254

G.R.S. Form #114 B

9597

DATE 10/17/21

1. NAME Christman, Caroline # SERIAL No.

RANK Nurse ORGANIZATION ~~BH 18 on DS with~~ EH 6 no div.
& DIVISION

GRAVE LOCATION American Cty, Souilly, Meuse 534
CTY. NAME NUMBER

194 Sec. A 4
GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION nothing of record
GRAVE COMMUNE DEPT.

COORDINATES not known

CONCENTRATED TO nothing of record
DATE GRAVE ROW PLOT

CEMETERY CTY. NUMBER

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

DATE OF DEATH Oct 6, 1918

STATE FROM WHICH HE CAME Calif

MEDALS OR DECORATIONS AWARDED none

SUBSEQUENT REBURIALS not known
DATE GRAVE ROW PLOT CEMETERY

DATE GRAVE ROW PLOT CEMETERY

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

3. FINAL GRAVE LOCATION 10/17/21 1 15 Block F.
DATE GRAVE ROW ~~XXXX~~

AUDITED BY M.M.E. 1-18-23

MM

Meuse-Argonne American Cemetery #1232. Romagne-sous-Montfaucon. Meuse.
CEMETERY

US 4-13-28

AUG 11 1926 WORLD WAR DIV.

Rec'd World War Div. APR 4 1928

Major General, The Adjutant General. By AB AUG 14 1926

2

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.

N.R. 12/13/18 R 70

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Christman 12788 Caroline

(Surname.) (Number.) (First Name and Initials.)

Nurse U.S.A. N.C.

(Rank.) (Organization.)

DATE OF BURIAL 10/6/18

PLACE OF BURIAL American Cemetery

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

Somilly (Meuse)

GRAVE NUMBER Sec. a Plot 4 # 194

HOW MARKED: Name Peg? Yes 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. Craig Stewart Chaplin

(Signature and Rank of Reporting Officer.)

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

Trac Hosp #6.

To green carbon

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME Christman, Caroline H	Chr	3	3 8 8
	CEMETERY 1232	1	1
BURIED	GRAVE 1	2	0 1
	ROW 15	2	15
	BLOCK 8	1	6
STATE	Calif	2	0 4
RANK	Nurse	1	7
DIVISION	Med Corps	2	5 2
ORGANIZATION	6	3	0 0 6
ARM	Evac Hosp.	1	3
MARITAL	no	1	2
sister NAME Whitfield, Mrs Anna C		3	
	STATE	2	
RESIDENCE 103 Congress Ave	COUNTY	2	
Providence, R.I.	CITY	3	
RELATION (Father dead no address)	Mother	1	1
OTHER		1	
ELIGIBILITY	Dead	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 APR 1 9 1932 MG

29/514

Christman, Caroline Jan 12 32

Jan 2. 1931.

War Department.
Washington, D.C.

My dear Sirs.

In reply to your letter of Dec 31st.
My sister Miss Caroline H. Christman, our mother died when she was five year old
An Aunt who died many years ago
cared for us until we were old enough to work. Our father died after we were grown, he had never lived with us nor did he ever marry again.
My sister has no living near to her other than I and altho two years older can not say I was ever a mother to her.
It nearly broke my heart to lose her during the war, and have always felt so sorry that sisters were not included with those invited by the Government to visit their loved ones in France
It leaves my sister with no one to visit her grave

103 Congress ave
Pittsburg Pa.

Very sincerely yours
Mrs Anna C. Whitfield.

QM 293 A-M
Christman, Caroline H. 1232 S

December 31, 1930.

Mrs. Anna C. Whitfield,
10X Congress Avenue,
3 Providence, Rhode Island.

Dear Madam:

In order that the records of this office may be complete and correct, it is requested that you advise whether or not the late Nurse Caroline H. Christman is survived by her natural mother, a stepmother, mother through adoption or any woman who may have stood in loco parentis to her, and if so, her name and address.

For your convenience in replying, there is enclosed herewith a self-addressed envelope which requires no postage.

For The Quartermaster General,

Very truly yours,

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

Encl:
Env.

