

283

To The A. G. O.

G.R.S. Form #114-B

2832

1918

MAR 10 1926

DATE 2/28/22

m1

1. NAME CASHMAN, Eugene C.

SERIAL No. 1706497

RANK Cpl

ORGANIZATION Co I 307th Inf

GRAVE LOCATION Meuse-Argonne, Amer. Cty. ROMAGNE-sous-MONTFAUCON #1232 sec 11

CTY. NAME Meuse NUMBER

114 sec 11

3

GRAVE

ROW

PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION 128 Bac Cheppy,

Meuse

GRAVE

COMMUNE

DEPT.

COORDINATES Verdun 35 SE 273.9 N 304.5 E

CONCENTRATED TO 5/5/19 114 Sec 11 3

DATE

GRAVE

ROW

PLOT

Meuse Argonne Cemetery

1232

CEMETERY

CTY. NUMBER

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

Tag on body and cross.

DATE OF DEATH

Nov 22, 1918

STATE FROM WHICH HE CAME

new york

MEDALS OR DECORATIONS AWARDED

SUBSEQUENT REBURIALS

ccg

DATE

GRAVE

ROW

PLOT

CEMETERY

DATE

GRAVE

ROW

PLOT

CEMETERY

SIGNATURE, AREA SUPERVISOR

Ist Lt. B. BIRDSEYE, Q.M. Corps, U.S. Army

3. FINAL GRAVE LOCATION 2/28/22

32

19

B

DATE

GRAVE

ROW

Block

AUDITED BY

Robert C. Davis

Major General

The Adjutant General

By

871 P

MAR 17 1926

Meuse-Argonne American City. Romagne-sous-Montfaucon (Meuse) 1232

CEMETERY

MAR 17 A.G.O. WORLD WAR DIV.

A.M.C. 3-15-23

RECEIVED
GRAVES REGISTRATIONS



AUG 18 1922

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.



COORDINATES

REGISTRATION

Q.M.C.

REGISTRATION BRANCH

MAR 19 28

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

WR
OK
49
P

GRAVE LOCATION BLANK

D.M.A. 22-11/22/18, C.C. 387

LOCATION OF THE GRAVE OF

Cashman 1706497 Eugene C
(Surname). (Number). (First Name and Initials).

Corp. Co I 307 Inf.
(Rank). (Organization).

PLACE OF DEATH: E. H. # 14

CAUSE OF DEATH: Pneumonia

DATE OF BURIAL: Nov 22 1918

PLACE OF BURIAL: Near Sheppy
(Give Cemetery, Town and Department). Map reference must specify clearly what map is used.

American Cemetery #1
Sect. G Plot 2

GRAVE NUMBER: 81

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

IDENTIFICATION TAGS:
Was one buried with body? yes
Was one fastened to name peg or stake used as a grave marker? yes

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

NEAREST RELATIVE:
ADDRESS:

RELATIONSHIP: E. H. # 14

REPORTED BY: Chas L. Nurse Chaplain
(Signature and Rank of Reporting Officer).

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>Cashman</i>	<i>CAS</i>	3	<i>319</i>
<i>Engine C</i>	CEMETERY <i>1232</i>	1	<i>1</i>
BURIED	GRAVE <i>32</i>	2	<i>32</i>
	ROW <i>19</i>	2	<i>19</i>
	BLOCK <i>B.</i>	1	<i>2</i>
STATE	<i>Ny</i>	2	<i>37</i>
RANK	<i>Cpl</i>	1	<i>2</i>
DIVISION	<i>77</i>	2	<i>77</i>
ORGANIZATION	<i>307</i>	3	<i>307</i>
ARM	<i>Inf</i>	1	<i>1</i>
MARITAL	<i>not</i>	1	<i>2</i>
NAME <i>Cashman</i>		3	
<i>John</i>	STATE	2	
RESIDENCE	COUNTY	2	
<i>(Mother) Ireland</i>	CITY	3	
RELATION	<i>Mother</i>	1	<i>1</i>
OTHER	<i>no son</i>	1	
ELIGIBILITY	<i>no son</i>	1	
	<i>Lead 6-18-14</i>	1	<i>6</i>
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE		1	

AUDITED

APR 19 1932

RS

RM

es 7

29/514

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

DATE 8/22/31

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
Cashman, Eugene C.	Cpl.	1706497	Co. I, 307th Inf,	11/22/18

