

G.R.S. Form #114-B CAUSE OF DEATH - *W. P. J. A.*
Name verified as Earnest - wife refers to name as Earnest (*P. B. V. B.*)

FULL NAME CAPTER, Ernest - *Earnest (over)*

RANK *O.K.* Private SERIAL *251,398*

DIVISION & ORGANIZATION Co. M, 9th Inf. *O.K. - 2nd Div.*

DATE OF DEATH 6-17-18 *O.K.*

STATE FROM WHICH HE CAME *Oklahoma*

MEDALS OR DECORATIONS AWARDED. *None*

FINAL GRAVE LOCATION
Date . Grave Row Block

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

61446-247
AUDITED BY

AG.O.
MAY 9 1927
WORLD WAR DIV.

Marked signature. Shows both
Earnest and Ernest, however all
records carry him as Earnest Carter.

GRAVE LOCATION BLANK.

LOCATION OF THE GRAVE OF

076

Carter, **251358** **Ernest**
(Surname.) (Number.) (First Name and Initials.)

Pvt. **Co. M. 9th Inf.**
(Rank.) (Organization.)

DATE OF BURIAL **June 18, 1918.**

PLACE OF BURIAL **Jully, Seine et Marne**

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

**American cemetery west of and immediate
adjoining Jully cemetery.**

GRAVE NUMBER **81**

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

Headboard? **No** Bottle? **Yes**

IDENTIFICATION TAGS: **2**

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:

REPORTED BY: *Chas. B. Lore*
CHAS. B. LORE
Capt. Q. M. C. N. G. U. S.
(Signature and Rank of Reporting Officer.)

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

Entered on list

1917 NO. 241211
Ernest

Carter, Ernest.

Pvt Co M 9th Inf.

Died June 17, 1918, wounds received
in action.

E. A.- Mrs. Edna Carter, wife,
Seminole, Okla.

A. G. O. 7/15/18

RECD.

JUL 16 1918

Write nothing below this line.

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>Carter</i>	<i>CAR</i>	3	<i>318</i>
<i>Earnest</i>	CEMETERY <i>1764</i>	1	<i>4</i>
BURIED	GRAVE <i>6</i>	2	<i>06</i>
	ROW <i>4</i>	2	<i>04</i>
	BLOCK <i>B</i>	1	<i>2</i>
STATE	<i>Okla</i>	2	<i>42</i>
RANK	<i>Pvt</i>	1	<i>2</i>
DIVISION	<i>2</i>	2	<i>02</i>
ORGANIZATION	<i>9</i>	3	<i>009</i>
ARM	<i>Inf</i>	1	<i>1</i>
MARTIAL (<i>Rem. w</i>)	<i>Remarried</i>	1	<i>3</i>
NAME <i>James, Mrs</i>		5	<i>013</i>
<i>Edna Carter</i>	STATE	2	<i>29</i>
RESIDENCE	COUNTY	2	<i>73</i>
<i>Seneca, Mo.</i>	CITY	3	
RELATION <i>no son no dau</i>	<i>mother</i>	1	<i>15</i>
OTHER		1	
ELIGIBILITY <i>no</i>	<i>dead</i>	1	<i>62</i>
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF TRIP	MO.	1	
	YR.	1	
ACCEPTANCE		1	

AUDITED

AUG 18 1932

PS

la

Mcf

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

July 12, 1930

Carter, Earnest

1764-W

L

Mrs. Edna Carter James
Seneca, Mo.

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:

no

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

If so, give her name and address:

no

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?

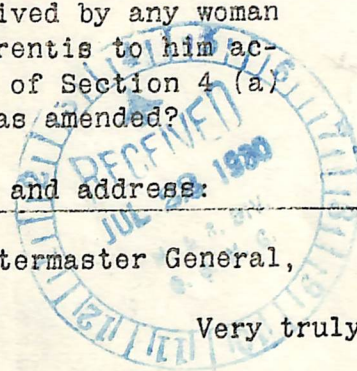
If so, give her name and address:

no

For The Quartermaster General,

Very truly yours,

Enclosures:
Envelope
Act
Amendment


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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Carter, Earnest
1764

Aug. 21, 1929.

