

G.R.S. Form #114-B

CAUSE OF DEATH *K9a*

✓ FULL NAME ..... CARBAUGH, Calvin A. ✓

✓ RANK ..... Pvt. ✓ SERIAL ..... 2339432 ✓

✓ DIVISION & ORGANIZATION ..... Co.I. 4th Inf. *3 Div* ✓

✓ DATE OF DEATH ..... 7-15-18 ✓

✓ STATE FROM WHICH HE CAME ..... *Pa* ✓

MEDALS OR DECORATIONS AWARDED. *none*

FINAL GRAVE LOCATION. 10-9-1922 24 11 A  
Date Grave Row Block

..... 1764  
..... Cemetery

**MAY 9 1927**  
A. G. O.  
WORLD WAR DIV.

23/306/ARK **AUDITED BY**

924

6/21/27 *OK*

C° I. 4th Inf.  
3rd Div.

CARBAUGH, Calvin A. N° 2339432

Instantly killed by shell fire near the village of Nesles (Chateau  
Thierry Sector), July 15/1918. No further information available.

(No Informant given)

(Not signed)

HC

CODE SLIP



HEADING	SUB HEADING	NO. OF COLS	CODE
NAME	Carbaugh		
	Calvin A		
	CAR	3	318
BURIED	CEMETERY	1	4
	1764		
	GRAVE	2	24
	24		
	ROW	2	11
	11		
	BLOCK	1	1
	A		
STATE	Penna	2	44
RANK	Pvt	1	2
DIVISION	3	2	03
ORGANIZATION	4	3	004
ARM	Inf	1	1
MARITAL	(Sister)	1	2
	NO		
NAME	Shuff Nora		
	361 Jefferson Ave -		
	STATE	2	
RESIDENCE	Downingtown, Pa		
	COUNTY	2	
	CITY	3	
RELATION	Mother	1	1
OTHER	no fm	1	
	no low		
ELIGIBILITY	Dead - since war	1	6
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF TRIP		1	
ACCEPTANCE		1	
29/514/EAB		1	

**AUDITED**

AUG 18 1952

RB

mcf

da

A. D. Hughli  
Captain 2. M. Corps

H  
Widow

Dear Sir. -

In reply  
to your letter I wrote I  
was his Sister and was  
beneficiary to his  
insurance. I had wrote  
before his Mother was  
dead and His Mother &  
he was never married.  
My Father left my Mother  
with 6 children. My  
oldest Sister was 14  
and went to my Uncle's  
and worked in Cotton  
Mill. Rest of us were  
put in homes till we  
were old enough to be  
put out to work for  
ourselves.

no reply

Colman was young and  
he was 6 years old. It  
you are more of no help  
from 5 years before he was  
18. After he came to me  
in your register and  
Public works and other  
paid his friend. Mother  
referred him to me and  
till she died nearly 6 years  
after his death. I heard  
a letter from Washington  
I was the consequence of  
which I received of  
the insurance. There is  
one Brother in the and  
his father having not  
dead. It is by the  
right this time. Through  
I had before in other letters  
see we mentioned much about  
your family  
Mrs. Nora Skiff

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-M

July 24, 1930.

Carbaugh, Calvin A. 1764 LP

Mrs. Nora Shuff,  
361 Jefferson Ave.,  
Downingtown, Pa.

Dear Madam:

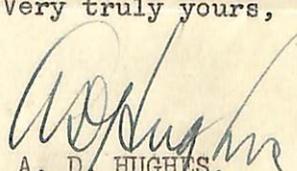
Receipt is acknowledged of your reply to the form letter recently sent you from this office in which you indicate that you stood in loco parentis to the late Calvin A. Carbaugh.

In order to satisfy legal requirements it will be necessary for you to furnish as proof of your relationship, in loco parentis, the affidavits of at least two persons not related to you.

In the event you consider yourself eligible to make the pilgrimage to the cemeteries of Europe under the provisions of Section 4 (a) of the Act of March 2, 1929, as amended May 15, 1930, it is requested that the enclosed form be completed and returned to this office in order that your eligibility may be determined. Under paragraphs 1 (c) and 1 (d) sufficient information should be given to permit an intelligible decision as to eligibility.

For The Quartermaster General.

