

G.R.S. Form #114-B CAUSE OF DEATH

FULL NAME... CHALIFOUX, Philip

RANK... Pvt. SERIAL... 62434

DIVISION & ORGANIZATION... Co. M, 101st Inf. 26 Div.

DATE OF DEATH... 7-15-1918

STATE FROM WHICH HE CAME... Mass.

EDALS OR DECORATIONS AWARDED... no rec

FINAL GRAVE LOCATION... 10-20-22 Date Grave Row Block

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

Aisne-Marne American Cemetery # 1764 Cemetery

74

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

Form 8 W-A

Date 2-2-28

SUBJECT: Information required for the Genetarial Division.

TO: Office of The Adjutant General, World War Division, Washington, D.C.

1. It is requested that the items checked below be completed:

- a. Surname Shalifour ✓ g. Date of death 7/15/15 ¹⁵
- b. Christian name Philip h. Cause of death 1.9a
- c. Serial number 62434 i. Date of discharge _____
- d. Rank at time of death Priv j. Place of death _____
- e. Organization Co M 101 Inf k. Place of burial _____
- f. Emergency address _____ l. Date enlisted June 11, 1917 Inducted _____
- m. Place of enlistment or induction Cowell, Mass
- n. List of organizations with which he served Co M. Inf Mass. N. G. Co M-101 Inf.
- p. All ranks held during service Private

BODY DESCRIPTION

- a. Age at enlistment 17 6/12 ✓ c. Height 5ft 6 in ✓ e. Weight not of record
- b. Color of hair black ✓ d. Shoe size 7 1/2 E. E ✓ f. Fractures not of record

DENTAL CHARTS

At camp Phy. exam not of record ✓ By Local Board not inducted

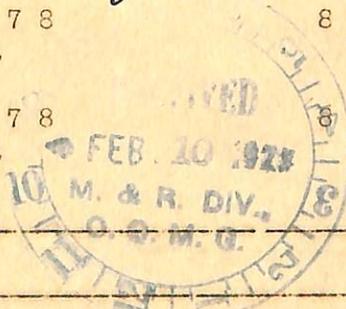
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
Upper right upper left

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

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

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

Statements of Comrades _____



Rec'd World War Div.
6 FEB 3 1928

For The Quartermaster General:

27/789/
S. Hail

K. G. H.
J. K.

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>Chalifoux</i>	<i>CHA</i>	3	3 8 1
<i>Philip</i>	CEMETERY <i>1764</i>	1	4
BURIED	GRAVE <i>74</i>	2	74
	ROW <i>1</i>	2	01
	BLOCK <i>A</i>	1	1
STATE	<i>Mass</i>	2	25
RANK	<i>Priv</i>	1	2
DIVISION	<i>26</i>	2	26
ORGANIZATION	<i>101</i>	3	101
ARM	<i>Inf</i>	1	1
MARITAL (<i>Father</i>)	<i>No</i>	1	2
NAME <i>Chalifoux</i>		3	
<i>Hermionde</i>	STATE	2	
<i>160 Lafayette St.</i>	COUNTY	2	
RESIDENCE <i>Lowell, Mass.</i>	CITY	3	
RELATION <i>no Low</i>	<i>Mother</i>	1	1
OTHER		1	
ELIGIBILITY	<i>Dead</i>	1	6
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
. TRIP	YR.	1	
ACCEPTANCE		1	

AUDITED

AUG 18 1982

RS

m^cL

9B
29/514/

QM 293 A-M
Chalifoux, Philip (AM)

September 12, 1932

Mr. Herminade Chalefoux,
160 Lafayette Street,
Lowell, Mass.

Dear Sir:

This office is making an earnest endeavor to communicate with all women who may be eligible to make a pilgrimage to the cemeteries of Europe under the provisions of the Act of March 2, 1929, as amended May 15, 1930.

It is therefore requested that you advise whether or not your son, the late Private Philip Chalifoux, is survived by a stepmother, and if so, her name and address and the date of your marriage to her. It will be appreciated if you will also furnish the date of death of his natural mother.

A self-addressed envelope which requires no postage is enclosed for your convenience in replying.

For The Quartermaster General.

