

To The A. S. O.

183

G.R.S. Form #114-B

JAN 7 - 1926

1959

FULL NAME CARRICO, Edd

RANK Private

SERIAL 2184035

DIVISION & ORGANIZATION Company A, 128th Infantry

32 Iowa

DATE OF DEATH.....

9-1-18

STATE FROM WHICH HE CAME.....

Iowa

MEDALS OR DECORATIONS AWARDED.....

None

FINAL GRAVE LOCATION.....

..... 16 15 B
Date	Grave	Row	Block

..... 608
Cemetery

Mother

Rec'd World War Div.
MAR 12 1928
3 23/306/ARK

2 A.S.O.
JAN 7 1926
WORLD WAR DIV.

File
516-13-29

AUDITED BY
ZAZ 7-27-24

@



REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Name: Edd Carrio

Number: 2184033

Rank: Pvt.

Organization: Co. A. 128th. Inf.

Disinterment and Reburial made by Group Unit 304

Disinterred (Date) June 7, 1919 From: (Give complete location)

Grave 30, Cemetary 9- Forsberg

Reburied (Date) _____ in: (Give complete location)

Grave 28 Section C. Plot #1 Fed. Cem. Seringes at Nesles (Aisne)

Map #33 Soissons S.E. 275.4 N.-195.25 E.

(608)

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

Buried 5 feet deep in clay. Body badly decomposed.

Was one identification tag found upon the body? One on cross.

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

CONFIRMED N° D

11792

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.Q., 1918, 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: Cpl. H. J. Voohres.

Oscar W. Forsberg

G.O. Group _____ Unit _____

CODE SLIP



HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	<i>Car</i>	3	<i>318</i>
	<i>Eld</i>		
BURIED	CEMETERY <i>608</i>	1	<i>3</i>
	GRAVE <i>16</i>	2	<i>16</i>
	ROW <i>15</i>	2	<i>15</i>
	BLOCK <i>B</i>	1	<i>2</i>
STATE	<i>Iowa</i>	2	<i>16</i>
RANK	<i>Priv</i>	1	<i>2</i>
DIVISION	<i>32</i>	2	<i>32</i>
ORGANIZATION	<i>128</i>	3	<i>128</i>
ARM	<i>Inf.</i>	1	<i>1</i>
MARTIAL	<i>No</i>	1	<i>2</i>
NAME	<i>Mrs Della Miller</i>	3	
RESIDENCE	<i>Davis City, Ia.</i>		
	STATE	2	<i>16</i>
	COUNTY	2	<i>27</i>
	CITY	3	<i>xxx</i>
RELATION	<i>(no loco) no SM) Mother</i>	1	<i>1</i>
OTHER		1	
ELIGIBILITY	<i>Dead (4-19-20)</i>	1	<i>6</i>
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF TRIP	MO.	1	
	YR.	1	
ACCEPTANCE		1	

Sister

AUDITED

AUG 4 1932

MB

Roa

AGB

29/514/PJ.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

July 8, 1930

Carrico, Edd 608-S

Mrs. Della Willis
Davis City, Iowa

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:

*Brother Edd 71/10/10
died April - 19-1920*

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

If so, give her name and address:

*Edd never was
married*

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:

*he hasent no
Loco parentis*

For The Quartermaster General,

Very truly yours,

Enclosures:
Envelope
Act
Amendment

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

Davis City Iowa P. 1

June 30-29

The Quartermaster General
Washington. D. C.

Dear sir,

I received your letter that
you sent to Mrs Emily Carrico
she died April-19-1920 and
Edd Carrico he never was
married I am Edd sister
and that I write you so
you know Mother is here
no more & Edd has no widow
as ever your

Mrs Della Miller



WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Carrico, Edd

June 24 , 1929.

Emily Carrico,
Davis City,
Iowa.

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 Edd Carrico, Co. A., 126th Inf., whose remains are now interred in the Oise-Aisne American Cemetery, Seringes-et-Nesles, 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 remarried 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.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

July 8, 1930

Garrico, Edd 808-S

Mrs. Della Willis
Davis City, Iowa

Dear Madam:

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

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

1. Is the deceased survived by a mother?

If so, give her name and address:

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

If so, give her name and address:

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

If so, give her name and address:

For The Quartermaster General,

Very truly yours,

Enclosures:
Envelope
Act
Amendment

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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Carrico, Edd

June 24 , 1929.