Mrs. Edna Carter James,
Seneca, Mo.

Dear Madam:

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

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.

*mother is
dead has no near
Relatives*

3. If survived by a widow or mother does she desire to make the pilgrimage?

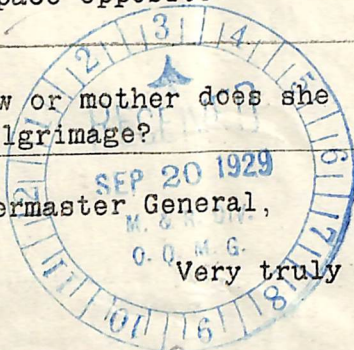
For The Quartermaster General,

Very truly yours,

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

2 Incls.
Act of Congress
Envelope

*Yours truly
Mrs Edna Carter James*



WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Carter, Ernest

June 11, 1929.

Mrs. Egan Carter James,
Seneca, Mo.

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 widow of the late Private Ernest Carter, Co. M, 9th 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 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.

Your attention is particularly invited to Section 4 of the enclosed Act, which defines the terms "mother" and "widow". If the relationship is that of a stepmother, mother through adoption or a woman who stood in loco parentis to the decedent, a statement as to her relationship is requested. In case you have 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 12, 1930

Carter, Earnest

1764-W

Mrs. Edna Carter James
Seneca, Mo.

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

Carter, Earnest
1764

Aug. 21, 1929.

Mrs. Edna Carter James,
Seneca, Mo.

Dear Madam:

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
Carter, Earnest

June 11, 1929.

Mrs. Egan Carter Jones,
Seneca, Mo.

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 widow of the late **Private Earnest Carter, Co. M, 9th 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 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.

Your attention is particularly invited to Section 4 of the enclosed Act, which defines the terms "mother" and "widow". If the relationship is that of a stepmother, mother through adoption or a woman who stood in loco parentis to the decedent, a statement as to her relationship is requested. In case you have 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.

293

Co M 9th Inf.
2nd Division

CARTER, Ernest - Pvt 1st cl. ...

Died of wounds received at Chateau-Thierry, on June 5th 1918, and died on June 6th 1918. The cause of death was when enemy shell hit the kitchen. Could not state anything about location of grave.

INFORMANT : Cushman, Jack - Cpl. 110812
Co M 9th Inf.
HOME : 19 Main St., Irvington on the Hudson.
SIGNED : W. W. Sample,
1st Lieut. 9th Inf.

March 3rd 1919.

A/A/

full
7/7/30
KE

793

jc.

DATE _____

1. NAME CARTER, Ernest SERIAL No. 251398

RANK Pvt. ORGANIZATION Co.M.9th Inf.

GRAVE LOCATION American Cty. JUILLY (S-et-M) CTY. NAME 247 NUMBER

81
GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION 81 Amer. Cem.#247, Juilly, (S-et-M)
GRAVE COMMUNE DEPT.

COORDINATES _____

CONCENTRATED TO _____
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.

(Information in paragraph 2 taken from Form 1-A)

SUBSEQUENT REBURIALS _____

DATE GRAVE ROW PLOT CEMETERY

DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR G.F. WAUGH, Major, Inf., Supervisor, Area #2.

3. FINAL GRAVE LOCATION 12/15/22 6 4 Block B
DATE GRAVE ROW PLOT

Aisne-Marne Cemetery #1764
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 16, 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.

COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

File #4472

(a) Name CARTER, Ernest (1-21-21) - ok - 2-8-21 251,398 (1-21-21) - ok - 2-8-21 Ser. No. 251938 TYP. DMA (b) Rank Pvt. Organization Co.M, 9th Infantry CKR. [initials] (c) Date of death 6/17/18 (d) Cause of death DWRIA

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

(a) Grave No. 81 Row --- Plot --- Sec. --- TYP. DMA (b) Emerg. Address Mrs. Adna Carter (wife) Worth, Ark. E (1-21-21) also, Seminole, Okla. (1-21-21) also,

III. Files of soldiers dying from contagious diseases ----- CKR. [initials]

IV. A. G. O. DISPOSITION CARD:

Date of receipt -----

(a) Name Edna Carter (b) Relationship wife (c) Address Rt. 4, Prague, Okla. (d) Remains to be brought to U. S.? Yes (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 [initials] Date 1-11, 1920.