Very truly yours,

CHAS. W. DIETZ,
Captain, Q. M. Corps,
Assistant.

Enclosure:
Envelope.

RE


WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Chalifoux, Philip 1764 E

July 8, 1930

Mr. Herminade Chalefoux
160 Lafayette Street
Lowell, Mass.

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:

Mother is dead

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

If so, give her name and address:

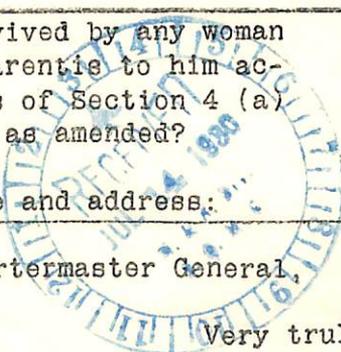
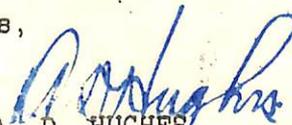
3. Is the deceased survived by any woman who stood in loco parentis to him according to the terms of Section 4 (a) of the enclosed Act as amended?

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

DATE Feb. 8, 1930.

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
<u>CHALIFOUX, Philip</u>	<u>Pvt.</u>	<u>62434</u>	<u>Co. M 101st Inf.</u>	<u>7/15/18.</u>

STATE	CTY. NO.	GRAVE NO.	ROW	BLOCK
<u>Mass.</u>	<u>1764</u>	<u>74</u>	<u>1</u>	<u>A</u>

NAME	Check relationship	Living - Deceased
	MOTHER	: : <input checked="" type="checkbox"/> Father
	STEPMOTHER (For the year prior to commencement of service)	: : <i>Hermine Chalifoux</i>
	MOTHER THRU ADOPTION (For the year prior to commencement of service)	: : <i>160 Lafayette St</i>
	MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	: : <i>Lowell - Mass</i>
	WIDOW (Who has not remarried)	: : _____
	<i>Single man</i>	: : _____

Veterans Bureau Claim Number 29/156/

XC - 25 - 280

207/13/30

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Chalifoux, Philip

June 11, 1929.

Mr. Hornidas Chalifoux,
26 Lafayette Street,
Lowell, Mass.

Dear Sir:

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 father of the late Private Philip Chalifoux, Co. H, 161st Inf. whose remains are now interred in the Aisne Marne American Cemetery, Belleme, Aisne, 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,

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

2 incls.
Act of Congress.
Envelope.

QM 293 A-M
Chalifoux, Philip (AM)

September 12, 1932

Mr. Herminade Chalefoux,
160 Lafayette Street,
Lowell, Mass.

Dear Sir:

This office is making an earnest endeavor to communicate with all women who may be eligible to make a pilgrimage to the cemeteries of Europe under the provisions of the Act of March 2, 1929, as amended May 15, 1930.

It is therefore requested that you advise whether or not your son, the late Private Philip Chalifoux, is survived by a stepmother, and if so, her name and address and the date of your marriage to her. It will be appreciated if you will also furnish the date of death of his natural mother.

A self-addressed envelope which requires no postage is enclosed for your convenience in replying.

For The Quartermaster General.

Very truly yours,

CHAS. W. DIETZ,
Captain, Q. M. Corps,
Assistant.

Enclosure
Envelope.

RE

1400

SEP 13 - AM 10:02

QMG M & R BR

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Chalifoux, Philip 1764 F

July 8, 1930

Mr. Herminade Chalefoux
160 Lafayette Street
Lowell, Mass.

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:

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

Chalifoux, Philip
1764

Aug. 21, 1929.

Mr. Hormidas Chalifoux,
28 Lafayette St.,
Lowell, Mass.

Dear Sir:

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
Chalifoux, Philip

June 11, 1929.

Mr. Normidas Chalifoux,
26 Lafayette Street,
Lowell, Mass.

Dear Sir:

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 father of the late Private Philip Chalifoux, Co. M, 101st 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 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,

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

2 incls.
Act of Congress.
Envelope.

DISPATCHED
MAY 11 1929
O. A. M. G. M. & R. DIV.

.QM 293 A-C

April 7, 1927.

CHALIFOUX, Philip, Pvt.,
Co. M, 101st Infantry.