Very truly yours,

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

Enc.  
Forms  
Env.



WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

July 8, 1930

Carbaugh, Calvin A. 1764-S  
*Mrs.*  
Mrs Nora Shuff  
118 Cedar St.  
Columbia, Pa.

*hoco?*

Dear Madam:

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

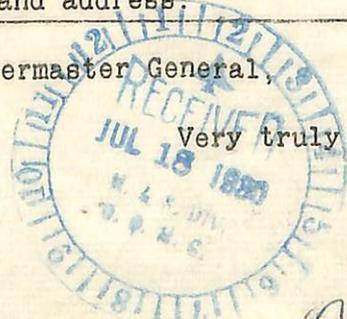
This office has no record of any person entitled under the Act mentioned to make a pilgrimage to the cemeteries in Europe as the mother or widow of the above named deceased service man. To complete the list of eligibles and to assure that, if the above named man is survived by a mother or widow entitled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

- |  |  |
|--|--|
| 1. Is the deceased survived by a mother?<br>If so, give her name and address:  | <i>It is Mother<br/>is dead</i>  |
| 2. Is the deceased survived by a widow<br>who has not remarried?<br>If so, give her name and address:  | <i>Was never<br/>married</i>   |
| 3. Is the deceased survived by any woman<br>who stood in loco parentis to him ac-<br>cording to the terms of Section 4 (a)<br>of the enclosed Act as amended?<br>If so, give her name and address: | <i>I am his sister<br/>&amp; Beneficiary of his<br/>\$10,000 Insurance</i> |

For The Quartermaster General,

Very truly yours,

Enclosures:  
Envelope  
Act  
Amendment



*Mrs. Nora Shuff*  
*A. D. HUGHES,*  
Captain, Q. M. Corps,  
Assistant.  
*Downingtown Pa.*

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Carbaugh, Calvin A.

July 30, 1929

Miss Nora Shuff  
118 Cedar Street,  
Columbia, Pa.

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 **sister of the late Private Calvin A. Carbaugh, Co. I, 4th Inf. whose remains are now interred in the Aisne Marne American Cemetery, Belleau, Aisne, France.**

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

Write answers in space below:

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

*Was never married*

2. If so, give her complete address:

3. If he is survived by a mother, stepmother, mother thru adoption, or any other woman who stood in loco parentis to him, according to the terms of Section 4 of the enclosed Act, give her name, address, and relationship in the space opposite.

*This Mother  
Stepmother  
are both dead*

For The Quartermaster General,

Very truly yours,

*John T. Harris*

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

2 Incls.  
Act of Congress  
Envelope

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C  
Carbaugh, Calvin A.

June 11, 1929.

XC 26 747

Mrs. Belinda Reinhold,  
134 S. Cherry Street,  
York, Pa.

S. Nora Shuff,  
118 Cedar St.,  
Columbia, Pa.

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 Calvin A. Carbaugh, Co. I, 4th 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 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*  
JOHN T. HARRIS,  
Major, Q. M. Corps,  
Assistant.



WAR DEPARTMENT

WASHINGTON, D. C.

OFFICIAL BUSINESS

OFFICE OF THE QUARTERMASTER GENERAL

PENALTY FOR PRIVATE USE

TO AVOID PAYMENT OF  
POSTAGE, \$300  
CITIZENS  
MILITARY  
TRAINING  
- CAMPS -

WASHINGTON, D. C.  
JUN 11  
7 PM  
1929

RECEIVED  
JUN 18 1929  
U. S. ARMY  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON, D. C.

TO WRITER  
REASON FOR NON DELIVERY CHECKED  
Unclaimed  
Moved, Left no address  
No such address in state name

*Deceased*  
*5/10*

JUN 17  
2 30 PM  
1929

# GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF OK

*Carbough 2339432 Galvin Co.*  
(Surname.) (Number.) (First Name and Initials.)

*Pvt. Co I 4 Regt*  
(Rank.) (Organization.)

DATE OF BURIAL *July 18*

PLACE OF BURIAL *San Juan*

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

*Villa Chamberlain*

GRAVE NUMBER *171*

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

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

IDENTIFICATION TAGS:

Was one buried with body? *Yes* .....

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

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

.....  
.....