MM

(S)
Mrs. Anna C. Whitford
101 Congress Ave.
Providence, R. I.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

DATE January 16, 1930

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
Christman, Caroline H	Nurse	-	EH6	Oct. 6, 1918

→ Single woman

STATE California CTY. NO. 1232 GRAVE 1 ROW 15 BLOCK F

NAME AND ADDRESS	Check relationship	Living	Deceased	
	MOTHER → No Record of mother found in file as of 1-25-30.			
	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)			

Veterans Bureau Claim Number 87638 1/22/13
29/156/

QM 293 A-C June 29, 1929

(Christman, Caroline H.)

Mrs. William H. Whitfield,
101 Congress Ave.,
Providence, R.I.

Dear Madam:

Your attention is invted 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 show that you are the sister of the late Nurse Caroline H. Christman, Army Nurse Corps, Evacuation Hosp. #6, whose remains are now interred in the Meuse-Argonne American Ceemetery, Romagne-sous-Montfaucon, Meuse, France.

Will you please advise this office whether or not she is survived by a mother who is entitled under the provisions of the above quoted Act, to make the pilgrimage, and if so, will you please furnish the full name and address of the mother in order that action may be taken to extend an invitation to her to make the pilgrimage.

Your attention is particularly invited to Section 4 of the enclosed Act, which defines the terms "mother". 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.

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
Christman, Caroline H. 1232 S

December 31, 1930.

Mrs. Anna C. Whitfield,
101 Congress Avenue,
Providence, RhodeIsland.

Dear Madam:

In order that the records of this office may be complete and correct, it is requested that you advise whether or not the late Nurse Caroline H. Christman is survived by her natural mother, a stepmother, mother through adoption or any woman who may have stood in loco parentis to her, and if so, her name and address.

For your convenience in replying, there is enclosed herewith a self-addressed envelope which requires no postage.

For The Quartermaster General,

Very truly yours,

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

Encl:
Env.

MM

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL

WASHINGTON

IN REPLY REFER TO QM 293 A-C

July 12, 1930

Christman, Caroline H. 1232-S

Mrs. Anna C. Whitfield
101 Congress Ave.
Providence, R. I.

Dear Madam:

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

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

1. Is the deceased survived by a mother? If so, give her name and address:	
2. Is the deceased survived by a widow who has not remarried? If so, give her name and address:	
3. Is the deceased survived by any woman who stood in loco parentis to him according to the terms of Section 4 (a) of the enclosed Act as amended? If so, give her name and address:	

For The Quartermaster General,

Very truly yours,

Enclosures:
Envelope
Act
Amendment

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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Christman, Caroline H.
1232.

Sept. 5, 1929

Mrs. William H. Whitfield,
101 Congress Ave.,
Providence, R. I.

Dear Madam:

The records of this office do not indicate that a reply has been received to our communication dated June 29,1929 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,

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

2 Incls.
Act of Congress
Envelope

QM 293 A-C June 29, 1929

(Christman, Caroline H.)

Mrs. William H. Whitfield,
101 Congress Ave.,
Providence, R.I.

Dear Madam:

Your attention is invted 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 show that you are the sister of the late Nurse Caroline H. Christman, Army Nurse Corps, Evacuation Hosp. #6, whose remains are now interred in the Meuse-Argonne American Ceemetery, Romagne-sous-Montfancon, Meuse, France.

Will you please advise this office whether or not she is survived by a mother who is entitled under the provisions of the above quoted Act, to make the pilgrimage, and if so, will you please furnish the full name and address of the mother in order that action may be taken to extend an invitation to her to make the pilgrimage.

Your attention is particularly invited to Section 4 of the enclosed Act, which defines the terms "mother". 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.

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.

In reply refer to:
293.8 C-R
76879.

February 23, 1923.

Mrs. William H. Whitfield,
101 Congress Ave.,
Providence, R. I.

Dear Madam:

The Quartermaster General desires that you be informed that the permanent grave of Nurse Caroline H. Christman, B.H.#18 on DS with E.H.#6 is Grave 1, Row 15, Block F, 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 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,

MAILED
FEB 23 1923

H. J. Conner,
Assistant.

G.R.S.

hbo

22/1423/ARK

Christman, Caroline, H. Dup.

(Surname.) (Christian name in full.) (Army serial number.)

Nurse BH #18

(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.)

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

(Sign here) Mrs William W. Whitfield

101 Congress ave. Providence. R. I.

(Number and street or rural route.) (City, town, or post office.) (State.)

Read carefully the letter accompanying this card.

