

G.R.S. Form #114-B

To The A. G. O.

825

229

FEB 18 1928

FULL NAMECAVANAUGH, Michael J.....

RANK.....Pvt.....SERIAL.....977195

DIVISION & ORGANIZATIONMed. Det... 165th Inf.....

DATE OF DEATH.....Nov 7, 1918.....

STATE FROM WHICH HE CAME.....La.....

MEDALS OR DECORATIONS AWARDED.

FINAL GRAVE LOCATION.....
Date.....25.....21.....A.....
Grave Row Block

.....Meuse-Argonne, #1232.....
Cemetery

4
FEB 19 1928
A. G. O.
WORLD WAR DIV.

Rec'd World War Div.
5 MAR 30 1928

Robert O. Davis
Major General
The Adjutant General
BY *ave*

23/306/ARK



RECEIVED

BY

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

..... **Cavanaugh** **977195** **Michael J.**
(Surname.) (Number.) (First Name and Initials.)

..... **1st** **Medical Corps** **165th** **Inf.**
(Rank.) (Organization.)

DATE OF BURIAL **Nov. 7/18**

PLACE OF BURIAL **Chaumont-Ardennes**
(Give Cemetery, Town and Department.) Map reference must specify clearly what map is used.

In front of Church, only American
Grave

GRAVE NUMBER

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?

If name unknown and tags missing, **Yes** description and mark should be given here:

REPORTED BY:

Chaplain Francis P. Duffy, 165th
(Signature and Rank of Reporting Officer.)

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

Wm
Cassidy

Co San Det, 165th Infantry.
42nd Division.

Cavanaugh, Michael J.-Pvt. 977195.
Home. 174 North, Bend St. Pawtucket, R. Cd..

Pvt. Cavanaugh of the Sanitary Detachment was attached to Co. G. as first aid man. The Company was advancing between Chaumont St Quentin and Noyes. The advance was temporarily stopped. Pvt. Cavanaugh was standing with me when Capt. Stout of Co G. told him to stay where he was as the stretcher bearers was bringing in the wounded to him. Pvt. Cavanaugh then said to Capt. Stout "It is my duty to take care of the wounded men and render what aid is possible at once, and started out to find the wounded men. About fifteen paces from me I saw him fall. Upon reaching him we found that he had been shot right through the heart, thereby causing immediate death. This happened Nov. 7th, 1918. He is buried in Church yard at Chaumont St Quentin.

Informant. Elliioth, James.-Pvt. 90515.
Co G. 165th Infantry.
Home. 377 East, 57th St. New York City.

Emergency address .
174 North, Bend St.
Pawtucket. R. Cl.

Not signed.....

Feb. 22, P.M.

G.C.C.

CODE SLIP



HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	<i>Cavanaugh, Cav.</i>	3	<i>31'21</i>
	<i>Michael J.</i>		
	CEMETERY <i>1232</i>	1	<i>1</i>
BURIED	GRAVE <i>25</i>	2	<i>25</i>
	ROW <i>21</i>	2	<i>21</i>
	BLOCK <i>a</i>	1	<i>1</i>
STATE	<i>La.</i>	2	<i>22</i>
RANK	<i>Pvt.</i>	1	<i>2</i>
DIVISION	<i>42</i>	2	<i>42</i>
ORGANIZATION	<i>165</i>	3	<i>165</i>
ARM	<i>Inf.</i>	1	<i>1</i>
MARTIAL	<i>(Sister) nb</i>	1	<i>2</i>
NAME	<i>O'Connor,</i>	3	
	<i>Mrs. Mary E.</i>		
	<i>33 Royal St.</i>		
RESIDENCE	<i>Providence, R.I.</i>		
	STATE	2	
	COUNTY	2	
	CITY	3	
RELATION	<i>no 8m mother</i>	1	<i>1</i>
OTHER	<i>no low</i>	1	
ELIGIBILITY	<i>dead 4-10-21</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

MP
29/514/PJ

cm

Cavanaugh, Michael J. Pvt. Med. Det. 165th Inf. La.