STATE	CTY. NO.	1232 GRAVE	32	ROW	19	BLOCK	B
-------	----------	------------	----	-----	----	-------	---

	<u>Check relationship</u>	<u>Living - Deceased</u>
	MOTHER	: : ✓ :
	<u>STERMOTHER</u> (For the year prior to commencement of service)	: : : :
NAME	MOTHER THRU ADOPTION	: : : :
AND	(For the year prior to commencement of service)	: : : :
ADDRESS	MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	: : : :
	<u>WIDOW</u> <i>Single man</i>	: : : :
	(Who has not remarried)	: : : :

B. John Cashman
Gilliam Rathbone
Co. Kerry
Ireland

Veterans Bureau Claim Number 139 907
29/156

1 706 497 Cashman, Eugene C. Cpl Co I 307th Inf

Mother? died 6-18-14

C139907

~~Widow?~~

Single

no step-mother

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL

WASHINGTON

B
John Cashman
Sullam Rathmore
Co. Kerry, Ireland

DATE 7-23-29

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
Cashman, Eugene C.	cpl.	1706497	Co. I, 307th Inf.	11-22-18

STATE	CTY. NO. 1232	GRAVE 32	ROW 19	BLOCK B
-------	---------------	----------	--------	---------

NAME AND ADDRESS	Check relationship	Living - Deceased		
		Living	Deceased	
MOTHER		:	:	:
STEPMOTHER (For the year prior to commencement of service)		:	:	:
MOTHER THRU ADOPTION (For the year prior to commencement of service)		:	:	:
MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)		:	:	:
WIDOW (Who has not remarried)		:	:	:

C-139907
570 7/29

Veterans Bureau Claim Number _____

29/156/

In reply refer to:
293.8 C-R

62266

March 19, 1923.

Mr. Timothy Cashman,
Gullane Rathmore,
Co. Kerry, Ireland.

Foreign

Dear Sir:

The Quartermaster General desires that you be informed that the permanent grave of **the late Corporal Eugene C. Cashman, Company I, 307th Infantry, is Grave 32, Row 19, Block B, Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon, Department of Meuse, France.**

This is one of the permanent American military cemeteries to be maintained by this Government in Europe. Each grave will be marked by a headstone of white marble, of suitable design, with name, rank, organization, date of soldier's death and State from which he came. The headstones will be placed at all graves in connection with the improvement work now in progress, as soon as possible and without waiting for special action or request on the part of relatives.

In effecting removal, the utmost care and reverence were exacted and more than willingly accorded by those performing this sacred duty. The grave of the deceased will be perpetually maintained by this Government in a manner befitting the last resting place of our heroes.

Very truly yours,

H. J. Connor,
Assistant.

CONFIDENTIAL & FILED
MAR 21 1923
W.D.

22/1433/28

G.R.S. FORM NO.

Place NEUFCHATEAU

Date June 7th, 1919.

REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

62266

Name: CASHMAN, E. C.

Number: 1706497

Rank: Pvt.

Organization: Co III, 307 Inf.

Disinterment and Reburial made by Group

Unit

Disinterred (Date)

From: (Give complete location)

5th May 1919.

Grave #128, B.A CEMETERY CHEPPY MEUSE

Map 35 SE 304.5 E 273.9 N.

Reburied (Date)

in: (Give complete location)

5th May 1919.

Grave #114. Sec 11, Plot 3.

ARGONNE AMERICAN CEMETERY No. 1232

ROMAGNE MEUSE

1232

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

Burial good Buried in blanket Body slightly decomposed

Was one identification tag found upon the body? Yes

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

10661

CONFIRMED N° D

Note:

If upon disinterment, effects are found upon bodies, they will be promptly sent to the Effects Depot direct, as is required by G. O. 170, G.H. 2, 1918., after being carefully examined for clues to identity in doubtful cases, notation whereof will be made and reported to Chief, G.R.S.

Supervised by: Lt. Caswell

R. H. ROSENTHAL

C.O. Group 2nd Lieut. Unit C.U.S.A.