3—6713

Drawn by MKS
534-91
1-17-21

Checked
1-18-21
E.M

G. R. S. Form. No. 16-A

REPORT OF DISINTERMENT AND REBURIAL

Place [illegible]illy, Mouse.,

Date. October 4th 1921

1. Remains of Christman, Caroline H. Serial Number

Rank Nurse [illegible] Organization RH 19 on DS with BH 6.

2. Disinterred (date) : Oct. 4th 1921 From (give complete location) : Gr. 194 sec. 4 plot 4 Com. 534.

By : Group 2 Unit Old Section # 2.

3. Reburied (date) : Oct 17, 1921 In (give complete location) : Cty 1232, Row 15, Block F, Grave 1

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

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

Badly decomposed recognition impossible.

Blanket AND PINE BOX. Found under cross.

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

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

No effects. Tag on Grave marker reads " Caroline H. Christman USANC ARF 12708.

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 Apparently dark brown

Quantity Impossible to determine

Characteristics Straight

(*d*) Hair on face—Color None visible.

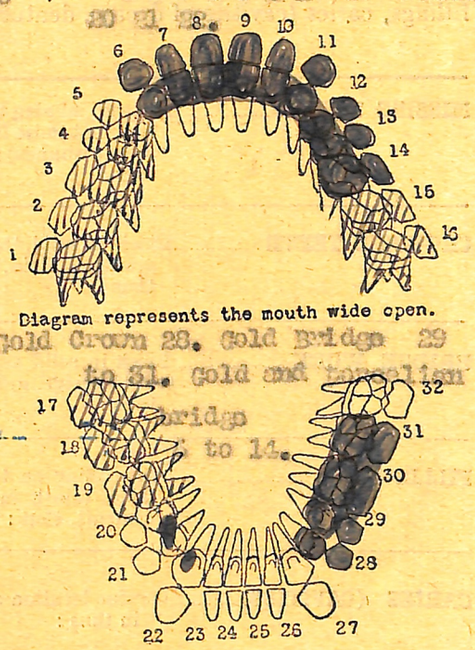
Location None visible.

Quantity None

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

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

None visible.



7. Disinterment supervised by [signature] Approved : [signature] W. H. Roach, 1st Lt. MC.

(Title)

8. Reburial supervised by [signature] W B SHEILD Approved [signature] JAMES W YOUNGER, Capt., QMC

(Title) AE

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.

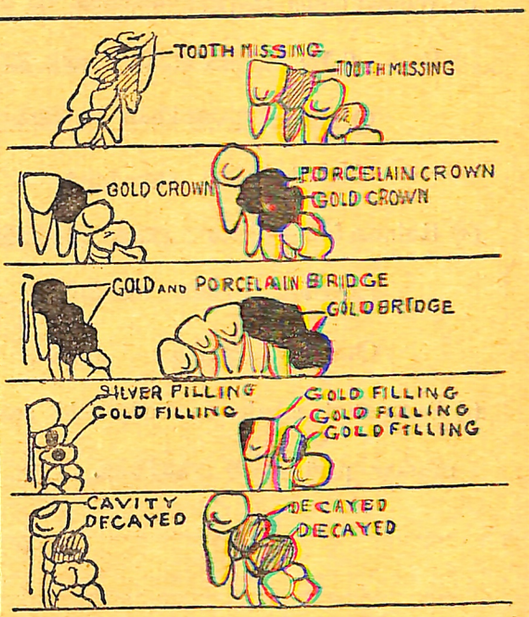
MISSING TEETH.....All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus :

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.

G.R.S. FORM #114-A. STATION Souilly, Meuse.

To be prepared in triplicate. DATE Oct. 4th 1921

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

Records of G.R.S. Headquarters.

1. Name Christman, Caroline H.
2. No.
3. Rank Nurse
4. Org. BH 18 on DS with EH 6
5. D.D. ~~Pneumonia~~ Oct. 6-18
6. C.D. Pneumonia

COMPARATIVE REPORT

Discrepancy found upon exhumation of body

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

Discrepancy found upon disinterment

7. Grave No. 194 Sec. A
8. Plot 4 Row
9.

15. Grave No. Sec.
16. Plot Row
17. None.

18. Cemetery American Cty.
19. Commune or town Souilly
20. Dept. or County Meuse
21. Country France
22. G.R.S. Hdqrs. Code No. 534
23. Disinterred (Date) Oct. 4th 1921 By H.L.Hurlbut
24. Inscription on grave marker:

Name Caroline Christman Serial No.