~~coup~~ Date of mother's death? 4 - 10 - 21 - Ireland

~~SM?~~

Born 6-18-91

~~Loco?~~

enl 3-22-18

XC 90338

Single

ins to S - born 3-20-83

Seebode

It came to America 5-10-07 - made home
with S - claims to have stood in Loco. (?)

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

L

IN REPLY REFER TO QM 293 A-C
Cavanaugh, Michael J. 1232-S

July 8, 1930

Mrs. Mary E. O'Connor,
33 Royal St.,
Providence, R. I.

Dear Sir:

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

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

1. Is the deceased survived by a mother?

If so, give her name and address:

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.

Q. M. 208 A-C.

July 2nd 1929

Dear Sir

as regards Michael

J. Cavanaugh Med. Sept 165th
Inf. his mother is dead
and he was unmarried

yours Truly

Mary E. O. Connor

33 Royal St.

See

Mary E. Cavanaugh Providence R.I.



WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Cavanaugh, Michael J.

June 27, 1929.

Miss Mary E. Cavanaugh,
174 N. Bond St.,
Pawtucket, R. I.

Dear Madam:

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

The records of this office show that you are the sister of the late Pvt. Michael J. Cavanaugh, Med. Det., 165th Inf., whose remains are now interred in the Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon, Meuse, France.

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

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

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

For The Quartermaster General,

Very truly yours,

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
Cavanaugh, Michael J. 1252-S

July 8, 1930

Mrs. Mary E. O'Connor,
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Providence, R. I.

Dear Sir:

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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

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June 27, 1929.

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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.

In reply refer to:
293.8 C-R

File

64947.

January 4, 1923.

Miss Mary E. Cavanaugh,
174 N. Band Street,
Pawtucket, R. I.

Dear Madam:

The Quartermaster General desires that you be informed that
the permanent grave of

Private Michael J. Cavanaugh, Medical Detachment
165th Infantry is, Grave 25, Block A, Row 21, Meuse-Argonne American
Cemetery at 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
exactd and more than willingly accorded by those performing this
sacred duty. The grave of the deceased will be perpetually main-
tained by this Government in a manner befitting the last resting
place of our heroes.

MAILED

Very truly yours,

JAN 4 - 1923

G.R.S.

H. J. GUNTER,
Assistant.

22/1281/ARK

ENC
7c7

Duplicate.

Cavanaugh, Michael J.

977,195

(Surname)

(Christian name in full.)

(Army serial number.)

Pvt.

Med. Det. 165 Infantry.

(Rank and organization.)

State your relationship to the deceased

Sister

Do you desire the remains brought to the United States?

no
(Yes or no.)

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

(Yes or no.)

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

Name of person to receive remains

(Express office.)

(Telegraph office.)

Miss Mary E. Cavanaugh

(Number and street)

(City or town)

(State.)

(Sign here)

*174 W. Bend St.
Dartmouth R. I.*

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

Drawn by E.S.

1203-127

9/27/20

checked

all 10-13-20

DATE 11/2/21

1. NAME CAVANAUGH, Michael J. SERIAL No. 977195

RANK Pvt. ORGANIZATION Med. Det. 165th Inf.

GRAVE LOCATION Sedan American. Letanne, Ardennes, #1203
CTY. NAME NUMBER

189 Sec. 2 GRAVE ROW PLOT
4

2. ORIGINAL BATTLE AREA GRAVE LOCATION 1 R.C. SK 12. Church yard Chaumont Ardennes
GRAVE COMMUNE DEPT. *Thelonne*

COORDINATES Mezieres 24 SW -297.72 E -320.40 N.

mg CONCENTRATED TO 3/31/19 60 Sec 2 2
DATE GRAVE ROW PLOT

American ~~Bx~~ P. A.C. 1203 Letanne Ardennes
CEMETERY CTY. NUMBER

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

Mezieres 24 SE 308.42N. - 309.45 E.