*J. L. H. P.*

REPORTED BY: *Enoch 3420*

(Signature and Rank of Reporting Officer.)

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

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

July 8, 1930

Carbaugh, Calvin A. 1764-S

Miss Nora Shuff  
118 Cedar St.  
Columbia, Pa.

Dear Madam:

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

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

1. Is the deceased survived by a mother?

If so, give her name and address:

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

If so, give her name and address:

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

If so, give her name and address:

For The Quartermaster General,

Very truly yours,

Enclosures:  
Envelope  
Act  
Amendment

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

QM 293 A-M  
Carbaugh, Calvin A. 1764 LP

July 24, 1980.

Mrs. Nora Shuff,  
361 Jefferson Ave.,  
Downingtown, Pa.

Dear Madam:

Receipt is acknowledged of your reply to the form letter recently sent you from this office in which you indicate that you stood in loco parentis to the late Calvin A. Carbaugh.

In order to satisfy legal requirements it will be necessary for you to furnish as proof of your relationship, in loco parentis, the affidavits of at least two persons not related to you.

In the event you consider yourself eligible to make the pilgrimage to the cemeteries of Europe under the provisions of Section 4 (a) of the Act of March 2, 1929, as amended May 15, 1980, it is requested that the enclosed form be completed and returned to this office in order that your eligibility may be determined. Under paragraphs 1 (c) and 1 (d) sufficient information should be given to permit an intelligible decision as to eligibility.

For The Quartermaster General.

Very truly yours,

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

Q.M.G. DIV.

24 PM 29

Enc. Forms

DISPATCHED

0

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Carbaugh, Calvin A.

July 30, 1929

Miss Nora Shuff  
118 Cedar Street,  
Columbia, Pa.

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 sister of the late Private Calvin A. Carbaugh, Co. I, 4th Inf. whose remains are now interred in the Aisne Marne American Cemetery, Belleau, Aisne, France.

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

Write answers in space below:

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

2. If so, give her complete address:

3. If he is survived by a mother, stepmother, mother thru adoption, or any other woman who stood in loco parentis to him, according to the terms of Section 4 of the enclosed Act, give her name, address, and relationship in the space opposite.

For The Quartermaster General,

Very truly yours,

2 Incls.  
Act of Congress  
Envelope

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

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Carbaugh, Calvin A.

June 11, 1929.

Mrs. Belinda Reinhold,  
134 S. Cherry Street,  
York, Pa.

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 Calvin A. Carbaugh, Co. I, 4th 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 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.

Q. M. G. M. & R. DIV.

JUN 11 AM 3 47

DISPATCHED

QM 293 A-C

(Garbaugh, Calvin A.)

December 6, 1928.

Mrs. Belinda Reinhold,  
134 S. Cherry St.,  
York, Pa.

Dear Madam:

The inclosed card gives the permanent cemetery and grave location of the late

Calvin A. Garbaugh.

The Quartermaster General desires that you be informed that all American military cemeteries, both in Europe and in our own country, will be maintained by the Government forever, the graves permanently marked by headstones showing the decedent's name, rank, organization, State, and date of death, all of which will be done without the necessity of requests emanating from relatives.

Please understand that in effecting the final disposition of our heroic dead the utmost care and reverence is exercised.

Very truly yours,

J. McCLINTOCK,  
Major, Q. M. Corps.  
Assistant.

NFB

1 Incl.  
Record card.

O. Q. M. G. M. & R. DIV.

1928 DEC 6 PM 3 37

DISPATCHED

28/655

Carbaugh

(Surname.)

Pvt

Calvin A

(Christian name (full.))

Co I 4th Inf.

(Rank and organization.)

2,239,432

(Army serial number.)



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 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 Belinda Reinhold*

*134 S. Cherry av.*

*Yrk*

*Penna.*

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

*Answer*

Drawn by - BER

1764 - 321

2-21-21

checked  
2-21-21  
SH

To be prepared in triplicate.

DATE October 5, 1922.

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

lrk

DISINTERMENT

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name CARBAUGH, Calvin A.