**Emily Carrico,
Davis City,
Iowa.**

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".

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In the event your son was survived by a widow who has since remarried 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.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

QM 293 A-C

CARRICO, Edd - Pvt.

November 3, 1925

Mrs. Emily Carrico,
Davis City,
Iowa.

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,

L.W. REDINGTON,
Major, Q.M.C.,
Assistant.

1 Incl.
Record card.

RD
752



25/560/EYS

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
CEMETERIAL DIVISION

WASHINGTON
Hoboken, N.J.

F.A.D.
2-21

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

To: Mrs. Emily Carrico, Davis City, Iowa

SUBJECT: Remains of Pvt. Edd Carrico, Ser. No. 2184033, Co. A, 128th Inf.

The records of this office show that you have requested that the body of the above named
no request has been made for the disposition of his remains.

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?

NAME OF—	NO. AND STREET.	TOWN.	STATE.
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

I, the undersigned, am the _____ 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.

 Signature

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.

FIELD RECORD.
GRAVE LOCATION BOOK.

LOCATION OF THE GRAVE OF

9807

CONFIRMED

Garrico 2184033 Edd.
(Surname) (Number) (First Name and Initials.)

Private Co. A, 128th Inf.
(Rank) (Organization)

DATE OF BURIAL. Approximately Aug. 15/18
Reburied Battlefield Cemetery 9/6/18.

PLACE OF BURIAL. Battlefield Cemetery
east of Reddy Tmc. France.
(Give Cemetery, Town and Department.) Map reference must specify clearly what map is used.

Fismes Map 1:20000 at crosspoint of
coordinates 200.10 - 272.90

Field sketch No. 9-Wynne.

GRAVE NUMBER... 30... Row B.

HOW MARKED: Name Peg? Cross? Yes

Headboard? Both

IDENTIFICATION TAGS:

Was one buried with body?

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

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

Died of wounds received in action.

CONFIRMED

REPORTED BY: Charles J. WYNNE

2nd Lt., Inf., U. S. Comd.

(Signature and Rank of Reporting Officer.)

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

Unit 304. G. R. S.

GROUP N 1

21 SEP 1918

Bois Longes-en-Tournois
RECORD 6200.08
7.272.91
559

Adjustment Made
22 1920

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

G.R.S. Form 8-3-A-O
Information requested of A.G.O.

Date 12/15/20.

File No. Requisition.

From: The Quartermaster General, U. S. Army, (Cometarial 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 **Carrico** ✓
- b. Christian name **Edd** ✓
- c. Serial Number **2184030** (2184033) ✓
- d. Organization **Co. C, 128th Inf.** ✓
Co. A, 128th Inf.
- e. Rank **Pvt.** ✓
- f. Date of death **8/1/18** ✓
- g. Cause of death **K/A** ✓
- h. Authority (C.O.#)
- i. Emergency address **Emily Carrico, Sen, Del, Davis City, Iowa**
- j. Relationship **mother**

BODY DESCRIPTION
(See page #3 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

FILE

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

BY: *H J Conner*
H. J. CONNER,
1st. Lieut. Q.M.C.

CEMETERY NO: 608.

SHEET NO: 484.
TYPED BY: rln.

6/713/LML
H

*Dowdally / RDA
Ind, P...
49.7 12/16/20*

Recd
Date **DEC 16 1920**

2
15

Classification
Adjustment _____

CEMETERIAL DIVISION
GRAVES REGISTRATION SERVICE
REGISTRATION SECTION

Date ~~June 3, 1920.~~

MEMORANDUM:

To: Registration Files Sub-Section.
Subject: Adjustments made on Registration Files.

1. Charges as checked have been made in the Registration Files which will necessitate a corresponding change in the Classification Files.

	CORR.	ADD. DATA		CORR.	ADD. DATA
File Number			Date of Burial		
Name			Date of Reburial		
Serial Number			Burial Information	✓	
Rank			Nearest Relative		
Organization			Notified Nearest Relative	✓	
Cause of Death			Blue Card thrown out		
Date of Death			White Card set up		
Casualty Cablegram Number					

O.K. Alphabetical Files K.E.S. 6-22-20

O.K. Organization Files _____

O.K. State Files. _____

✓ Cemetery Audit Department
Investigation & Adjustment Dept.