SUBSEQUENT REBURIALS 1/28/21. 189 Sec 2 4 1203
DATE GRAVE ROW PLOT CEMETERY

data taken from form 16-A.

DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR Wm M. Cline *Wm M. CLINE*
Captain Q.M.C.

3. FINAL GRAVE LOCATION 11/2/21 25 21 A
DATE GRAVE ROW PLOT
Block

Meuse-Argonne Amer. Cty #1232, Romagne-sous-Montfaucon, Meuse.
CEMETERY

KR
ADMITTED BY
SAB 11/29/22



INSTRUCTIONS FOR PREPARATION OF FORM 114 B

1. Forms 114-B are to be prepared by Registration Branch in quadruplicate, three copies to be forwarded to Area Supervisor who will accomplish paragraph 2 and return all three copies to Headquarters, American Graves Registration Service.
2. Paragraphs 1 and 3 will be accomplished by Registration Branch, Headquarters, American Graves Registration Service, Q.M.C., in Europe.
3. Paragraph 2 will be accomplished by Area Supervisor from data on file in his office.
4. If data is entered on Form 114-B from Form 1, Form I6, Form 1-A or Form 16-A, statement to this effect will be made on Form 114-B STATING WHICH G.R.S. form data is taken from. If data concerning co-ordinates is approximate and NOT accurate, statement to this effect will be made on these forms.

Place NEL. HATEAU.Date 6th, May, 1919.REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Name: CAVANAUGH, M. J.Number: 977195Rank: UnknOrganization: N.A. Med. Dept.

Disinterment and Reburial made by Group _____ Unit _____

Disinterred (Date)

From: (Give complete location)

31st, March, 1919.Church Yard Cty.THELONNE, ARDENNES.24 SW E 297.72 N 320.40

Reburied (Date)

in: (Give complete location)

31st, March, 1919.Grave #60 Sec.2 Plot 2 Amer.B/A Cty.#1203.LETANNE ARDENNES.24 SE E 307.45 N 308.42

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

Burial fair. Body buried in uniform and blanket.Was one identification tag found upon the body? No

What other means of identification were found on the body?

Signet ring initials of M.J.C. on hand.

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, Graves Registration Service.

Supervised by: Lt. A. E. Wilson.

CONFIRMED No. D. 11348
 11348
 R. H. ROSENTHAL
 2nd Lieut. O.M.C.U.S.A.

C.O. Group _____ Unit _____

12/24/18

1494

1. G. R. S. Form No. 1.

Hq. G. R. S. File

2. Soldier's No. 977195

3. Cavanaugh M J
Surname (in block letters) First Name and Initials

4. Mad. Dept. N A
Rank Company Regt. or Corps

5. KIA
Date of Death Cause, if known

6. Churchyard
Date of Burial Cemetery

7. Chaumont Ardennes
Town or Commune (in block letters) Department

8. 1
Grave No. Plot No. or Letter

9. Name Peg? Cross? Headboard? Bottle?
Check Method of Marking

10. Buried with Body? Attached to Grave Marker?
Identification Tags

11. If name unknown and tags missing, give marks and description.

NOYERS-PONT-MAUGIS (ARDENNES)

~~CMMA CHAUMONT-PORCIEN (ARDENNES)~~

(C) 666 SHT. 24 SW. COORD. } E-29685
N-32040

12. Map reference, if interment is outside of cemetery

~~CHAUMONT COMMUNE DE~~
~~NOYERS-PONT-MAUGIS~~

13. Give name of Chaplain or Burial Officer

Signed R. R. Calman St. Lt.

Group... 1... Unit... E... G. R. S.



64947

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

.....Cavanaugh.....977195.....Michael J.
(Surname.) (Number.) (First Name and Initials.)

.....Pvt./.....Medical Corps 165th Inf.....
(Rank.) (Organization.)

DATE OF BURIAL... Nov. 7/18

PLACE OF BURIAL.....Chaumont-Ardenne.....
(Give Cemetery, Town and Department.) Map reference must specify clearly what map is used.