Mr. Howidas Chalifoux,
26 Lafayette St.,
Lowell, Mass.

Dear Sir:

The Quartermaster General desires to invite your attention to the inclosed card which gives the permanent cemetery location of the soldier's grave in which you are interested.

This American overseas military cemetery is to be maintained by the United States for all time. The graves will be permanently marked by white headstones inscribed with the name, rank, division, organization, date of soldier's death and State from which he came. Headstones will be placed at all graves, as soon as possible, and without necessity for special action or request on the part of relatives.

Please be assured that in effecting removal of the dead, the utmost reverential care was exercised by those who performed this sacred duty. For the future, these graves will be perpetually maintained by the Government in a manner befitting the last resting place of our heroes.

Very truly yours,

K. J. Hampton,
Lt. Col. Q.M.G.
Assistant.

✓ 1 Incl.
Record card.



25/560/EYS

To be prepared in triplicate.

DATE Oct. 20, 1922

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

COMPARATIVE REPORT

lrk

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

- 1. Name CHALIFOUX, Philip
- 2. No. 62434
- 3. Rank Pvt.
- 4. Org. Co.M. 101st Inf.
- 5. D.D. July 15th. 1918
- 6. C.D. KIA.
- 10. Name _____
- 11. No. _____
- 12. Rank _____
- 13. Org. _____
- 14. (a) D.D. _____
- (b) D.B. no discrep.

Discrepancy found upon disinterment

- 7. Grave No. 193 Sec. M
- 8. Plot 4 Row _____
- 9. _____
- 15. Grave No. _____ Sec. _____
- 16. Plot _____ Row _____
- 17. no discrep.
- 18. Cemetery Aisne-Marne Amer. Cty.
- 19. Commune or town Belleau
- 20. Dept. or County Aisne
- 21. Country France
- 22. G.R.S. Hdqrs. Code No. 1764
- 23. Disinterred (Date) Oct. 20, 1922 By C.P. Keating
- 24. Inscription on grave marker: _____
- Name Philip Chalifoux Serial No. _____
- Rank Pvt. Organization Co.M. 101st Inf.
- 25. Was identification disc found on grave marker? yes On body? no

W.D. Wall Jr.
Signature Junior Technical Assistant
W.D. Wall Jr.

PREPARATION

- 26. What other means of identification were on body? (If no disc or other means of identification on body, give description of body in detail).
Bottle record agrees. Catholic medals found on body.
- 27. Condition of body Badly decomposed. Features unrecog.
- 28. Nature of burial Burlap 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 Oct. 20, 1922 By C.P. Keating
- 31. Casket sealed by C.P. Keating
- Signature of Embalmer, (Supervisor) *C.P. Keating*

AUDITED BY
\$ 4/3
5/17/26

SHIPMENT. (Show actual marking of box.) Box No. C-31246

32. Designation of body:

Name Philip CHALIFOUX Serial No. 62434

R nk Pvt. Organization Co.M. 101st Inf.

33. Consigned to:

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

34. Casket boxed and marked (Date) Oct. 20, 1922 By C.P.Keating

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 O.E.Davis, 1st Lt. QMC

36. Remarks

none

37. Shipped from point of Operation: (Date) Oct. 20, 1922

To point of Concentration _____
(Name)

Convoyer _____ Signature Shipping Officer _____

38. Received at Railhead or Point of Concentration: Date _____

By G.R.S. Representative _____

39. Shipped from Railhead or Point of Concentration: Date Oct. 20, 1922

To Permanent Cemetery Aisne Marne Cem.1764, Belleau (Aisne)
(Name)

Convoyer _____ Signature Shipping Officer O.E.Davis, 1st Lt. QMC

40. Received: Date _____

G.R.S. Representative _____

41. Reinterred Oct. 20, 1922, Aisne-Marne Cem. 1764, Belleau (Aisne)
(Date)

42. Grave No. 74 Section _____

43. Plot BLOCK A Row 1

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

REPORT OF DISINTERMENT AND REBURIAL

Place Belleau (Aisne)

Date Oct. 20, 1922

1. REMAINS OF CHALIFOUX, Philip SERIAL NUMBER 62434
RANK Pvt. ORGANIZATION Co. M. 101st. Inf.

2. Disinterred (date): _____ From (give complete location): _____

Oct. 20, 1922. Gr. 193, Sec. M. Pl. 4. Cem. 1764

By: Group 2 Unit Aisne Marne

3. Reburied (date): Oct. 20, 1922 In (give complete location) Gr. 74, Block A,

Row 1, Aisne-Marne Cem. 1764, Belleau (Aisne)

By: Group re-burial group Unit _____ Nature of Reburial Lined casket

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

Wooden box and burlap.