Rank Nurse Organization EH 18 on D.S. with E H 6

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

S.L.Talbing

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).

27. Condition of body Badly decomposed recognition impossible.
28. Nature of burial ~~Blanket and Pine box. Found under arms.~~
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. 4th 1921 By H.L.Hurlbut
31. Casket sealed by H.L.Hurlbut

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

SHIPMENT. (Show actual marking of box.) Box No. G-9499

RECEIVED GRAVES REGISTRATION SER. OCT 6 1921

32. Designation of body:

Name Christman, Caroline Serial No.

Rank Nurse Organization ~~BH 18 on DS with BH 6~~

33. Consigned to: Officer in Charge Operations,

Name of Permanent Cemetery Meuse Argonne Amer. Cty. 1232, Romagne-sous-Montfaucon

34. Casket boxed and marked (Date) Oct. 4th 1921 By H. L. Hurlbut

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

Signature of G.R.S. Inspector W. H. Roach, 1st Lt. MC.

36. Remarks

---

37. Shipped from point of Operation: (Date) ~~October 4th 1921~~

To point of Concentration Romagne sous Montfaucon, Meuse.,
(Name)

Convoyer ~~James Flynn~~ Signature Shipping Officer W. H. Roach, 1st Lt. MC.

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 8 * OCT 1921

G.R.S. Representative

41. Reinterred Meuse-Argonne Cty (Date) Oct 17, 1921

42. Grave No. Row 15, Block F, Grave 1 Section

MM 43. Plot Row

G.R.S. Representative

JAMES W YOUNGER, Capt., QMC
AB

COMPILATION OF DISPOSITION OF REMAINS DATA

I. Location Index Card: File # 91538

(a) Name CHRISTMAN, Caroline H. (2-25-21) "M" Ser. No. ---

(b) Rank Nurse Organization ~~B.H. #18 on DS with E.H.~~ ok (2-25-21) "M" #6. TYP. EK CKR. B.J.

(c) Date of death 10/6/18 (d) Cause of death Pneumonia.

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

(a) Grave No. 194 Row -- Plot 4 Sec. A TYP. EK

(b) Emerg. Address Mrs. William H. Whitfield (sister) 101 Congress Ave Providence, R.I. or Anna H. S.G.O. (2-25-21) "M"

III. Files of soldiers dying from contagious diseases ---- NO CARD CKR. B.J.

IV. A. G. O. Disposition Card: ok-card 2-25-21 "M" Date of receipt —

(a) Name Mrs William W. Whitfield (b) Relationship Sister

(c) Address 101 Congress Ave - Providence - 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 MKS Date 1-17-21, 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 MKS Date 1-17-21, 1920.

VI. G. R. S. Files, Correspondence—shows as follows:

No request for disposition

(a) Cancellation memos referred to? Yes att

Examiner's Initials att Date 1-17-21, ~~1920.~~

COUNTRY France Cemetery No. 534 Sheet No. 91

G. R. S. Form No. 115
Amended April 6, 1920 3—7729

Make Form No. 114

FORM 115 - A COMPLETED
MAR 3 1921 H.S.

CARDED

Checked M 2-25-21

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

Typed by ..... Checked by ....., 1920.

VIII. Final Action:

Following advice forwarded to Europe by { cable on ....., 1920 / letter on JAN 27 1921, 1920

Par. #2. Not To Be Returned Civilian Dead H

IX. **CORRECTIONS**

Change of Advice.	Action Taken.
Desires body be	
Body to be shipped to	

X. Suspension Remarks: War Risk (E.A.) 3/15/21

Mrs. Anna C. Whitfield, (Sister)

101 Congress Ave., Providence, R.I.

H-4/28/21-R M

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

RUSH

Harlow C.W.

NAME OF DECEASED SOLDIER	CEMETERY NO.	DATE
Christman, Caroline, Nurse.	534 - 91	2/14/21.

SERIAL NUMBER — ---

ORGANIZATION — B.H.No.18, on DS. with E.H.No.6.

Date of death - 10/6/18.

C-87638

WAR RISK INSURANCE INFORMATION

Copy forwarded to
Adjustment Department
Date 4-23-21 [illegible]

DATE March 15, 1921.