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

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

Examiner's Initials [initials] Date 1-11, 1920.

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

No request for disposition

(a) Cancellation memos referred to? Yes PF

EM Examiner's Initials [initials] Date 1-12-1920.

COUNTRY FRANCE CEMETERY No. 247 SHEET No. 24

checked m- 1-21-21

Location Index

Discrepancies

Name

Rank

Serial No.

Org.

Remarks:

A. G. O. Card & Corr. *check 1-11*

Discrepancies

Name

Rank

Serial No.

Org.

Remarks: *E.A.*

G. R. S. Corr.

Discrepancies

Name

Rank

Serial No.

Org.

Remarks:

Checkers

Discrepancies

Name

Rank

Serial No. *7. J. W. sent*

Org. *1-2-21*

Remarks: *checked 1-12-21*

WT/3511/9

RECEIVED BY

MAIL UNIT, 1920.

JUL 1 1921

1920.

Central Division

Overseas Branch Section

1920

JAN 29 1921

er on

le on

CTIONS

ACTION TAKEN.

Carroll

To be prepared in triplicate.

DATE **Nov. 28, 21.**

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

COMPARATIVE REPORT

Records of G.R.S. Headquarters. *jc.*

Discrepancy found upon exhumation of body

1. Name **CARTER, Ernest**
 2. No. **251398**
 3. Rank **Pvt.**
 4. Org. **Co. M. 9th Inf.**
 5. D.D. **June 17th 1919**
 6. C.D. **DOWRIA**

10. Name _____
 11. No. _____
 12. Rank _____
 13. Org. _____
 14. (a) D.D. _____
 (b) D.B. **No discrepancy**

Discrepancy found upon disinterment

7. Grave No. **81** Sec. _____
 8. Plot _____ Row _____
 9. _____

15. Grave No. _____ Sec. _____
 16. Plot _____ Row _____
 17. **No discrepancy**

18. Cemetery **American Cty.**
 20. Dept. or County **S-et-M**
 22. G.R.S. Hdqrs. Code No. **247**
 23. Disinterred (Date) **Nov. 28, 21**
 24. Inscription on grave marker:

19. Commune or town **JUILLY**
 21. Country **France**
 By **H.L. Hurlbut.**

Name **Carter, Ernest**
 Rank **Pvt.**

Serial No. _____
 Organization **Co. M., 9th Inf.**

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

C.T. Brown
 Signature Junior Technical Assistant

C.T. Brown.

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 reads: Carter, Ernest, 251358, Co. M., 9th Inf.
Tag on body reads: Carter, 251398.

27. Condition of body **Badly decomposed; recognition impossible.**

28. Nature of burial **Blanket. Hospital shroud.**

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? **Tag on body reads: Carter, 251398.**

30. Body prepared and placed in casket: Date **Nov. 28, 21** By **H.L. Hurlbut.**

31. Casket sealed by **H.L. Hurlbut.**

Signature of Embalmer, (Supervisor) *H.L. Hurlbut*
H.L. Hurlbut.

16
22/27
8/23

SHIPMENT. (Show actual marking of box.) Box No. **C-16853**

32. Designation of body:

Name **Ernest CARTER** Serial No. **----**

Rank **Pvt.** Organization **Co.M.9th Inf.**

33. Consigned to: **Officer i/d**

Name of Permanent Cemetery **Aisne-Marne Amer.Cty.1764 BELLEAU (Aisne)**

34. Casket boxed and marked (Date) **Nov. 28, 21** By **H.L. Hurlbut.**

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 *W.H. Roach*
W.H. Roach, 1st Lt. QMC.