H. O'K

Date: June 11, 1919

REPORT OF DISINTERMENT AND REBURIAL

Remains of:

Name: CASHMAN, B. G. Rank: Pvt. Organization: Co E, 507 Inf. Number: 1706427

Disinterment and Reburial made by Group Unit

Disinterred (Date) From: (Give complete location)

5th May 1919. Grave #18, P.A. GENTRY COMPANY

Map 35 SW 304.5 E 273.9 N.

Reburied (Date)

in: (Give complete location)

5th May 1919.

Grave #114, Sec 11, Plot 2.

ARGONNE AMERICAN CEMETERY No. 1232

ROMANIAN TRENCH

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

Funeral food buried in blanket. Body slightly decomposed.

Was one identification tag found upon the body? Yes

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

Note:

If upon disinterment, effects are found upon bodies, they should be sent to the Effects Dept direct, as is required by G.O. 170. After being carefully examined for clues to identity in doubtful cases, report will be made and reported to Chief, G.R.S.

Supervised by: Lt. Caswell

C.O. Group

H. O. K.



Place Romagne e/s Montfaucon

REPORT OF DISINTERMENT AND REBURIAL

Date 2/28/22

1. REMAINS OF CASHMAN, Eugene C.

SERIAL NUMBER 1706497

RANK Cpl.

ORGANIZATION

Co. I, 307 Inf.

2. Disinterred (date): 2/28/22

From (give complete location):

Gr. 114, Sec. 11 Pt. 3, Cem. 1232

By: Group 1

Unit Section 1

3. Reburied (date):

In (give complete location):

Feb. 28, 1922, Meuse Argonne Cty 1232, gr 32, bl B, row 19

By: Group Reburial S

Unit

Nature of reburial unlined casket

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

U.S. ~~Unit~~ Uniform, pine box, burlap, Badly decomposed.

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

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

Body tag badly corroded reads "CO. I, 307 Inf."

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

(a) Height (actual measurement) Imp. to det

(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 det.

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

Imp. to det.

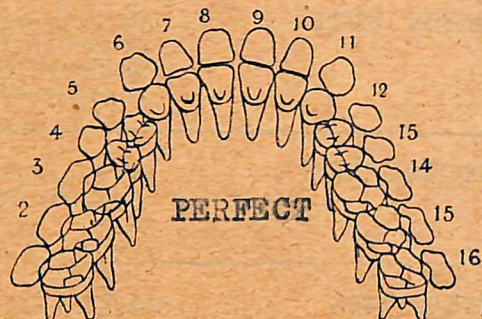
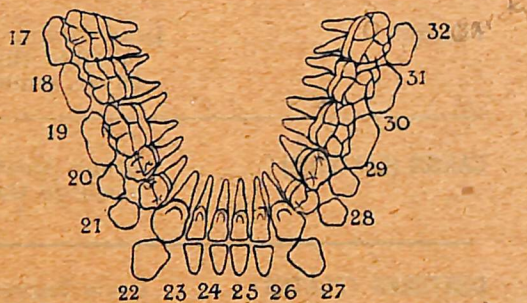


Diagram represents the mouth wide open



7. Disinterment

supervised by

C.V. RUSSELL

Approved:

R. Richards

(Title)

1st Lt. QMC

8. Reburial

Supervised by

W.B. Sheild

Approved:

A.E. Dewey, 1st Lt, QMC,

(Title)

concentration

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.

AUG 18 1922
RECEIVED
GRAVES REGISTRATION

To be prepared in triplicate.

DATE

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

COMPARATIVE REPORT

ml

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name CASHMAN, Eugene C.

10. Name

2. No. 1706497

11. No.

3. Rank Cpl

12. Rank

4. Org. Co I 307th Inf

13. Org.

5. D.D. Nov 22nd 1918

14. (a) D.D.

None

6. C.D. LOBAR Pneumonia

(b) D.B.

Discrepancy found upon disinterment

7. Grave No. 114 Sec. 11

15. Grave No.

Sec.

8. Plot 3 Row

16. Plot

Row

9.

17.

None

18. Cemetery Meuse-Argonne, Amer.

19. Commune or town ROMAGNE-S-MONTEAUCON

20. Dept. or County Meuse

21. Country France

22. G.R.S. Hdqrs. Code No. #1232 sec 11

23. Disinterred (Date) Feb. 28 1922

By

C.V. Russell

24. Inscription on grave marker:

Name CASHMAN, Eugene C.

Serial No.