Badly decomposed. Features unrecog.

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

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

Bottle record agrees.

Catholic medals found on body.

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

(a) Height (actual measurement) Impossible to determine

(b) Weight (estimated) Impossible to estimate

(c) Hair—Color none visible

Quantity _____

Characteristics _____

(d) Hair on face—Color none visible

Location _____

Quantity _____

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

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

Fractures: None visible

Missing parts: Lower jaw.

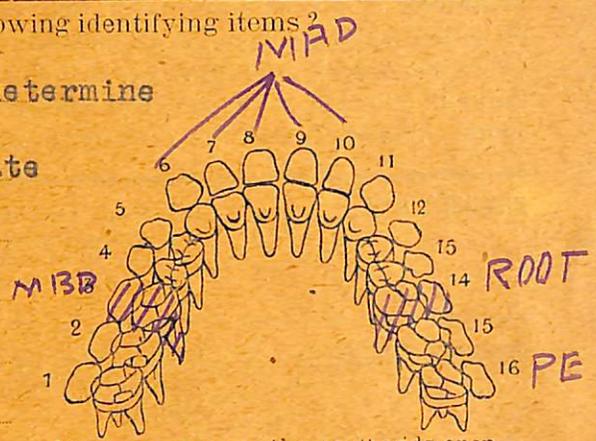
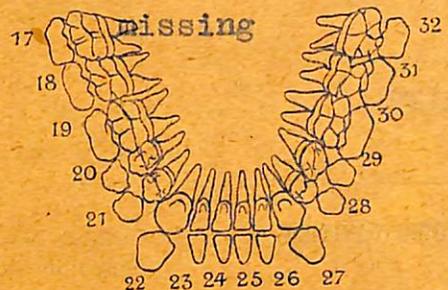


Diagram represents the mouth wide open



7. Disinterment supervised by Checker: W.D. Wall Jr.
C.P. Keating S.E.

Approved: Ochp.
O.E. Davis, 1st Lt. QMC
(Title)

8. Reburial supervised by L.D. Hays

Approved: 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.

Verify soldier's signature

CHALIFOUX, 6q434, Philip or Phillip

Pvt. Co. M, 101st Inf.

el - 25280

Chalifoux,
(Surname.)

Phillip
(Christian name in full.)

62,434 ✓
(Army serial number)

Pvt.

Co. M, 101st Inf.
(Rank and organization.)

State your relationship to the deceased *Father*

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? } *No.*
(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:

None
(Name of person to receive remains.) (Express office.) (Telegraph office.)

(Number and street.) (City or town.) (State.)

(Sign here) *Hormidas Chalifoux*
26 Lafayette St. Lowell Mass.
(Number and street or rural route.) (City, town, or post office.) (State.)

Read carefully the letter accompanying this card.

3-6713

- 52016W 14711H
1764-354
2-19-21

checked
2-21-21
LH

Plot-59 Myers,

Date June 11, 1919.

REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Name: Chalifoux, P. *help*

Number:

Rank: Pvt.

Organization: Co.M, 101st Inf.

Disinterment and Reburial made by Group

Unit "B"

Disinterred (Date)

From: (Give complete location)

June 11, 1919

Plot-59 Myers, at Bezu-le-Guery, Aisne

Coord. 255.4N - - 169.9E

Grave 20.

Reburied (Date)

in: (Give complete location)

June 11, 1919

National Cemetery at Belleau Woods, Aisne.

Coord. 262.60N - - 176.04E

Plot-4, Sec. M, Grave 193.

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

Body in poor condition.