36. Remarks

37. Shipped from point of Operation: (Date) **Nov. 28, 21**

To ~~point of concentration~~ **Aisne-Marne Amer. Cty. 1764, Belleau, Aisne**
(Name)

Convoyer **J.S. Hughes** Signature Shipping Officer *W.H. Roach*
W.H. Roach, 1st Lt. QMC.

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 *Dec. 3/21*

G.R.S. Representative *ad Grass*

41. Reinterred **Dec. 15, 1922.** **Aisne-Marne Cem.1764.**
(Date)

42. Grave No. **6** Section

43. Plot **Block B** Row **4**

G.R.S. Representative *W.D. Cleary*
W.D. CLEARY, Lt. Chaplain USA.

Place JULLY.

REPORT OF DISINTERMENT AND REBURIAL

Date November 28th, 1921.

1. REMAINS OF CARTER, ^{Ernest} Ernest. SERIAL NUMBER 251398

RANK Pvt. ORGANIZATION Co. M., 9th Inf.

2. Disinterred (date): Nov. 28, 21 From (give complete location):

Grave 81, Cemetery 247.

By: Group 8 Unit Field Section 3.

3. Reburied (date): _____ In (give complete location):

Dec. 15, 1922. Grave 6, Row 4, 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:

Hospital shroud; blanket.

Badly decomposed; features unrecognizable.

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

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

Bottle record reads: Carter, Ernest, 251358, Co. M., 9th Inf.,

Tag on body reads: Carter, 251398

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

(a) Height (actual measurement) Impossible to determine

Not cut 17, 32.
MAD. 1, 16, 25, 26. Cav. 3.
MBD. 19, 30, 31.

(b) Weight (estimated) Impossible to det.

(c) Hair—Color None visible

Quantity None

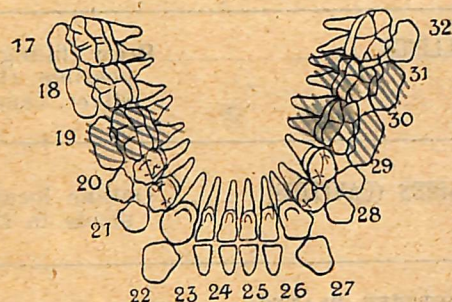
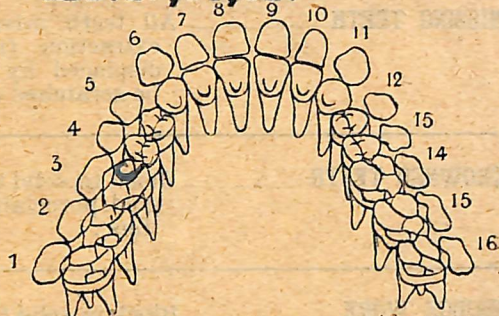
Characteristics None

(d) Hair on face—Color None visible

Location None

Quantity None

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



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

None visible

7. Disinterment supervised by H.L. Hurlbut.

Approved: W.H. Roach
W.H. Roach, 1st Lt. QMC.
(Title)

8. Reburial supervised by L.D. HAYS

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



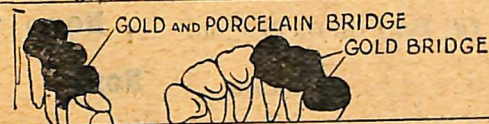
CROWNED TEETH

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



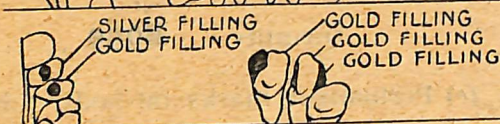
BRIDGE WORK

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.

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

CEMETERIAL DIVISION

WASHINGTON

Hoboken, N. J.

3-1200

FEB 7 9 1921

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

To: Mrs. Edna Carter, Rt 4- Pragus, Oklahoma

SUBJECT: Remains of Pvt. Earnest Carter, Ser. No. 251398
Co. M, 9th Inf.

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

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

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

By authority of the Quartermaster General.