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

2. No. 2339432

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

3. Rank Pvt.

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

4. Org. Co. I. 4th Inf.

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

5. D.D. July 15th. 1918

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

6. C.D. KIA

(b) D.B. None

Discrepancy found upon disinterment

7. Grave No. 204 Sec. T.

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

8. Plot 4 Row \_\_\_\_\_

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

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

17. None

18. Cemetery Aisne-Marne Amer. Cty.

19. Commune or town Belleau

20. Dept. or County Aisne.

21. Country France

22. G.R.S. Hdqrs. Code No. 1764

23. Disinterred (Date) \_\_\_\_\_

By G P Keating

24. Inscription on grave marker:

Name CARBAUGH, Calvin A.

Serial No. 2339432

Rank Pvt

Organization Co. I. 4th Inf.

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

W D Wall Jr.  
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).

bottle record agrees. collar insignia "U.S. V.S.M.A.  
insignia (watch fob) Loyal Order of Moose.

27. Condition of body Badly decomposed, features unrecognizable.

28. Nature of burial wrapped in burlap and in wooden box.

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? None

30. Body prepared and placed in casket: Date Oct 5 1922 By G P Keating

31. Casket sealed by G P Keating

Signature of Embalmer, (Supervisor)

G P Keating

AUDITED  
9/6/22  
SWA

SHIPMENT. (Show actual marking of box.) Box No. C-31230

32. Designation of body:

Name Calvin A. CARBAUGH Serial No. 2339432

R nk Pvt. Organization Co. I. 4th Inf.

33. Consigned to:

Name of Permanent Cemetery Aisne-Marne Amer. Cty. #1764 Belleau, Aisne.

34. Casket boxed and marked (Date) Oct 5 1922 By C. P. Kesting

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]  
A. H. Dewey  
1st Lieut. Q.M.C.

36. Remarks

37. Shipped from point of Operation: (Date) October 5, 1922.

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 Aisne Marne Amer. 1764 Belleau (Aisne) (Name)

Convoyer \_\_\_\_\_ Signature Shipping Officer [Signature]

40. Received: Date \_\_\_\_\_ A. H. Dewey  
1st Lieut. Q.M.C.

G.R.S. Representative \_\_\_\_\_

41. Reinterred Oct. 9, 1922, Aisne-Marne Cem. 1764, Belleau (Aisne) (Date)

42. Grave No. 24 Section \_\_\_\_\_

43. Plot BLOCK A Row \_\_\_\_\_ 11

G.R.S. Representative [Signature]  
W.D. Cleary  
Lt., Chaplain, USA.

Place Belleau (Aisne)

# REPORT OF DISINTERMENT AND REBURIAL

Date October 5 1922.

1. REMAINS OF Carbaugh, Calvin A. SERIAL NUMBER 2339432  
RANK Pvt. ORGANIZATION Co. I. 4th Inf.

2. Disinterred (date) : October 5 1922 From (give complete location) : Gr 204 Sec T Plot 4 Cem 1764

By : Group Keating Unit Aisne Marne

3. Reburied (date) Oct. 9, 1922 In (give complete location) : Gr. 24, Block A, Row 11, Aisne-Marne 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 unrecognizable. Wrapped in burlap and in wooden box

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

(b) Other means of identification found upon disinterment, and general remarks :  
Bottle record agrees. Collar insignia "U.S." "U.S.N.A." insignia watch fob, Loyal Order of Moose

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 visible.

Quantity \_\_\_\_\_

Characteristics \_\_\_\_\_

(d) Hair on face—Color none visible.

Location \_\_\_\_\_

Quantity \_\_\_\_\_

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

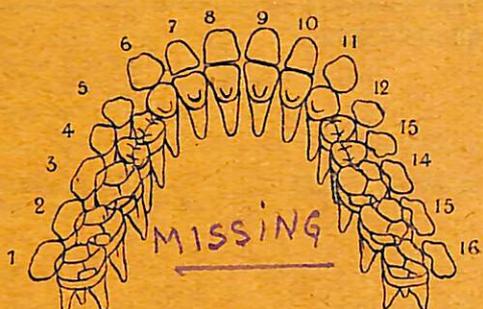
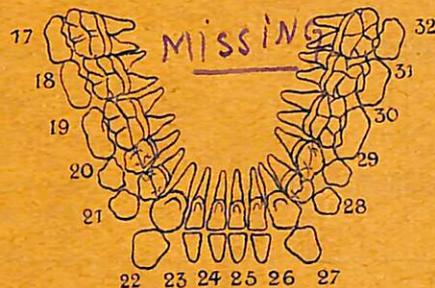


Diagram represents the mouth wide open



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

Fractures: left humerus, left tibia and skull.