1706497

Rank Cpl

Organization

Co. I. 307th Inf.

25. Was identification disc found on grave marker?

No

On body?

Yes

Signature Junior Technical Assistant

J.T. White

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).

None

27. Condition of body Badly decomposed.

28. Nature of burial U.S. Uniform, burlap Pine 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

Feb. 28, 1922

By

C.V. Russell

31. Casket sealed by C.V. Russell

Signature of Embalmer, (Supervisor

C.V. Russell

SHIPMENT. (Show actual marking of box.)

Box No. **C-21605**



32. Designation of body:

Name **Eugene C. CASHMAN**

Serial No. **1706497**

Rank **Cpl** Organization **Co I 307th Inf**

33. Consigned to:

Name of Permanent Cemetery **Meuse-Argonne, Amer. Cty #1232, ROMAGNE-s-MONTFAUCON**
C.V. Bus (Alouse)

34. Casket boxed and marked (Date) **Feb. 28, 1922** By _____

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

Signature of G.R.S. Inspector **R. Richards, 1st Lt. QMC.**

36. Remarks **None**

37. Shipped from point of Operation: (Date) **Feb. 28, 1922**

To point of Concentration **Romagne Morgue** (Name)

Convoyer **T.T. Wynn** Signature Shipping Officer **G.F. Spain, Capt. QMC.** JB

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 **Meuse Argonne Cty 1232, Feb. 28, 1922** (Date)

42. Grave No. **32** Section _____

43. Plot **B** Row **19**
~~Block~~

G.R.S. Representative **A.E. Dewey, 1st Lt, QMC.**

Cashman,

Eugene, C.

1,706,497

(Surname.)

(Christian name in full.)

(Army serial number.)

~~Pvt. 1st Cl.~~ Co. ~~A. I.~~ 307th. Infantry.

(Rank and organization.)

State your relationship to the deceased. *Cousin*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:

Timothy Cashman
(Name of person to receive remains.) (Express office.) (Telegraph office.)*Gullane. Greerquilla. Rathmore Station*
(Number and street.) (City or town.) (State.)(Sign here) *Patrick Cashman*

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

201

next

Please correct the
Mistake. you ~~correct~~
State Co. A instead
of Co. F

Cas. verifies Co 1, 307 July

Mr. Patrick Cashman,
329 East 83rd St.,
New York, N.Y.

Memorandum by PF

3-19-21

1232-Serial-22

12-51-21
checked
12-51-21

COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

62266

(a) Name CASHMAN, Eugene C. Ser. No. 1706497
(b) Rank Cpl. Organization Co. I, 307th Inf.
(c) Date of death 11-11-18 (d) Cause of death Lobar Pneumonia

TYP. vbb

CKR. 30

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

(a) Grave No. 114 Row - Plot 3 Sec. 11 TYP. vbb (over)

(b) Emerg. Address Patrick Cashman (cousin) 329 E. 83rd St., New York City

III. Files of soldiers dying from contagious diseases 1/1/1/1 CKR. 30

IV. A. G. O. DISPOSITION CARD:

Date of receipt

(a) Name Patrick Cashman (b) Relationship Cousin

(c) Address

(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. Timothy Cashman

Gullane Grevequilla Pathmore Station

(g) Disposition instructions if not brought to U. S.

Examiner's Initials PF Date 3-19-1920

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

, dated

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

No correspondence

Examiner's Initials PF Date 3-19-1920

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

No request for disposition

(a) Cancellation memos referred to? Yes PF

Examiner's Initials PF Date 3-19-1920

COUNTRY FRANCE CEMETERY No. 1232-Sec. 11 SHEET No. 22

Checked 4-2-21

Name

Rank

Serial No.

Org.

Remarks *5X8 Card gives date of death 11/22/18*

A. G. O. Card & Corr.

Discrepancies

Name

Rank

Serial No.

Org.

Remarks

C. R. S. Corr.

Discrepancies

Name

Rank

Serial No.

Org.

Remarks

Chackers

Discrepancies

Name

Rank

Serial No. *7-54 sent*

Org. *3-21-21*

Remarks *WRBA*

S-1357/MB

*checked
4-3-19-21*

VII. G. R. S. Form No. 114 made _____, 1920.

Typed by _____, Checked by _____, 1920.