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

If all blank spaces below are not filled out, it will necessitate a return of this paper and a SERIOUS DELAY in the shipment of this body. State in each case WHETHER or not these relatives are STILL LIVING.

Was soldier married?

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

Address _____

Relationship _____

RECEIVED BY MAIL UNIT, 1921

Date _____

Signature _____

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.)

Cemeterial Division
Overseas Project Sub-Section

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.

REVERSE SIDE

COMPILATION OF DISPOSITION OF REMAINS DATA

File #4472

I. LOCATION INDEX CARD:

(a) Name ^{a (1-21-21)} CARTER, Ernest Ser. No. ^{251398 (1-21-21)} ~~251938~~
 (b) Rank Pvt. Organization Co.M, 9th Infantry TYP. DMA
 (c) Date of death 6/17/18 Cause of death DWRIA

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

(a) Grave No. 81 Row E Plot --- Sect. --- TYP. DMA
 (b) Emerg. Address Mrs. Edna Carter (wife) ^{Seminole, Okla. (1-21-21) deo.} Worth, Ark.

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

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

A.G.O. Card - Edna Carter (wife) Rt. 4,
 Prague, Okla., requests that body be
not returned to U.S.

- AP. 2/9/21

V. Following advice forwarded to Europe by - (cable on _____ 192
 (letter of transmittal on JAN 29 1921

Par. #2, Not To Be Returned *Carter, Ernest*
EW.

FEB 14 1921

VI. Form 115 forwarded to G.R.S. Hoboken, N.J. _____ 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. 7-1- 192 21

COUNTRY
 G.R.S. FORM 115-A
 August 1920

CEMETERY NO.

SHEET NO.

3-666/MB

FRANCE

247

24

2-11-21. H. L.

marked signature

shows both

Ernest & Earnest

also records carry
as Earnest.

Verify wife's letter

Wife gives name
as Earnest. possibly

Ql - 93017

wives - Edna James

~~4 - Prague~~
Denica no.

251398
~~23017~~

Carter

Earnest

(Surname.)

(Christian name in full.)

(Army serial number.)

Pvt

Co M, 9th Inf.

(Rank and organization.)

State your relationship to the deceased.

Wife

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

(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:

m

(Name of person to receive remains.)

(Express office.)

(Telegraph office.)

(Number and street.)

(City or town.)

(State.)

(Sign here)

E. Anna Carter

Rte 4

Prague

Oklahoma

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

Drawn by A.R.C.

247-24

1-11-21

Checked

1-12-21 Em

GRAVE LOCATION LANK.

LOCATION OF THE GRAVE OF

1412

Carter, 251358 Ernest
(Surname.) (Number.) (First Name and Initials.)

Pvt. Co. M. 9th. Inf.
(Rank.) (Organization.)

DATE OF BURIAL June 18, 1918.

PLACE OF BURIAL Juilly, Seine et Marne

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

American cemetery west of and immediately adjoining Juilly cemetery.

GRAVE NUMBER 81

HOW MARKED: Name Peg? Yes Cross? Yes

Headboard? No Bottle? Yes

IDENTIFICATION TAGS: 2

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:

REPORTED BY: Chas. B. Lore

CHAS. B. LORE

Capt. Q. M. C. N. G. U. S.

(Signature and Rank of Reporting Officer.)

portion to be sent to Chief of Graves Registration Ser

25 JUN 1918

251398

✓
Name **Carter, Ernest**

Rank **Pvt.** Co. **M.** {Corps} **9th Inf.** {Regt.}

Date of Death

4472

Place

Cause

Date of Burial **6/18/18**

Grave No. **81**

Cemetery **33**

Identified by { Tag }
{ Papers }
{ Clothing }

List of Effects



I. G. MYERS,

Field Record Made by **2nd. LIEUT. O. M. CORPS, N. A.**

Group 1, 303 Company..... Graves Registration Service

JUL 17 1918

22 JUL 1918

For additional data use reverse side

FROM: O. Q. M. G.
CEMETERIAL DIVISION
Munitions Building
Room 1128

PLEASE
EXPEDITE

WAR DEPARTMENT
Office of the Quartermaster General of the
Washington

G.R.S. Form 8-W-A-O

Information requested of A.G.C.