Missing parts: Both jaws.

W D Wall, Jr.

7. Disinterment supervised by C P Keating

Approved: A E Dewey  
(Title) 1st Lieut OMC

8. Reburial supervised by L.D. Hays

Approved: W.D. Cleary  
(Title) 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.

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

COMPILATION OF DISPOSITION OF REMAINS DATA

File #6104

I. LOCATION INDEX CARD:

(a) Name CARBAUGH Calvin A. Ser. No. 2339432
(b) Rank Pvt. Organization Co I 4th inf.
(c) Date of death 7-15-18 (d) Cause of death K/A

TYP. Et
CKR. B.J.

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

(a) Grave No. 204 Row - Plot 4 Sec. T TYP. ET
(b) Emerg. Address Mrs Belinda Rainhold (Mother) S. Cherry St. York, Pa.

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

IV. A. G. O. DISPOSITION CARD:

Date of receipt

(a) Name Mrs. Belinda Reinhold (b) Relationship Mother
(c) Address 134 S. Cherry Av., York, Pa.
(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 bbr Date 2-21, 1920.

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

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

Examiner's Initials bbr Date 2-21-1920.

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

no request for disposition

(a) Cancellation memos referred to? yes - bbr

Examiner's Initials bbr Date 2-21-1920.

COUNTRY France CEMETERY No. 1764 SHEET No. 321

G. R. S. Form No. 115
FORM 115 - A COMPLETED

CARDED

Make Form No. 114

MAR 18 1921

3-15-21

VII. G. E. S. Form No. 114 made \_\_\_\_\_, 1920.

Typed by \_\_\_\_\_, Checked by \_\_\_\_\_, 1920.

VIII. FINAL ACTION:

Following advice forwarded to Europe by { cable on \_\_\_\_\_, 1920  
letter on **MAR 10 1921**, 1920

RECEIVED.

APR 28 1921

COMMERCIAL DIVISION

Par. # 2 Not To Be Returned

meH

IX.

CORRECTIONS

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

X. SUSPENSION REMARKS:

*D. A. M. R. Mrs. Delinda Reinhold (Mother)  
134 South Cherry Ave, York, Pa. 3-15-21  
E.M.*

Location index .....

Discrepancies .....

Name .....

Rank .....

Serial No. ....

Discrepancies

Name .....

Rank .....

Serial No. ....

Org. ....

Remarks

*Rice - 2-21-21*

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

Discrepancies

Name .....

Rank .....

Serial No. ✓ .....

Org. ....

Remarks *c.a.*

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

Discrepancies

Name .....

Rank .....

Serial No. ....

Org. ....

Remarks

Checkers .....

Discrepancies

Name .....

Rank .....

Serial No. ....

Org. ....

Remarks

*2-21-21*  
*2-21-21*  
*2-21-21*

*Checked  
2-21-21  
2/24*

OFFICE OF THE QUARTERMASTER GENERAL  
CEMETERIAL DIVISION  
OVERSEAS PROJECT SUB-SECTION

*Please  
rush.*

Harlow C.W.

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

Carbaugh, Calvin A., Pvt.

1764 - 321

2/21/21.

SERIAL NUMBER

ORGANIZATION

*C-26747*

2339432

Co. I, 4th Inf.

Date of death - 7/15/18.

Copy forwarded to

Adjustment Department

Date 3-15-21 E.M.

WAR RISK INSURANCE INFORMATION

DATE

3/11/21

NAME OF BENEFICIARY

RELATIONSHIP

Mrs. Belinda Reinhold Mother

Address

134 South Cherry Ave. York, Pa.

S/709/LML

## COMPILATION OF DISPOSITION OF REMAINS DATA

**I. LOCATION INDEX CARD:**

File #6104

(a) Name \_\_\_\_\_ Ser. No. \_\_\_\_\_ ok <sup>2-10</sup>

(b) Rank CARBAUGH Calvin A. Organization \_\_\_\_\_ 2339432 } TYP. \_\_\_\_\_

(c) Date of death Pvt. (d) Cause of death Co I 4th inf. } Et \_\_\_\_\_

13.7.