In front of Church, only American
Grave

GRAVE NUMBER.....

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?.....

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

REPORTED BY:

Chaplain Francis P. Duffy, 165th
(Signature and Rank of Reporting Officer.) U.S. Inf.

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



OCT 4 1920

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 Oct. 1, 1920.

File No. *64947* 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 Cavanaugh ✓
- b. Christian name Michael (Michael J.)
- c. Serial Number 977195 ✓
- d. Organization Med. Det. 165th Inf.
- e. Rank Pvt. ✓
- f. Date of death 11/7/18 ✓
- g. Cause of death K/A ✓
- h. Authority (C.C.#) 34 ✓
- i. Emergency address Mary S. Cavanaugh
174 North
Pantucket R. 5th
(Sister)
- j. Relationship Sister

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							

OCT 1 1920
RECEIVED

Dannely Smith 343 4/8
10-4-20

lca

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

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

CEMETERY NO: 1203

SHEET NO: 127
TYPED BY: JDB

8.713/MB



MINERAL DIVISION
OVERSEAS PROJECT SECTION

OCT 4 1920

RECEIVED

Handwritten notes and stamps on the left side of the page, including a date stamp 'OCT 5 1920' at the top left. The text is mostly illegible due to fading and bleed-through.

Vertical text on the right side, including a date stamp 'OCT 4 1920' and the word 'RECEIVED'. Below these are several lines of illegible text, possibly a list or a set of instructions.

MINERAL DIVISION
OVERSEAS PROJECT SECTION

Place LETANGE ARDENNES

REPORT OF DISINTERMENT AND REBURIAL

Date Sept. 6th 1921.

1. REMAINS OF CAVANAUGH, Michael J. SERIAL NUMBER 977195

RANK Pvt. ORGANIZATION Med. Dept. 155th Inf.

2. Disinterred (date): Sept. 6th 1921. From (give complete location): Grave 189, Sec. 2, Pl. 4, Cem. 1203.

By: Group ONE Unit F.S. #3.

3. Reburied (date): Nov. 2nd, 1921. In (give complete location): Grave 25, Row 21, Block A. Cemetery 1232.

By: Group Reburial S. Unit Nature of reburial Unlined Casket.

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

In uniform, blanket and wooden box, badly decomposed, recognition impossible.

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

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

Reburial record buried with body dated 1-28-21, reads "On tag on cross M.J. Cavanaugh, 977195, Med. Dept. N.A. Send for a priest" GRS tag checks.

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

(a) Height (actual measurement) Package in good condition, body not disturbed per auth letter

(b) Weight (estimated) dated 8-29-21, Operations Division, AGRS QMC in E.

(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)

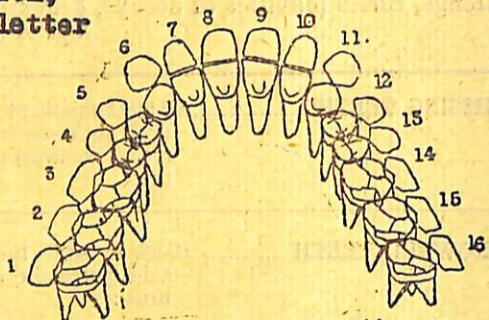
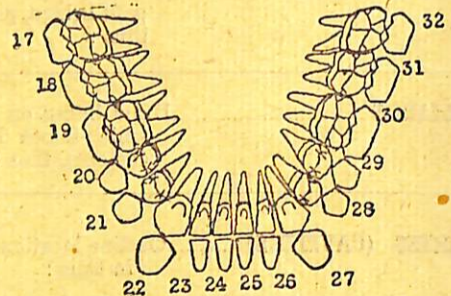


Diagram represents the mouth wide open.



7. Disinterment supervised by T.P. Madine.

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

8. Reburial supervised by A.U. Dufault,

Approved: James W. Younger, (Title) Captain Q.M.C.