Was one identification tag found upon the body? no

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

11926-

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: Sgt. A. TurnerH. C. Cameron
C.O. Group

Unit



Approved by: _____

C.O. [unclear]

Approved by: _____
I, _____, certify that the above is a true and correct copy of the original as shown to me by _____ on this _____ day of _____, 1919.

Approved by: _____
I, _____, certify that the above is a true and correct copy of the original as shown to me by _____ on this _____ day of _____, 1919.

Approved by: _____
I, _____, certify that the above is a true and correct copy of the original as shown to me by _____ on this _____ day of _____, 1919.

Approved by: _____
I, _____, certify that the above is a true and correct copy of the original as shown to me by _____ on this _____ day of _____, 1919.

Approved by: _____
I, _____, certify that the above is a true and correct copy of the original as shown to me by _____ on this _____ day of _____, 1919.

Approved by: _____
I, _____, certify that the above is a true and correct copy of the original as shown to me by _____ on this _____ day of _____, 1919.

Witness my hand and seal this _____ day of _____, 1919.

RECORD OF DISAPPEARANCE AND RECOVERY

Date: _____
Name: _____
Age: _____

U.S. DEPT. OF WAR

REPORT OF DISINTERMENT AND REBURIAL

Date June 16, 1921.

1. REMAINS OF CHALIFOUX, PHILIP. SERIAL NUMBER 62434.

RANK Pvt. ORGANIZATION CO. "M". 101 Inf.

2. Disinterred (date): From (give complete location):

6.16.21 Gr 194 Sect M Plot 4

By: Group KELLY Unit FIELD SECTION # 7

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

6.16.21 Gr 193 Sect M Plot 4

By: Group KELLY Unit FIELD SECTION # 7 Nature of reburial BURLAP AND WOODEN BOX

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

BADLY DECOMPOSED FEATURES UNRECOGNIZABLE

UNIFORM AND WOODEN BOX

5. (a) Identification tags: Buried with body? NO On grave marker? YES

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

BODY WAS EXHUMED UNDER MARKER OF FRANK LYONS. GR. 194. SECT. M. PLOT. 4.

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

(a) Height (actual measurement) IMPOSSIBLE TO DETERMINE

(b) Weight (estimated) IMPOSSIBLE TO DETERMINE

(c) Hair—Color IMPOSSIBLE TO DETERMINE
Quantity IMPOSSIBLE TO DETERMINE
Characteristics IMPOSSIBLE TO DETERMINE

(d) Hair on face—Color IMPOSSIBLE TO DETERMINE

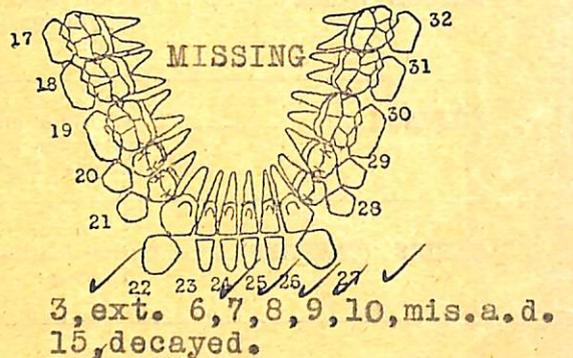
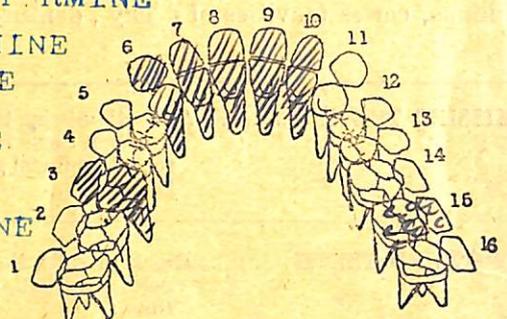
Location IMPOSSIBLE TO DETERMINE

Quantity IMPOSSIBLE TO DETERMINE

(e) Permanent marks on body (old scars, peculiarities, or missing parts) IMPOSSIBLE TO DETERMINE

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

LOWER JAW MISSING.



