.A.</i>	1	<i>2</i>
DIVISION	<i>1</i>	2	<i>01</i>
ORGANIZATION	<i>28</i>	3	<i>028</i>
ARM	<i>Inf</i>	1	<i>1</i>
MARTIAL <i>(Father)</i>	<i>no</i>	1	<i>2</i>
NAME <i>Riley</i>		3	
	<i>James</i>		
	STATE <i>Ohio</i>	2	<i>41</i>
RESIDENCE	COUNTY <i>Washington</i>	2	<i>27</i>
<i>Washington Court House, Ohio</i>	CITY <i>Washington</i>	3	<i>136</i>
RELATION	<i>mother</i>	1	<i>1</i>
OTHER <i>no</i>	<i>no</i>	1	<i>1</i>
ELIGIBILITY <i>no</i>	<i>dead</i>	1	<i>6</i>
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	<i>AUG 18 1992</i>
DATE OF	MO.	1	<i>RS</i>
TRIP	YR.	1	
ACCEPTANCE		1	<i>la</i>

**AUDITED**

AUG 18 1992

*RS*

*la*

*RJA*

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

July 8, 1930

Caplinger, Owen 1764-F

Mr. James Riley  
Washington Court House, Ohio

Dear Sir:

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

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

1. Is the deceased survived by a mother?

If so, give her name and address:

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

Caplinger, Owen  
1764

Aug. 21, 1929.

Mr. James Riley,  
Washington Court House, Ohio.

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated June 11, 1929 making inquiry concerning the name and address of the mother and widow of the deceased service man above named. These addresses are desired with a view to ascertaining the number of mothers and widows who desire to make a pilgrimage to the cemeteries of Europe in which the remains of their sons and husbands are interred.

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

Write answers in space below

1. Is the deceased survived by a widow who has not since remarried? If so, give her complete address:

*No, he was  
never married*

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.

*no mother,  
no stepmother or  
mother thru adoption*

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

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO ~~OM, 293 A-C~~  
~~Capt. Owen~~

June 11, 1929.

Mr. James Riley,  
Washington Court House, Ohio.

Dear Sir:

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

Records of this office show that you are the father of the late Private ~~Therese~~ ~~of the 30th Inf., 25th Div., whose remains are now interred in the Aisne-Marne American Cemetery, Belleau, Aisne, France.~~

Will you please advise this office whether or not he is survived by a mother or widow who is entitled under the provisions of the above quoted Act, to make the pilgrimage, and if so, will you please furnish the full names and addresses of the mother and widow in order that action may be taken to extend invitations to them to make the pilgrimage. Both mothers and widows are entitled to make the pilgrimage.

Your attention is particularly invited to Section 4 of the enclosed Act, which defines the terms "mother" and "widow". If the relative is a stepmother, mother through adoption, or any woman who stood in loco parentis to the decedent, a statement as to her relationship is requested. If he was survived by a widow who has since remarried it is also requested that a statement to that effect be made.

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

For The Quartermaster General,

Very truly yours,

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

2 incls.  
Act of Congress.  
Envelope.

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

July 8, 1930

Caplinger, Owen 1764-F

Mr. James Riley  
Washington Court House, Ohio

Dear Sir:

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

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

1. Is the deceased survived by a mother?

If so, give her name and address:

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

Caplinger, Owen  
1764

Aug. 21, 1929.

Mr. James Riley,  
Washington Court House, Ohio.

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated **June 11, 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  
Coplinger, Owen

June 11, 1929.

Mr. James Riley,  
Washington Court House, Ohio.

Dear Sir:

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

The records of this office show that you are the father of the late Private Owen Coplinger, Co. I, 28th Inf., whose remains are now interred in the Aisne-Marne American Cemetery, Belleau, Aisne, France.

Will you please advise this office whether or not he is survived by a mother or widow who is entitled under the provisions of the above quoted Act, to make the pilgrimage, and if so, will you please furnish the full names and addresses of the mother and widow in order that action may be taken to extend invitations to them to make the pilgrimage. Both mothers and widows are entitled to make the pilgrimage.