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

(a) Grave No. \_\_\_\_\_ Row \_\_\_\_\_ Plot \_\_\_\_\_ Sec. \_\_\_\_\_ TYP. \_\_\_\_\_

(b) Emerg. Address 204 - 4 T ET

**III. Files of soldiers dying from contagious diseases** Mrs Belinda Rainhold (Mother) S. Cherry St. York, Pa. CKR. 13.7.

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

*A. G. O. Spard - Mrs. Belinda Reinhold, mother, 134 S. Cherry Ave., York, Pa., requests body remain in Europe. ABR 3/18/21*

V. Following advice forwarded to Europe by { cable on \_\_\_\_\_, 192  
letter of transmittal on MAR 10 1921, 192

*Par. #2 Not To Be Returned*

VI. Form 115 forwarded to G. R. S., Hoboken, N. J., MAR 22 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. APR 28 1921, 192

COUNTRY \_\_\_\_\_ CEMETERY No. \_\_\_\_\_ SHEET No. \_\_\_\_\_

G.R.S. NO.16.

Place Cher

Date July 3, 1919.

REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Name Carbaugh, Calvin

Number:

Rank: Pvt.

Organization: Co. I, 4th Inf.

Disinterment and Reburial made by Group

Unit "B"

Disinterred (Date)

From: (Give complete location)

July 3, 1919

Plot-53 Cameron at Chamblon, Aisne

Coord. 247.N - - 184.80E

Grave 171.

Reburied (Date)

in: (Give complete location)

July 3, 1919

American Cemetery at Belleau Woods, Aisne

Coord. 262.60N - - 176.04E

Plot-4, Sec. T, Grave 204.

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

Body in poor condition.

Was one identification tag found upon the body? no

What other means of identification were found upon the body? none

11959.  
CONFIRMED

Note:

If upon disinterment, effects are found upon the bodies, they will be promptly sent to the Effects Depot direct, as is required by G.O. 170, G.H.2, 1914, after being carefully examined for clues to identity in doubtful cases, notation whereof will be made and reported to Chief, Graves Registration Service.

Supervised by: Sgt. L. Turner.

A.C. Cameron

C.O. Group \_\_\_\_\_ Unit \_\_\_\_\_

Prov. Unit B. G.R.S.

Date July 3, 1919

REPORT OF DISTURBANCE AND REBURIAL

Remains of:

Name: Garbano, Galvin  
Rank: Pvt.  
Organization: Co. I, 4th Inf.

Disinterment and Reburial made by Group  
Unit "B"  
Disinterred (Date): July 3, 1919  
From: (Give complete location): Plot-38 Cemetery at Chambliss, Alamo

Coord. 247.2 - - 184.80E

Grave 171.

Reburied (Date): July 3, 1919  
In: (Give complete location): American Cemetery at Belleau Woods, Alamo

Coord. 228.60N - - 176.04E

Plot-4, Sec. T, Grave 204.

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

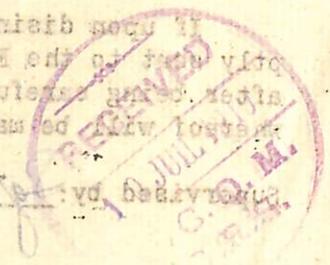
Body in poor condition.

Was one identification tag found upon the body? no

What other means of identification were found upon the body? none

Note:

If upon disinterment, effects are found upon the bodies, they will be reported to the Effects Unit direct, as is required by G.O. 1700, G.M.S., 1917. After being specially examined for clues to identity in doubtful cases, remains will be made and reported to Chief, Graves Registration Service.



Examined by: Sgt. J. J. Turner

C.O. Group

Place Belleau, Aisne

**REPORT OF DISINTERMENT AND REBURIAL**

Date June 18/21

1. REMAINS OF CARBAUGH, CALVIN A. SERIAL NUMBER 2339432

RANK Pvt. ORGANIZATION Co. I, 4th Inf.