60429
597
1921

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



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



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



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



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



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

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

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

To be prepared in triplicate.

DATE Sept 6th 1921.

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name CAVANAUGH, Michael J.

10. Name _____

2. No. 977195

11. No. _____

3. Rank Pvt.

12. Rank _____

4. Org. Med. Det. 165th Inf.

13. Org. _____

5. D.D. Nov. 7th.

14. (a) D.D. _____

6. C.D. K.I.A.

(b) D.B. _____

Discrepancy found upon disinterment

7. Grave No. 189 Sec 2

15. Grave No. _____ Sec. _____

8. Plot 4 Row _____

16. Plot _____ Row _____

9. _____

17. None.

18. Cemetery Sedan American

19. Commune or town Lotanne

20. Dept. or County Ardennes

21. Country France

22. G.R.S. Hdqrs. Code No. 1203

23. Disinterred (Date) Sept 6th 1921.

By T.P. Madine

24. Inscription on grave marker:

Name Cavanaugh, Michael J.

Serial No. _____

Rank Pvt.

Organization Med. Det. 165th Inf.

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

T.P. Madine
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).
See par. 30.

27. Condition of body Badly decomposed recognition impossible.

28. Nature of burial uniform blanket and wooden box.

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

30. Body prepared and placed in casket: Date Sept 6th 1921 By T.P. Madine

31. Casket sealed by T.P. Madine

Signature of Embalmer, (Supervisor) T.P. Madine

SHIPMENT. (Show actual marking of box.) Box No. C-4417

32. Designation of body:

Name CAVANAUGH, Michael J. Serial No. 977195

Rank Pvt. Organization Med. Det. 165th Inf.

33. Consigned to: Officer in Charge Operations,

Name of Permanent Cemetery Argonne American #1232-Romagne-sous-Montfaucon

34. Casket boxed and marked (Date) Sept 6th 1921. By T.P. Madine

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

Signature of G.R.S. Inspector W.H. Roach, 1st Lt. Q.M.C.

36. Remarks Package intact body not disturbed, authority letter Operations Div. dated Aug 29th 1921. Bottle with body dated 1-28-21 reads on tag on cross M.J. Cavanaugh 977195 Med. Det. N.A. "send for a priest" G.R.S. plate check.

37. Shipped from point of Operation: (Date) Sept 6th 1921.

To point of Concentration Romagne sous Montfaucon, Meuse.

Convoyer _____ Signature Shipping Officer J.P. Glendon, 1st Lt. Q.M.C.

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 _____

Convoyer _____ Signature Shipping Officer _____

40. Received: Date Sept 7 1921

G.R.S. Representative Resident Morgue Meuse

41. Reinterred Meuse Argonne Cemetery, Nov. 2nd, 1921.
(Date)

42. Grave No. 25. Section _____

43. ~~Plot~~ Block A. Row 21.

G.R.S. Representative _____

JEL.

James W. Younger,
Captain Q.M.C.

EJY

Place Letanne, Ardennes

REPORT OF DISINTERMENT AND REBURIAL

Date Jan. 28-21

1. REMAINS OF CAVANAUGH, MICHAEL J. SERIAL NUMBER 977195

RANK Pvt. ORGANIZATION Med. Det. 165th Inf.

2. Disinterred (date): Jan 28-1921 From (give complete location):
Sedan Amer. Cty. Letanne, Ardennes, #1203, Gr. 60, Sec. 2, Pl. 2

By: Group Jones Unit _____

3. Reburied (date): Jan 28-1921 In (give complete location): Gr 189- Sec 2 - Pl 4
same cemetery 189

By: Group Jones Unit _____ Nature of reburial box & blanket

4. Report as to nature of original burial and condition of body upon disinterment: 5 ft. earth
grave pine box U.S. Uniform and blanket. Body badly
disintegrated. Features unrecognizable