Your attention is particularly invited to Section 4 of the enclosed Act, which defines the terms "mother" and "widow". If the relative is a stepmother, mother through adoption, or any woman who stood in loco parentis to the decedent, a statement as to her relationship is requested. If he was survived by a widow who has since remarried it is also requested that a statement to that effect be made.

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

For The Quartermaster General,

Very truly yours,

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

2 incls.  
Act of Congress.  
Envelope.

O. D. M. G. M. & R. DIV.

15 JUN 11 PM 3 43

DISPATCHED

CC

DATE \_\_\_\_\_

1. NAME CAPLINGER Owen SERIAL No. 1966094RANK Pvt ORGANIZATION Co I 28th InfGRAVE LOCATION Amer. Cty Clermont-Ferrand Puy-de-Dome 519

CTY. NAME

NUMBER

235

GRAVE

ROW

PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION - - - - -

GRAVE

COMMUNE

DEPT.

COORDINATES - - - - -CONCENTRATED TO Remains are in original grave.

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.

NoneSUBSEQUENT REBURIALS Has not been exhumed.

DATE

GRAVE

ROW

PLOT

CEMETERY

- - - - -

DATE

GRAVE

ROW

PLOT

CEMETERY

SIGNATURE, AREA SUPERVISOR Tom WardTom Ward. Captain, Q.M. Corps.3. FINAL GRAVE LOCATION Dec. 21, 1922 15 9 Block B.

DATE

GRAVE

ROW

PLOT

Aisne-Marne, American Cem. #1764, Belleau (Aisne)

CEMETERY

AUDITED BY

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.

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

JAN 13 1924

FROM: Chief, Graves Registration Service, Q. M. C.  
To: Mr. Chas. Caplinger, R.R. #2, Washington C.H., Ohio.  
SUBJECT: Remains of Pvt. Owen Caplinger, Serial No. 1,966,094 -

Co. I., 28th Infantry.

The records of this office show that you have requested that his body 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.

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. AND STREET.	TOWN.	STATE.
<b>Was soldier married?</b>			
Soldier's widow.....			
Soldier's children. (Name oldest first.)	1.....		
	2.....		
	3.....		
Father.....			
Mother.....			
Brothers. (Name oldest first.)	1.....		
	2.....		
	3.....		
Sisters. (Name oldest first.)	1.....		
	2.....		
	3.....		

Date.....

Signature.....

Address.....

Relationship.....

IMPORTANT.—CAREFULLY read instructions before filling out this paper.

INSTRUCTIONS FOR FILLING OUT THIS PAPER

Address: \_\_\_\_\_ Date: \_\_\_\_\_, 1920.

RECEIVED

AUG 5 1921

Central Division  
Ordnance Project Sub-section

I, the undersigned, am the \_\_\_\_\_ of \_\_\_\_\_ and nearest living relative 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.

Signature \_\_\_\_\_

INSTRUCTIONS FOR FILLING OUT.

1. If definite instruction as to the disposition of a body are not received from the nearest relative 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 living relatives in the spaces provided therefor on the other side of this sheet.

5. If there are minor children of the deceased soldier and no widow, the LEGALLY APPOINTED GUARDIAN of the children should ascertain their wishes and act for them in this matter.

6. If YOU are not the nearest relative, please ask the nearest relative, if living near you, to fill out this paper.

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

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

9. Use the inclosed envelope—pay no postage.

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY  
WAR DEPARTMENT

62254

# GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Caplinger 1966094 Owen  
(Surname) (Number) (First Name and Initials)

Pvt. Co. 1 28 Inf.  
(Rank) (Organization)

PLACE OF DEATH: Base Hospital #30

CAUSE OF DEATH: Strptoc. infection ft. thigh

DATE OF BURIAL: Nov. 25, 1918

PLACE OF BURIAL: Clermont-Ferrand

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

American Cemetery. Grave number.

given by QM Dept. Clermont-Ferrand

GRAVE NUMBER: Plot 15, Row 1, Grave 235

HOW MARKED: Name Peg? Yes Cross? Yes  
Headboard? Bottle? Yes

IDENTIFICATION TAGS:

Was one buried with body? Yes

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

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

NEAREST RELATIVE:

ADDRESS:

RELATIONSHIP:

REPORTED BY: Christopher W. Collier  
Christopher W. Collier, Acting Chapln  
(Signature and Rank of Reporting Officer) A.R.C.