Date 1/12/21.

Adjustment Made
JAN 27 1921
4472
File No.

File No.

Registration.

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

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

Subject: Information required for G.R.S.

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

- a. Surname Carter ✓
- b. Christian name Ernest ✓
~~or (Ernest)~~
- c. Serial Number 251938 251,398 ✓
~~or (23017)~~
- d. Organization Co. M, 9th Inf. ✓
- e. Rank Pvt. ✓
- f. Date of death 6/17/18. ✓
- g. Cause of death DWRIA. ✓
- h. Authority (C.O.#)
- i. Emergency address Mrs. Edna Carter
Seminole, Okla.
- j. Relationship wife

BODY DESCRIPTION

(See page #2 of the Service Record)

- a. Age of enlistment
- b. Color of eyes
- c. Color of hair
- d. Height
- e. Weight
- f. Permanent marks and physical defects at enlistment (Old fractures or breaks)

DENTAL CHARTS

(See Physical report of examination prior to enlistment)

- a. Strike out teeth missing
- | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|-------------|---|---|---|---|------------|
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| | | | | | | | | | | upper right | | | | | upper left |
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| | | | | | | | | | | lower right | | | | | lower left |

FILE

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

BY:

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

Rec'd World War Div.

Date

JAN 13 1921

JAN 13 1921

CEMETERY NO: 247

SHEET NO: 24

TYPED BY: I.W.

S/713/LML

file
6-21-26

Donnelly / HSA
E. P. A
1/14/21
13

S.M.

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

Adjustment
JAN 27 1921
4472

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

Date 1/12/21.

File No.

Registration.

From: The Quartermaster General, U. S. Army, (Ceremonial 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.

M- ✓

a. Surname Carter ✓

f. Date of death 6/17/18 ✓

b. Christian name Ernest ✓

g. Cause of death DWRIA ✓

~~or (Ernest)~~

c. Serial Number 251958 251,398 ✓

h. Authority (C.O.#)

~~or (23017)~~

d. Organization Co. M, 9th Inf. ✓

i. Emergency address Mrs. Edna Carter

e. Rank Pvt. ✓

j. Relationship wife

BODY DESCRIPTION

(See page #2 of the Service Record)

a. Age of enlistment

b. Color of eyes

c. Color of hair

d. Height

e. Weight

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

DENTAL CHARTS

(See Physical report of examination prior to enlistment)

a. Strike out teeth missing

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
upper right upper left

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
lower right lower left

FILE

S.M.

file
6-21-26

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

RECEIVED
BY: Conner

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

CEMETERY NO: 247

SHEET NO: 24
TYPED BY: I.W.

Rec'd World War Div.

JAN 13 1921

JAN 13 1921 6

S/713/LML

Annally / 1/14/21
8. P. A
1/7
13

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

JAN 27 1921
RECEIVED

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

Date 1/12/21

File No.

From:

The Quartermaster General, U.S. Army, (Central Division)

To:

The Adjutant General of the Army, 6th & B Sts., W.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.

- 1. Date of death 6/17/18
- 2. Cause of death
- 3. Authority (C.D.#)
- 4. Emergency address
- 5. Relationship

- a. Surname Carter
- b. Christian name Ernest
- c. Serial Number 25158 or (25017)
- d. Organization Co. M, 3rd Inf.
- e. Rank Pvt.

BODY DESCRIPTION
(See page 2 of the Service Record)

- 1. Strike out teeth missing
- 2. 8 7 5 5 5 2 1 2 3 4 5 7 8
- 3. 8 7 5 5 5 2 1 2 3 4 5 7 8

- a. Age of enlistment
- b. Color of eyes
- c. Color of hair
- d. Height
- e. Weight

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

JAN 15 1921

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

RECEIVED

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

C.W. 247
SHEET NO: 24
TYPED BY: I.W.

2/13/21