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

(b) Other means of identification found upon disinterment, and general remarks:
du tag on cross M. J. CAVANAUGH. 977195, m.p. N.A. Send
for a Priest: 4 R.S. tag. checks

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

(a) Height (actual measurement) 5 ft. 10 in

(b) Weight (estimated) Impossible to determine

(c) Hair—Color da

Quantity da

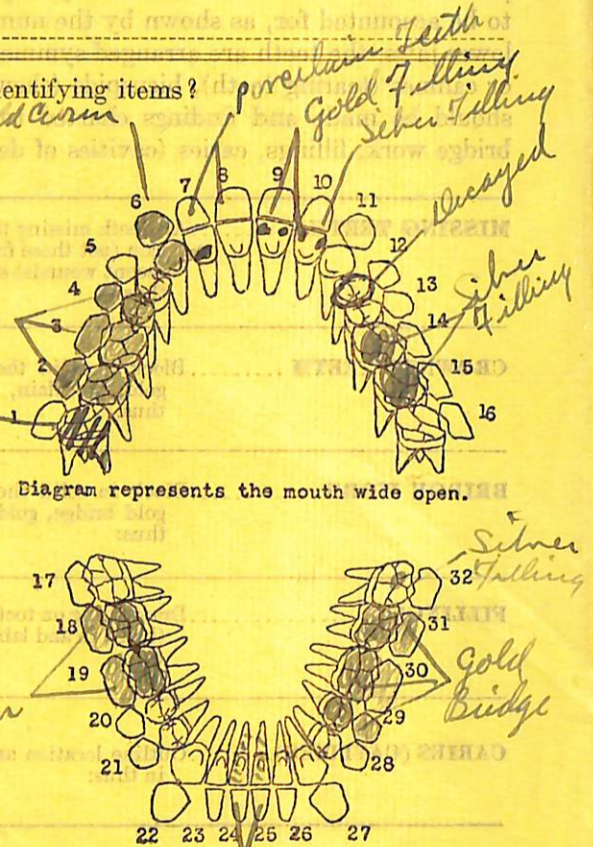
Characteristics da

(d) Hair on face—Color da

Location da

Quantity da

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



(f) Wounds or missing parts (received at time of casualty) D-30157

Impossible to determine

7. Disinterment supervised by _____

Approved: _____

(Title) _____

8. Reburial supervised by _____

Approved: _____

(Title) _____






*Jones, you are
2nd Lt. Jones*

W. Stewart

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.

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

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

COMPILATION OF DISPOSITION OF REMAINS DATA File # 64947

I. LOCATION INDEX CARD:

(a) Name CAVANAUGH, Michael J. (10-5) *oh* Ser. No. 977195
 (b) Rank Pvt. Organization Med. Det. 165th Inf.
 (c) Date of death 11-7-18 (d) Cause of death K/A

TYP. DB
 CKR. _____

*10/18/21 - for transfer to
 France Airplane 1232
 LFW - 10/17/21*

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

(a) Grave No. 60 Row - Plot 2 Sec. 2 TYP. DB
 (b) Emerg. Address Mary E. Cavanaugh, (Sister) 174 N. Band St. Pawtucket,
R.I.

III. Files of soldiers dying from contagious diseases _____ CKR. XB

IV. A. G. O. DISPOSITION CARD:

Date of receipt None

(a) Name Miss Mary E. Cavanaugh (b) Relationship Sister
 (c) Address 174 No. Band St. Pawtucket, R.I.
 (d) Remains to be brought to U. S.? No
 (e) To be interred in National Cemetery in U. S. at _____

(f) Shipping instructions upon arrival of body in U. S. _____

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

Examiner's Initials ES Date 9/27, 1920.

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

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

no correspondence

Examiner's Initials ES Date 9/28, 1920.

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

No request for disposition

(a) Cancellation memos referred to? Yes mom

Examiner's Initials Mom Date 10-12-, 1920.

COUNTRY FRANCE CEMETERY No. 1203 SHEET No. 127

89 11-11-20

*checked
 OK 10-13-20*