RECEIVED.
APR 28 1921

VIII. FINAL ACTION:

Following advice forwarded to Europe by { cable on _____, 1920
letter on 3/28, 1920

CEMETERIAL DIVISION
OVERSEAS PROJECT SUB-SEC.

Sec 2
Par 2 not to be returned CPW

IX.

CORRECTIONS

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

X. SUSPENSION REMARKS:

B.A.W.R. *Mr. Timothy Cashman (father)*

Gullane Rathmore, Co. Kerry, Ireland. (4-2-21)C

Name.....

Rank.....

Serial No.

Org.

COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

62266

(a) Name CASHMAN, Eugene U. Ser. No. 1706497 } vbb
 (b) Rank Cpl. ^{st. met 3-19-21} Co. I, 307th Inf. } TYP. _____
 (c) Date of death 11-11-18 (d) Cause of death Lobar Pneumonia } 30

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

(a) Grave No. 114 Row - Plot 3 Sec. 11 TYP. vbb
 (b) Emerg. Address Patrick Cashman (cousin) 329 E. 83rd St., New York City

III. Files of soldiers dying from contagious diseases 1111 CKR. 30

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

YO Card - Patrick Cashman (cousin)
requests remains not returned to U. S.
but shipped to (father), Mr. Timothy Cashman,
Quillane Greevequilla, Rathmore Station,
(Ireland.) - AP 4-4-21

V. Following ^{w. R.} advice forwarded to Europe by { cable on _____, 192
 letter of transmittal on 3/28, 1921
See 11
Par 2 Not to be returned RPW

VI. Form 115 forwarded to G. R. S., Hoboken, N. J., APR 11 1921, 192

VII. SUPPLEMENTARY REQUESTS.

Date of and source.	Relationship and name.	Desires.	Action taken.

APR 28 1921

VIII. Form 115 received from G. R. S., Hoboken, N. J., _____, 192

COUNTRY _____ CEMETERY No. _____ SHEET No. _____

OSP-SS
Form No. 1009

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

*Please
mail!*

Harlow C.W.
NAME OF DECEASED SOLDIER
Cashman, Eugene C., Cpl.
SERIAL NUMBER
1706497
ORGANIZATION
Co. I, 307th Inf.
CEMETERY NO.
1232-Sec.11 - 22
DATE
3/21/21.
DATE OF DEATH
11/22/18.

Copy forwarded to
Adjustment Department
Date 4-2-21 - C

WAR RISK INSURANCE INFORMATION

C-139907

DATE March 29, 1921.

Mr. Timothy Cashman,
PERSON NAMED BY SOLDIER TO BE BENEFICIARY OF INSURANCE
Father
RELATIONSHIP

Gullane Rathmore, Co. Kerry, Ireland.
ADDRESS

PERSON RECEIVING DEATH COMPENSATION
RELATIONSHIP

ADDRESS

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

COPY

Harlow C.V.
NAME OF DECEASED SOLDIER
CEMETERY NO. DATE
Cashman, Eugene C., Cpl. 1232-Sec.11 - 22 3/21/21.
SERIAL NUMBER ORGANIZATION DATE OF DEATH
1706497 Co. I, 507th Inf. 11/22/18.

NOTED FORM 115
DATE 4-2-21-c

WAR RISK INSURANCE INFORMATION

DATE _____

Mr. Timothy Cashman Father
PERSON NAMED BY SOLDIER TO BE BENEFICIARY OF INSURANCE RELATIONSHIP

Lullane Rathmore, Co. Kerry, Ireland.
ADDRESS

Adjustment Made

April 1922
PERSON RECEIVING DEATH COMPENSATION RELATIONSHIP

62266
ADDRESS

File No.

622140

Soldier's No. 1706497

Name CASHMAN, E. C. (INITIALS ONLY)
(Regt.)

Rank Pvt Co. I (Corps) 307 Inf.

Nov. 22, 1918 Disease
Date of Death Cause

Nov. 22, 1918 American #1
Date of Burial Cemetery

CHEPPY MEISE
Town or Commune Dept.

Grave No. 81 Plot 2 Sec. L

Tag buried with body

Tag attached to Cross

Charles L. Nourse E.H. 14
(Chaplain - ~~Burial~~ Officer (which?))

Galen M. Willis Corp Q.M.C.
Signature Rank

Group 4 Unit 310 G.R.S.