**FILE**

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



FILE

62257

CAPLINGER, OWEN #1966094

Co. I, 28th Inf.

Plot #15, Grave #235

Amer Cem #519 at Clermont-Ferrand

519

FILE 559

G.R.S. FORM #105 - Reply to Casualty Div., A.G.O.

WAR DEPARTMENT  
The Office of Director Purchase & Storage,  
Washington, D.C.

63254

MEMORANDUM TO: Casualty Division, Adjutant General's Office  
6th & B Streets, n.w., Washington, D.C.

Attached papers are returned with the information that the files of the Graves Registration Service show that:

Caplinger, Owen, Pvt. 1966094, Co. I, 28th Inf.

is buried ~~was disinterred and reburied~~ in Grave No. 235,

Row #1, Plot #15, Cemetery No. 519, Clermont Ferrand, (Puy-de-Dome)

By authority of the Quartermaster General,  
Director of Purchase and Storage.

Charles C. Pierce,  
Colonel, Q.M.C.  
Chief, Graves Registration Service.

G.R.S. FILE No.  
CCP/  
NS-2849-ad

FILE

62254

SYNOPSIS OF COMMUNICATION RECEIVED AND INDORSED OUT.

DATED: May 7, 1919. DATE RECEIVED IN Sept. 24, 1919.  
FROM: Miss Cora Mull, Middletown, Ohio. R. D. #2.  
TO: War Department.

Caplinger, Owen, Pvt. 1966094, Co. I, 26th Inf.

Desires information as to the date, manner, and place of burial  
of the above named soldier.

FILE

1st Ind.

62254

201 (Caplinger, Owen)

War Department, A. G. O., June 7, 1919. - To: The Commanding General, American Expeditionary Force, for report by courier details as to death and place of burial of the above named, who died November 25, 1918 of streptococci infection, right thigh. (GC 349-17-4 received 12-5-18)

By order of the Secretary of War:

BY EMBARKATION COURIER Received

ICS

A. G. O.

Adjutant General.

JUN 20 1919

G. H. Q. A. E. F.

RECEIVED  
S. - 1919 JUN 20  
O. C. G. M.  
S. S. D.

FILE



1

100227

1st Ind.

301 (Explosive, Green)

War Department, A. G. O., June 7, 1919. - For the Commanding General,  
American Expeditionary Force, for report by courier details as to death  
and place of burial of the above named, who died November 22, 1918 at  
stiposocic infection, right thigh. (OO 265-17-d received 12-2-18)

By order of the Secretary of War:

BY EMBARKATION COURIER RECEIVED

Adjutant General

A. G. O.  
JUN 20 1919  
G. H. O. A. E. F.

102

RECEIVED  
2 JUL 1919  
O. C. Q. M.  
G. R. S.

FBI





COMPILATION OF DISPOSITION OF REMAINS DATA

*Unconfirmed - 11-3-20*

I. LOCATION INDEX CARD:

(a) Name CAPLINGER, Owen Ser. No. 1966094  
(b) Rank Private Organization Co. I, 28th Infantry TYP. v  
(c) Date of death 11-23-18 (d) Cause of death Streptococic infection CKR. 11-10-21  
Right thigh

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

(a) Grave No. 235 Row 1 Plot 15 Sec. --- TYP. vbb  
(b) Emerg. Address ---

III. Files of soldiers dying from contagious diseases NO CARD CKR. MB

IV. A. G. O. DISPOSITION CARD:

Date of receipt None

(a) Name Mr. Chas. Caplinger (b) Relationship Father  
(c) Address Washington 6, D. C., Ohio R.R. # 2  
(d) Remains to be brought to U. S.? no  
(e) To be interred in National Cemetery in U. S. at no

(f) Shipping instructions upon arrival of body in U. S. ---  
(g) Disposition instructions if not brought to U. S. ---

Examiner's Initials D. L. G. Date 11-10-, 1920.