2. Disinterred (date): June 18/21 From (give complete location): Belleau, Aisne Amer. Cty. #1864 Gr. 204-T-4

By: Group McGourty Unit Sect. 6

3. Reburied (date): June 18/21 In (give complete location): Belleau, Aisne Amer. Cty. #1764 Gr. 204-T-4

By: Group McGourty Unit 6 Nature of reburial Box & burlap

4. Report as to nature of original burial and condition of body upon disinterment: 5 ft. earthen grave. blanket uniform, pine box, decomposed, unrecognizable

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

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

Collar ornaments "US & USNA". Watch fob of the "Loyal Order of Moose"

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

(a) Height (actual measurement) Impossible to determine

(b) Weight (estimated) Undeterminable

(c) Hair—Color Undeterminable

Quantity Undeterminable

Characteristics Undeterminable

(d) Hair on face—Color Undeterminable

Location Undeterminable

Quantity Undeterminable

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

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

Upper half of left arm shattered. Front part of head and lower jaw shattered. Impossible to take tooth chart.

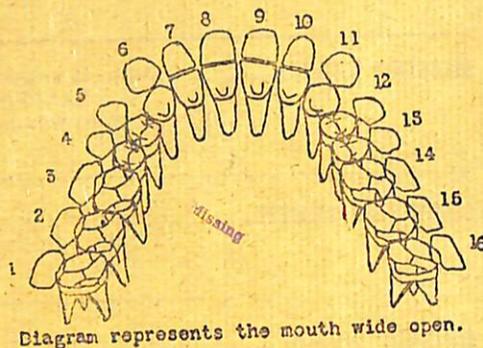
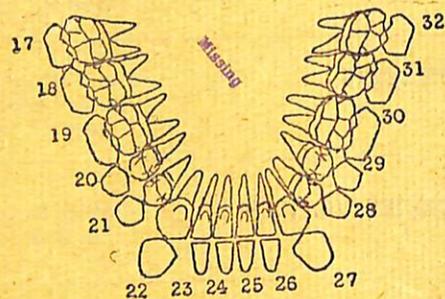


Diagram represents the mouth wide open.



*10-510.72*

7. Disinterment supervised by James McGourty S. E.

Approved: R. C. Worthington, 1st Lt. QMC  
(Title)

8. Reburial supervised by James McGourty S. E.

Approved R. C. Worthington, 1st Lt. QMC  
(Title)

*W.K.*

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

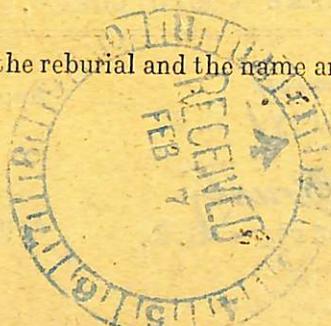
Enter information, as noted below, on reverse side of sheet in the *corresponding numbered space*. This form is supplemental to and is to be forwarded with G. R. S. Form 1-a, reporting reburial locations. To be used in answer to Question 26, Form 114, in case no means of identification on body.

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.

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



# GRAVE LOCATION PLANK

LOCATION OF THE GRAVE OF

*Carbaugh* *2339432* *Galvin*  
(Surname.) (Number.) (First Name and Initials.)

*PO2* *Co 7th Reg*  
(Rank.) (Organization.)

DATE OF BURIAL *July 18*

PLACE OF BURIAL *New Haven*

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

*Village of Chanaan*  
*Montlison near*

GRAVE NUMBER *171*

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

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

IDENTIFICATION TAGS:

Was one buried with body? *Yes*

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

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

REPORTED BY: *J. D. Sniffers*  
*Sr. Chap 3rd Div*  
(Signature and Rank of Reporting Officer.)

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

24 JUL 1954

2339432  
Name *Carbough, Galvin A.*

Rank *Priv* Co. *1st* {Corps} *1st Inf*  
{Regt.}

Date of Death *7/15/18*

Place *6104*

Cause

Date of Burial *7/17/18*

Grave No. *171*

Cemetery *Ville Chamblon*

Identified by {Tag  
Papers }  
{Clothing}

List of Effects

Field Record Made by

Company *303*, Graves Registration Service

*3rd Div Hdqrs*

For additional data use reverse side

31 JUL 1918

*copy*

OFFICE OF THE QUARTERMASTER GENERAL  
CEMETERIAL DIVISION  
OVERSEAS PROJECT SUB-SECTION

Harlow C.W.