592

1904

RECEIVED

NOV 14



AMERICAN

NOV 14

1894

NOV 14 1894

NOV 14 1894

NOV 14 1894

NOV 14 1894

NOV 14 1894

62766

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Cashman 1706497 Eugene
(Surname). (Number). (First Name and Initials).

Corp. Co I 307 Inf.
(Rank). (Organization).

PLACE OF DEATH: E. H. # 14

CAUSE OF DEATH: Pneumonia

DATE OF BURIAL: Nov. 22 1918

PLACE OF BURIAL: Near Cheppy

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

American Cemetery # 1
sect. 5 Plot 7

GRAVE NUMBER: 81

HOW MARKED: Name Peg? Cross?

Headboard? Bottle?

IDENTIFICATION TAGS:

Was one buried with body?

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:

592

NEAREST RELATIVE:

ADDRESS:

RELATIONSHIP:

REPORTED BY: E. H. # 14

Chas L. Nourse Chaplain
(Signature and Rank of Reporting Officer).

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

RECEIVED
28 NOV 18 PM '3
O. C. C. M.
S. S. S.

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

WAR DEPARTMENT

Office of the Quartermaster General of the Army
Washington

PLEASE
EXPEDITE

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

Date 3/21/21.

File No. Requisition.

(SPECIAL)

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.

NOTED FORM 115
DATE 3/23/21 E.M.

- a. Surname Cashman ✓
- b. Christian name Eugene C. ✓
- c. Serial Number 1706497 ✓
- d. Organization Co. I, 307th Inf. ✓
- e. Rank Cpl. ✓

- f. ~~Date of death 11/11/18.~~
or (11/22/18). ✓
- g. Cause of death L. Pneumonia. ✓
- h. Authority (C.O.#) Patrick Cashman
- i. ~~Emergency address~~
329 East 83rd St. N.Y. City
- j. Relationship cousin

BODY DESCRIPTION
(See page #2 of the Service Record)

- a. Age of enlistment
- b. Color of eyes
- c. Color of Adjustment Made
- d. Height MAR 31 1921
- 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

62266

2

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

BY:

H. J. CONNER, 11
1st. Lieut. Q.M.C.

CEMETERY NO:

C.W.
1232-Sec. 11.

SHEET NO:
TYPED BY:

22
I.W.

S/713/LML

Rec'd World War Div. Bldg 5 & 5 Div. AGO
Date..... MAR 22 1921

Donnelly OO
ERS 11 3/21/21

WAR DEPARTMENT

Office of the Quartermaster General of the Army
Washington

G.R.S. Form 8-W-A-0

Information requested of A.G.O.

Date 3/21/21.

File No. Requisition.

(SPECIAL)

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.

NOTED FORM 115
DATE 3/23/21 E.M.

- a. Surname Cashman ✓
- b. Christian name Eugene C. ✓
- c. Serial Number 1706497 ✓
- d. Organization Co. I, 307th Inf. ✓
- e. Rank Cpl. ✓
- f. Date of death 11/11/18.
or (11/22/18). ✓
- g. Cause of death L. Pneumonia. ✓
- h. Authority (C.O.#) Patrick Cashman
- i. Emergency address 329 East 83rd St N.Y. City
- j. Relationship cousin

BODY DESCRIPTION

(See page #2 of the Service Record)

- a. Age of enlistment
- b. Color of eyes
- c. Color of hair Adjustment Made
- 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

MAR 31 1921

File No. 62266

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

BY:

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

CEMETERY NO:

C.W. 1232-Sec. 11.

SHEET NO:

22

TYPED BY:

I.W.

S/713/LML

Rec'd World War Div
Date..... MAR 22 1921

Donnelly 00
ERS H 3/24/21

OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

Information requested of A.G.O. Form 8-7-A-0

Date 2/21/21

(SPECIAL)

File No. Registration
From: The Quartermaster General, U. S. Army, (Department of War)
To: The Adjutant General of the Army, 624 & B Sts., W. Washington, D. C.
Subject: Information required for G.R.S.