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

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

Examiner's Initials D. L. G. Date 11-10-, 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 11-11-, 1920.

COUNTRY FRANCE CEMETERY No. 519 SHEET No. 33

EXHUMED FOR CONCENTRATION  
11-10-21

*MB*

*MB 11-10-21*



Place Clermont Ferrand

REPORT OF DISINTERMENT AND REBURIAL

Date October 4, 1921.

1. REMAINS OF Caplinger, Owen SERIAL NUMBER 1966094

RANK Pvt ORGANIZATION Co. I 28th Inf

2. Disinterred (date): October 4, 1921 From (give complete location): Gr. 235 Cemetery 519

By: Group 4 Unit Sec 5

3. Reburied (date): Dec. 21, 1922. In (give complete location): Grave 15, Row 9, Block B, Cem. 1764, Belleau (Aisne)

By: Group re-burial group Unit \_\_\_\_\_ Nature of reburial lined casket

4. Report as to nature of original burial and condition of body upon disinterment: Badly decomposed. Features not recognizable. uniform and pine box

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

(b) Other means of identification found upon disinterment, and general remarks: Disc on body entirely disintegrated

6. What does examination of body show as regards the following identifying items? 11 MAD impossible to determine

(a) Height (actual measurement) no

(b) Weight (estimated) none

(c) Hair—Color none

Quantity none

Characteristics none visible

(d) Hair on face—Color none visible

Location none

Quantity \_\_\_\_\_

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

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

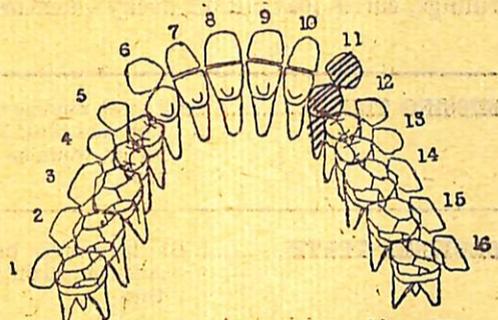
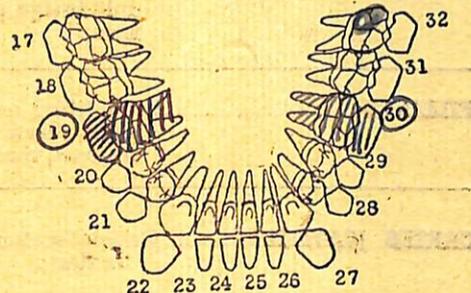


Diagram represents the mouth wide open. 19.30 MBD 32 erupted



Checker- R. W. Paylor

7. Disinterment supervised by J. F. Madine Sup Emb

Approved: S H Hunsicker  
(Title) 1st Lieut QMC

8. Reburial supervised by L. D. Hays

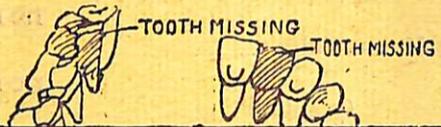
Approved: W. D. Cleary  
(Title) W. D. CLEARY, Lt. Chaplain USA.

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

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

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

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



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



**BRIDGE WORK**.....Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



**FILLINGS**.....Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus :



**CARIES (CAVITIES)**.....Outline location and size of cavity, shade in thus :



**DENTURES (PLATES)**.....Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

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

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

To be prepared in triplicate.

DATE Oct 3rd 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 CAPLINGER Owen