By R. Fedden

1 Cards attached.

Place SEIGNES ET NESTLES (Aine)
QTY. 608.
Date 4.21.21

REPORT OF DISINTERMENT AND REBURIAL

1. REMAINS OF CARRICO, EDD. SERIAL NUMBER 2184033
RANK PVT. ORGANIZATION CO. A. 128TH. INF.

2. Disinterred (date): 4.21.21 From (give complete location): GR. 28. SEC. C. PT. 1.

By: Group AVERY Unit FIELD SECTION # 7

3. Reburied (date): 4.21.21 In (give complete location): GR. 28. SEC. C. PT. 1.

By: Group AVERY Unit FIELD SECTION # 7 Nature of reburial PINE BOX & BURLAP

4. Report as to nature of original burial and condition of body upon disinterment:
BADLY DECOMPOSED FEATURES UNRECOGNIZABLE
U.S. UNIFORM, BLANKET & BURLAP

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: "USNA" & "128-A" Identified by data on grave marker only.

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

(a) Height (actual measurement) IMP TO DETER

(b) Weight (estimated) DO

(c) Hair—Color DO

Quantity DO

Characteristics DO

(d) Hair on face—Color DO

Location DO

Quantity DO

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

missing parts) IMP TO DETER

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

MISSING: Lower jaw.

FRACTURES: Right parietal.

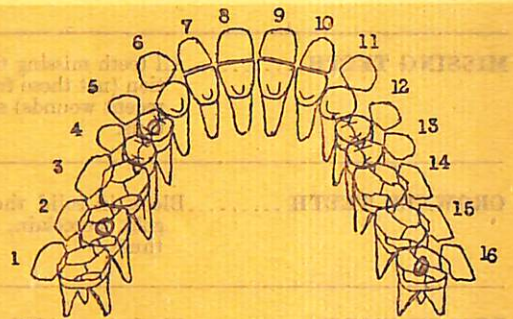
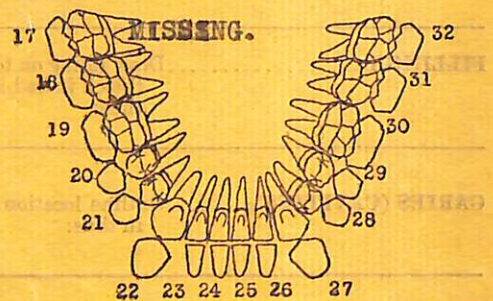


Diagram represents the mouth wide open.



2, 5, 16, cavities.

A-50993

7. Disinterment supervised by G.F. AVERY, SUBEMB.

Approved: R.S. WILLIAMS, 1st Lt. QMC.
(Title)






8. Reburial supervised by G.F. AVERY, SUP. EMB.
J.J.O. bfa

Approved: R.S. WILLIAMS, 1st Lt. QMC.
(Title)

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

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

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

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

3-7832

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.



Oise-Aisne Cty. 608

G.R.S. FORM #114-A.

STATION Seringes-et-Nesles, Aisne

To be prepared in triplicate.

DATE February 9, 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 CARRICO, Edd *Lawa* 10. Name _____
- 2. No. 2184033 11. No. _____
- 3. Rank Pvt. 12. Rank _____
- 4. Org. Co. A, 128th Inf. 32nd Div 13. Org. Section
- 5. D.D. August 1, 1918 14. (a) D.D. _____
- 6. C.D. KIA. (b) D.B. _____

Discrepancy found upon disinterment

- 7. Grave No. 16 Sec. _____ 15. Grave No. _____ Sec. _____
- 8. Plot Block B Row 15 16. Plot _____ Row _____
- 9. _____ 17. _____

- 18. Cemetery Oise-Aisne 19. Commune or town Seringes-et-Nesles
- 20. Dept. or County Aisne 21. Country France
- 22. G.R.S. Hdqrs. Code No. 608
- 23. Disinterred (Date) February 9, 1928 By L. Gordon
- 24. Inscription on grave marker :

Name CARRICO, Edd Serial No. 2184033
 Rank Pvt. Organization Co. A, 128th Inf.

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).
One collar ornament 128 - A, crossed rifles. One collar ornament U.S.N.G.
- 27. Condition of body _____
- 28. Nature of burial Pine box and burlap
- 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 February 9, 1928 By L. Gordon
- 31. Casket sealed by L. Gordon

Signature of Embalmer, (Supervisor

L. Gordon
L. Gordon.

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

32. Designation of body : _____

Name CARRICO, Edd Serial No. 2184033

Rank Pvt. Organization Co. A, 128th Inf.