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

- 1. Name of person Surgeon Schuman
- 2. Christian name Eugene O.
- 3. Serial number 170697
- 4. Organization Co. I, 307th Inf.
- 5. Rank Cpl.
- 6. Age of enlistment
- 7. Color of eyes
- 8. Color of hair Brown
- 9. Height 5 8 1/2
- 10. Weight
- 11. Color of complexion
- 12. Color of teeth
- 13. Color of skin
- 14. Color of hair
- 15. Color of eyes
- 16. Color of hair
- 17. Color of eyes
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- 97. Color of eyes
- 98. Color of hair
- 99. Color of eyes
- 100. Color of hair

NOTED FORM 115
DATE 3/1/21

DENTAL EXAMINATION
(See physical report of
examination prior to enlistment)

(See page 2 of the Service Record)

MAR 23 1921
RECEIVED

U. S. ARMY
QUARTERMASTER GENERAL
WASHINGTON, D. C.

62266

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

GAB-1-217.

WASHINGTON

IN REPLY
REFER TO

201(Cashman, Eugene C.)WW

February 18, 1920.

FILE

From: The Adjutant General of the Army.

To: The Quartermaster General of the Army,
Washington, D. C.

Subject: Date of death of Corporal Eugene C. Cashman, #1706497,
Company I, 307th Infantry.

1. Upon investigation, it has been ascertained that the date of death of the above named man heretofore communicated to you, is erroneous, and that he died of lobar pneumonia, at Evacuation Hospital #14, November 22, 1918.

2. For purpose of identification, you are advised that the records show that the deceased was enlisted October 10, 1917, and the name of the person to be notified in case of emergency was given as: Patrick Cashman (cousin), 329 East 83rd Street, New York, New York.

By order of the Secretary of War:

E. C. Harris
The Adjutant General,
per. *[Signature]*

M

GAB-1-217.

201(Cashman, Eugene C.)WW

February 18, 1920.

From: The Adjutant General of the Army

To: The Quartermaster General of the Army
Washington, D. C.

Subject: Date of death of
Corporal Eugene C. Cashman, #1706497,
Company I, 307th Infantry.

1. Upon investigation, it has been ascertained that the date of death of the above named man heretofore communicated to you, is erroneous, and that

he died of lobar pneumonia, at Evacuation Hospital #14, November 22, 1918.

2. For purpose of identification, you are advised that the records show that the deceased was enlisted and the name of the person to be notified in case of emergency was 1917, given as:

Patrick Cashman (cousin), 329 East 83rd Street, New York,

New York.

By order of the Secretary of War:

F. O. BARRIS - per.
The Adjutant General.
per.

62-1-217

February 12, 1952

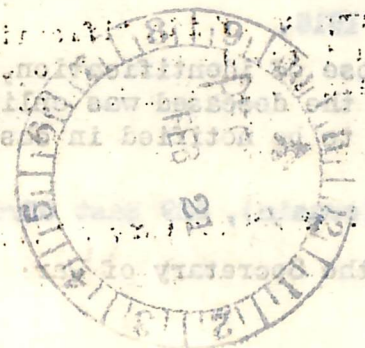
101(German, Eugene O.) (W)

From: The Adjutant General of the Army
 The Quartermaster General of the Army
 Washington, D. C.

To: Subject: Date of death of
 Corporal Eugene O. German, 470507

Gregory I. Dover, Adjutant General, advised that upon investigation it has been ascertained that the date of death of the above named man heretofore communicated to you is erroneous, and that he died of lobes pneumonia at Crossfield

Headquarters, 1st Cavalry Division, Vietnam. For purpose of identification you are advised that the records show that the husband was killed and the name of the person killed in case of emergency given as:



Adjutant General, 1st Cavalry Division, Vietnam, New York
 By order of the Secretary of the Adjutant General's Office
 New York

The Adjutant General
 per.

Classification _____

Adjustment _____

CEMETERY DIVISION
GRAVES REGISTRATION SERVICE
REGISTRATION SECTION

Date 4/15/20

MEMORANDUM:

To: Registration Files Sub-Section.

Subject: Adjustments made on Registration Files.

1. Changes 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 <u>3XJ</u>	✓	0
Casualty Cablegram Number					

O.K. Alphabetical Files NEW 4-17-20

~~O.K. Organization Files~~ _____

~~O.K. State Files.~~ _____

✓ Cemetery Audit Department
Investigation & Adjustment Dept.

By Robert Myers

✓ Cards attached.

OSPFS CtY. NO. 1232

cc II case no 22