D-30666

7. Disinterment supervised by F.G. KELLY. SUP. EMB.

Approved: A. E. DEWEY. 1st LT. Q.M.C. (Title)

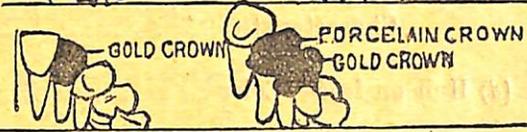
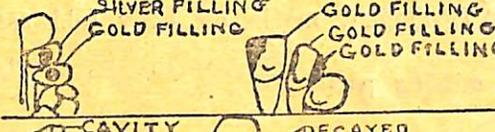
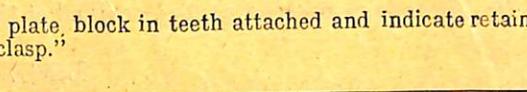
8. Reburial supervised by F.G. KELLY. SUP. EMB.

Approved: A. E. DEWEY. 1st LT. Q.M.C. (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.

<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>	
<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."</p>	

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 #5405

I. LOCATION INDEX CARD:

(a) Name CHALIFOUX, Philip Ser. No. 62434
 (b) Rank Pvt. Organization Co. M, 101st Inf. } TYP. aeW
 (c) Date of death 7-15-18 (d) Cause of death K/A } CKR. AP

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

(a) Grave No. 193 Row — Plot 4 Sec. M TYP. aeW Mass.
 (b) Emerg. Address Hornidas Chalifoux, Father, 25 Lafayette St., Lowell, /

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

IV. A. G. O. DISPOSITION CARD:

Date of receipt _____

(a) Name Hornidas Chalifoux (b) Relationship Father
 (c) Address 26 Lafayette St, Lowell, Mass
 (d) Remains to be brought to U. S.? u
 (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 MH Date 2-19-21, 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 Pm Date 2-19-21, 1920.

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

No request for disposition

(a) Cancellation memos referred to? Yes: Pm

Examiner's Initials Pm Date 2-19-21, 1920.

COUNTRY France CEMETERY No. 1764 SHEET No. 354

CARDED

checked
 matt 3/10

MAR 18 1921

Rev. 8-18-21

COMPILATION OF DISPOSITION OF REMAINS DATA File #5405

I. LOCATION INDEX CARD:

(a) Name CHALIFOUX, Philip Ser. No. 62434
 (b) Rank Pvt. Organization Co. M, 101st Inf. } TYP. aeW
 (c) Date of death 7-15-18 (d) Cause of death K/A } 30

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

(a) Grave No. 193 Row 7^{mett 10} Plot 4 Sec. M TYP. aeW Mass.
 (b) Emerg. Address Hornidas Chalifoux, Father, 25 Lafayette St., Lowell,

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

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

A. G. Card: Hornidas Chalifoux Father, 26 Lafayette
St. Lowell, Mass. desires body to remain in
Europe. H.S. 3-18-21

V. Following advice forwarded to Europe by { cable on _____, 192
 letter of transmittal on MAR 10 1921, 192
Par. 2 Not to be returned. (EW)

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

VII. SUPPLEMENTARY REQUESTS.

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

VIII. Form 115 received from G. R. S., Hoboken, N. J., APR 28 1921, 192

COUNTRY _____ CEMETERY No. _____ SHEET No. _____

Co. M., 101st Infantry
26th division.

Chalifoux, Phillip - Pvt 62434

It was on the hill above Vaux on the morning of July 1 15th 1918, after the attack. The Germans started to retreat, so we went over in a skirmish line to get what men were left in ~~the~~ shellholes. Chalifoux was on the extreme left of the line, and the Germans had a machine gun set up in a house out there, and he shot him in the back as we advanced toward the Germans in shellholes in front of the second platoon. He lived about half an hour.

26

Killed July 15, 1918

Informant : Barnes, Lester - Pvt. 62418

Co. M. 101st Infantry

Died : Date unknown

Buried July 16, 1918 by Burial Officer, 26th Division, Grave #20

Home : Box 58, Stow, Mass.

Records of Casual Department

Searcher ID: Corp. Edwin A. Brainergo

Copy to 2/15/19. July 13, 1918

Emergency address :
Hermidas Chalifoux,
W.M. Lowell, Mass.

J.R.

Co M. 101 Inf.