10. Name \_\_\_\_\_

2. No. 1966094

11. No. \_\_\_\_\_

3. Rank Pvt.

12. Rank \_\_\_\_\_

4. Org. Co I 28th Inf

13. Org. \_\_\_\_\_

5. D.D. Nov 23 1918

14. (a) D.D. \_\_\_\_\_

6. C.D. Streptococcic Infection  
Right Thigh

(b) D.B. none

Discrepancy found upon disinterment

7. Grave No. 235 Sec. \_\_\_\_\_

15. Grave No. \_\_\_\_\_ Sec. \_\_\_\_\_

8. Plot \_\_\_\_\_ Row \_\_\_\_\_

16. Plot \_\_\_\_\_ Row \_\_\_\_\_

9. \_\_\_\_\_

17. none

18. Cemetery American

19. Commune or town Clermont-Ferrand

20. Dept. or County Puy-de-Dome

21. Country France

22. G.R.S. Hdqrs. Code No. 519

23. Disinterred (Date) Oct 3rd 1921

By J.F. Madine

24. Inscription on grave marker:

Name Owen Caplinger

Serial No. \_\_\_\_\_

Rank Pvt

Organization Co. I. 28th Inf. Gr. No 235

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

*R. W. Saylor*  
Signature Junior Technical Assistant

R.W.Saylor

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).

Hospital tag found on body.

27. Condition of body badly decomposed, features unrecognizable.

28. Nature of burial wooden box and uniform

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 Oct 3rd 1921 By J.F. Madine

31. Casket sealed by J.F. Madine

Signature of Embalmer, (Supervisor)

*J.F. Madine*  
J.F. Madine

RECEIVED  
11/10/21  
2000

SHIPMENT. (Show actual marking of box.) Box No. C-11535

32. Designation of body:

Name CAPLINGER Owen Serial No. 1966094

Rank Pvt Organization Co I. 28th Inf

33. Consigned to: Aisne-Marne American Cemetery 1764  
Name of Permanent Cemetery Belleau Aisne

34. Casket boxed and marked (Date) Oct 3rd 1921 By J.F. Madine

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]

S.H. Hunsicker, 1st Lt. QMC

36. Remarks Hospital tag reads, "Owen Caplinger, Cpl. Co. I. 28th Inf. 1966094

Birth place, Ohio... Died Nov. 25-1918... Buried 26th 1918. No record of home address."

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 Oct 14th 1921

To Permanent Cemetery Aisne-Marne Amer. Cty. 1764. Belleau (Aisne)

(Name)

Convoyer H.F. Tebeau

Signature Shipping Officer [Signature]

F. Overheiser, 1st Lt. QMC

40. Received: Date October 18, 1921.

G.R.S. Representative [Signature]

G.F. WAUGH, Major, Infantry.

41. Reinterred Dec. 21, 1922.

Aisne-Marne Cem. 1764.

(Date)

42. Grave No. 15

Section \_\_\_\_\_

43. Plot BLOCK B

Row 9

G.R.S. Representative [Signature]

W.D. CLEARY, Lt. Chaplain USA.

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

Date **Sept. 15, 1919.**

FROM:- INQUIRY BRANCH.

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

NAME **Caplinger, Owen**

Serial Number **1966094**

RANK **Pvt.**

ORGANIZATION **Co. I, 28th. Inf.**

NO.	QUESTION	REPLY
1.	Do particulars of soldier given above agree with Records?	Yes.
2.	Date of Death.	
3.	Cause and place of death.	
4.	Number of Casualty Cablegram.	
5.	Date buried.	✓
6.	Grave Location. (a) Complete record required. (b) Name of Cemetery or Commune only required. (c) Note reinterments.	Grave: #235, Row #1, Plot #15, Cty 519 Clermont Ferrand, (Puy-de-Dome.)
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?	
11.	Complete Emergency Address?	
12.	Has above been notified? (Give date)	
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.?	
15.	Inquiry made by?	

FILE

Released by Information Control

X Dept.  
X Directory  
X Cards 5 x 8  
Cards 4 x 6

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

FILE

Caplinger

Owen

1,966,094

Dup

(Surname.)

Pvt.

(Christian name in full.)

Co I 28th Inf

(Army serial number)

(Rank and organization.)

State your relationship to the deceased

Father

Do you desire the remains brought to the United States?

No

(Yes or no.)

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

No

(Yes or no.)

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

Don't want them sent

(Name of person to receive remains.)

(Express office.)

(Telegraph office.)

(Number and street.)

(City or town.)

(State.)

(Sign here)

Mr. Charles Caplinger

Washington C. H. O. R. R. # 2

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

3-6713

2-11-11  
2-11-11  
10

Mr. James Riley  
Washington Court House,  
Ohio.

11-10-20  
519-3  
Examined by R.B.H.