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

Carbaugh, Calvin A., Pvt.

1764 - 321

2/21/21.

SERIAL NUMBER

ORGANIZATION

2339432

Co. I, 4th Inf.

Date of death - 7/15/18.

Adjustment Made

1922

*5-6104*

WAR RISK INSURANCE INFORMATION

NOTED FORM 115

DATE 3-15-21 EM

DATE

3/11/21

File No.

NAME OF BENEFICIARY

RELATIONSHIP

Mrs. Delinda Reinhold

Mother

Address

134 South Cherry Ave, York, Pa

S/709/LML

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

PLEASE  
EXPEDITE

WAR DEPARTMENT  
Office of the Quartermaster General of the  
Washington

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

Date 2/21/21.

File No.                      Requisition.

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.

*met*

- a. Surname Carbaugh
- b. Christian name Calvin A.
- c. Serial Number 2339432  
or (2239432)
- d. Organization Co. I, 4th Inf.
- e. Rank Pvt.
- f. Date of death 7/15/18.
- g. Cause of death K/A.
- h. Authority (C.O.#) Belinda Reinhold
- i. Emergency address 134 D. Cherry St., York, Pa.
- 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

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 |

Adjustment Made

APR 1 1921

File No. *6104*

**FILE**

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

BY:

*[Signature]*  
H. J. CORDER,  
1st. Lieut. Q.M.C.

World War Div  
Date FEB 24 1921

C.W.                      1764  
SHEET NO:                321  
TYPED BY:                I.W.  
S/713/LML

Reid's & S Div, A.G.O.  
FEB 24 1921 6

*24*

SION  
NG

WAR DEPARTMENT  
Office of the Quartermaster General of the Army  
Washington

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

Date 2/21/21.

File No. Requisition.

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 **Carbaugh**
- b. Christian name **Calvin A.**
- c. Serial Number **2339432**  
or **(2239432)**
- d. Organization **Co. I, 4th Inf.**
- e. Rank **Pvt.**
- f. Date of death **7/15/18.**
- g. Cause of death **K/A.**
- h. Authority **(C.O.#)**
- i. Emergency address **Belinda Reinhold, 134 D. Cherry St., York, Pa.**
- j. Relationship **mother**

*met*

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

**Adjustment Made**

**APR 1 1921**

File No. ....

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								
								lower right								

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

**FILE**

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

BY:

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

World War I  
Date **FEB 24 1921**

C.W. \_\_\_\_\_  
CEMETERY NO: **1764**  
**H**  
SHEET NO: **321**  
TYPED BY: **none**  
S/713/LML

I.W. *Connally / J.A. / 2/21/21*

Re: S & S Div, A.G.O.  
**FEB 24 1921 8**

*24*

WAR DEPARTMENT  
Office of the Quartermaster General of the Army  
Washington

G.R.S. Form 8-4-A-0  
Information requested of A.S.O.

Wade 2/21/21

Title No. . . . .

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

To: The Adjutant General of the Army, 4th St., W.W. Washington, D.C.

Subject: Information requested for A.S.O.

1. If it is requested that the items checked below be completed, Request  
Continuation of all information shown.

1. Date of death 7/2/18

2. Service Campaign

3. Cause of death M.A.

4. Enlistment name Calvin A.

5. Authority (C.O.A.)

6. Social Number 2330432  
or (2330432)

7. Emergency address

8. Organization 801 1 4th Inf.

9. Relationship

10. Rank Pvt.

BODY DESCRIPTION

(See page 1/2 of the Service Report)

a. Age of enlistment

b. Color of eyes

c. Color of hair

d. Height

e. Weight

f. Permanent marks and physical defects at enlistment (Give location or description)

DENTAL CHARTS

(See Physical report of examination prior to enlistment)

1. Strike out teeth missing

2. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

Upper right upper left

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

Lower right lower left

Adjustment Made

APR 1 1921

File No.

FEB 26 1921

RECEIVED

1921

11

*[Handwritten signature]*

U. S. Quartermaster General, U. S. Army