CHALIPOUX Philip Pvt. 62434

26

Killed July 15, 1918

Died : Date unknown

Buried July 18, 1918 by Burial Officer, 26th Division, Grave #20

Records of Burial Department

26th Division

Bezy de Guery, Com July 13, 1918

M.M.

Name Chalifoux, P.

Rank Vt. Co. M { Corps } 101st Inf.
{ Regt. }

Date of Death

Place

Cause

Date of Burial

Grave No. 20

Cemetery Amer. Cem. Regu. Le. Guery.

Identified by { Tag
Papers
Clothing } (566) 374

List of Effects

Field Record Made by I. G. MYERS,
2nd. LIEUT., Q. M. CORPS, N. A.

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

For additional data use reverse side
17ADU Regu AUG 7 1918

5405
Amputation

GRAVE LOCATION BLANK.

LOCATION OF THE GRAVE OF

1105
..... Chalifoux P.
(Surname.) (Number.) (First Name and Initials.)
..... Pvt. Co.M, 101 Inf.
(Rank.) (Organization.)

DATE OF BURIAL July 18, 1918

PLACE OF BURIAL Rezu. lo. Guery

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

..... American Sectional Cemetery

GRAVE NUMBER 20

HOW MARKED : Name Peg? Cross?

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 :

REPORTED BY :

Geo. S. L. Connor 1st Lt. Chaplain
(Signature and Rank of Reporting Officer.)

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

30 JUL 1918

WAR DEPARTMENT
Office of the Quartermaster General of the
Washington

PLEASE
EXPEDITE

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

Date 2/23/21

File No. Requisition.

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

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

Subject: Information required for G.R.S.

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

- a. Surname Chalifoux ✓
- b. Christian name Philip ✓
(Phillip)
- c. Serial Number 62434 ✓
(P)
- d. Organization Co. M, 101st Inf. ✓
- e. Rank Pvt. ✓
- f. Date of death 7/15/18 ✓
- g. Cause of death K/A ✓
- h. Authority (C.O.#) 199 ✓
Home made Chalifoux
- i. Emergency address 4 paths ✓
25 Lafayette St.,
- j. Relationship Lowell, Mass ✓

MEH

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

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

DENTAL CHARTS
(See Physical report of examination prior to enlistment)

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

APR 6 1921
File No. 5405
Adjustment Made

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

APR 6 1921

File No. 21

CW

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

BY:

H. W. Sonner
H. W. SONNER,
1st. Lieut. Q.M.Cs. Div., A.G.O.

Mass World
FEB 24 1921

FEB 24 1921 6

FILE

CEMETERY NO: 1764

SHEET NO: 354

TYPED BY: JBC

S/713/IML

24

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

PLEASE
EXPEDITE

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

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

Date 2/23/21

File No. Requisition.

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

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

Subject: Information required for G.R.S.

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

- a. Surname Chalifoux ✓
- b. Christian name Philip (Phillip) ✓
- c. Serial Number 62434 (?) ✓
- d. Organization Co. M, 101st Inf. ✓
- e. Rank Pvt. ✓
- f. Date of death 7/15/18 ✓
- g. Cause of death K/A ✓
- h. Authority (C.O.#) 199 Hoimade Chalifoux ✓
- i. Emergency address L'athel, 25 Lafayette St., Lowell, Mass ✓
- j. Relationship ✓

MEH

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

DENTAL CHARTS
(See Physical report of examination prior to enlistment)

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

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	

APR 6 1921

File No. 5405 Adjustment Made

APR 6 1921

File No. 21

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

BY:

H. W. GONNER,
1st. Lieut. Q.M.C. Div., A.G.O.

FEB 24 1921 8

FILE

CW

CEMETERY NO: 1764

SHEET NO: 354

TYPED BY: JBC

S/713/LML

World War
FEB 24 1921

24

THE SECRETARY
OF THE UNITED STATES DEPARTMENT OF AGRICULTURE
WASHINGTON, D. C.

DEPARTMENT OF AGRICULTURE

WASHINGTON, D. C.

TO THE SECRETARY OF AGRICULTURE

FROM THE SECRETARY OF AGRICULTURE

WASHINGTON, D. C.

FEB 26 1921

RECEIVED