33. Consigned to : _____

Name of Permanent Cemetery Oise-Aisne, Seringes-et-Nesles, Aisne

34. Casket boxed and marked (Date) February 9, 1928 By Charles E. Spahn

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 Charles E. Spahn
Charles E. Spahn

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 February 9, 1928, Oise-Aisne American Cty. (Date)

42. Grave No. 16 Section _____

43. Plot Block B Row 15

G.R.S. Representative William E. Moore
William E. Moore, Superintendent.

Place Oise-Wisne Cty. 608

REPORT OF DISINTERMENT AND REBURIAL

Date February 9, 1928.

1. REMAINS OF CARRICO, Ed SERIAL NUMBER 2184033
RANK Private ORGANIZATION Co. A. 128th Inf.

2. Disinterred (date) : February 9, 1928 From (give complete location):
Grave 16, Block B, Row 15
By : Group Cty. Unit _____

3. Reburied (date) February 9, 1928 In (give complete location):
Grave 16, Block B, Row 15
By : Group Cty. Unit _____ Nature of reburial Metallic casket

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

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

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

One collar ornament ¹²⁸ crossed rifles. One collar ornament U.S.N.G.
A

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)

Lower jaw missing.

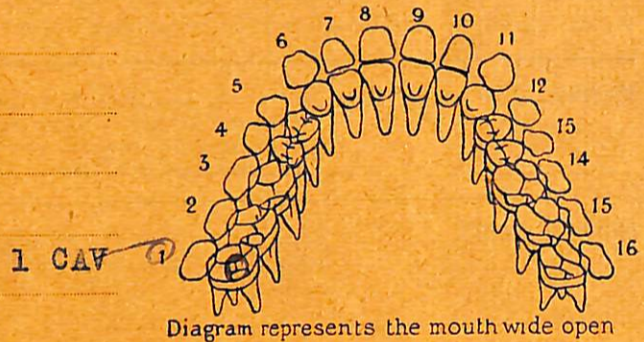
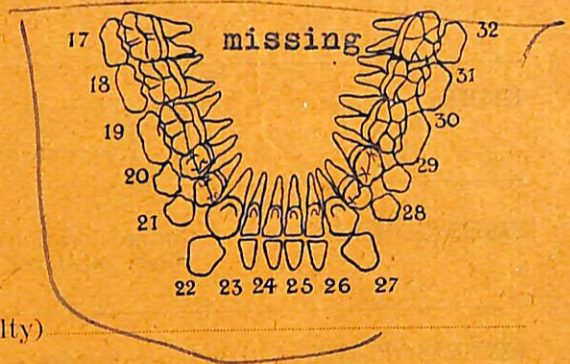


Diagram represents the mouth wide open



7. Disinterment supervised by L. Gordon

Approved : _____
(Title) _____

8. Reburial supervised by Charles E. Spahn

Approved : _____
(Title) _____

L. E. Moore

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.

7740 **COMPILATION OF DISPOSITION OF REMAINS DATA**

I. LOCATION INDEX CARD:

File # 9807

(a) Name CARRICO, Edd. Ser. No. 2184030
 (b) Rank Pvt. Organization Co. A, 128th Inf.
 (c) Date of death 8/1/18 (d) Cause of death K/A

TYP. EK
 CKR. SAH

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

(a) Grave No. 28 Row -- Plot 1 Sec. C TYP. EK
 (b) Emerg. Address Emily Carrico(mother) Davis City, Iowa.

III. Files of soldiers dying from contagious diseases -- CKR. SAH

IV. A. G. O. DISPOSITION CARD:

Date of receipt no card in file 12-13-20 PF

(a) Name _____ (b) Relationship _____
 (c) Address _____
 (d) Remains to be brought to U. S.? _____
 (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 _____ Date _____, 1920.

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

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

no comm.

Examiner's Initials PF Date 12-13, 1920.

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

No request for disposition

(a) Cancellation memos referred to? _____

Examiner's Initials E.M. Date 12-14, 1920.

COUNTRY France CEMETERY No. 608 SHEET No. 484

G. R. S. Form No. 115
 Amended April 6, 1920
FORM 115 - A COMPLETED
 JAN 24 1921 AP

CARDED

Make Form No. 114
checked m-
12-18

Rev. 5-10-21 EP