NAME OF BENEFICIARY — Mrs. Anna C. Whitfield,

RELATIONSHIP — Sister

Address

101 Congress Ave., Providence, R.I.

S/709/LML

COMPILATION OF DISPOSITION OF REMAINS DATA

76879 - ok - 4-8-21

I. LOCATION INDEX CARD: File # 91538

(a) Name CHRISTMAN, Caroline H. (2-25-21) Ser. No. ---

(b) Rank Nurse Organization B.H. #18 on DS with E.H. #6. ok-(2-25-21) B.J. TYP. EK

(c) Date of death 10/6/18 Cause of death Pneumonia.

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

(a) Grave No. 194 Row -- Plot A Sect. A TYP. EK

(b) Emerg. Address Mrs. William H. or Anna Whitfield (sister) 101 Congress Ave Providence, R. I. SGO - (2-25-21) B.J.

III. Files of soldiers dying from contageous diseases --- NO CARD CKR

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

A.G.O. card - Mrs. William H. Whitfield (Sister) 101 Congress Ave., Providence R.I., does not desire return of body. 2/21 E.P.

V. Following advice forwarded to Europe by - (cable on ..... 192 ..... (letter of transmittal on JAN 27 1921

Par. #2, Not To Be Returned Civilian Dec'd H.

VI. Form 115 forwarded to G.R.S. Hoboken, N.J. MAR 8 - 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. 192

COUNTRY CEMETERY NO. SHEET NO.

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

S-666/MB

France 534 91

MAR 3 1921 H.S.

76879

from

91538

DINNER

BREAKFAST

1. G. R. S. Form No. 1. Hq. G. R. S. File

2. Soldier's No. 1 2700

3. Christman ..... Caroline H. .....
Surname (in block letters) First Name and Initials

4. Nurse ..... U.S.A. N.C. .....
Rank Company Regt. or Corps

5. Oct. 6/18 .....
Date of Death Cause, if known

6. Oct. 6/18 ..... AEF. .....
Date of Burial Cemetery

7. Souilly ..... Meuse .....
Town or Commune (in block letters) Department

8. 194 ..... Sec. A 4
Grave No. Plot No. or Letter

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

10. Buried with Body? ....1....Attached to Grave Marker? ....1....
Identification Tags

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

.....

.....

12. .....
Map Reference, if interment is outside of cemetery

.....

13. ..G. C. Stewart ARC. .....
Give name of Chaplain or Burial Officer

Signed F. G. W. Easterday Capt.

21 OCT Reçu Group Hq. ...Unit. A. ...G. R. S.

26 879

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Christman 12788 Caroline
(Surname.) (Number.) (First Name and Initials.)

Nurse U.S.A.N.C.
(Rank.) (Organization.)

DATE OF BURIAL 10/6/18

PLACE OF BURIAL Amerrein Cemetery

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

Somilly (Meuse)

GRAVE NUMBER Sec. a Plot 4 #194

HOW MARKED: Name Peg? Yes 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:

534

11 OCT 1921

REPORTED BY:

Geo. Craig Stewart Chaplain
(Signature and Rank of Reporting Officer.)

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

Inc Map #6

7 AVII Bon 1638

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

CHRISTMAN, Caroline
(Surname). (Number). (First Name and Initials).

Nurse B.H.#18 on DS with E.H.#6
(Rank). (Organization).

PLACE OF DEATH: Souilly, Meuse

CAUSE OF DEATH: Pneumonia

DATE OF BURIAL: Oct 6, 19

PLACE OF BURIAL: Souilly, Meuse

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

Sect. A. Plot 4

Omaha Plot

FILE.

GRAVE NUMBER: 194

HOW MARKED: Name Peg? Cross? Yes

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?

NEAREST RELATIVE:

ADDRESS:

RELATIONSHIP:

REPORTED BY:

(Signature and Rank of Reporting Officer).

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

#76879

1st Ind. bsr-rbs

War Dept., S.G.O., February 16, 1921 - To the Adjutant General of the Army, Washington, D. C.

1. The records of this office indicate that Reserve Nurse Caroline H. Christman, Army Nurse Corps, was a casual nurse who died while serving with Evacuation Hospital #6, October 6, 1918. Cause of death: pneumonia. Name and permanent address of nearest relative: sister, Mrs. Anna Whitfield, 101 Congress Avenue, Providence, Rhode Island.

For the Surgeon General:

Julia C. Stimson

Julia C. Stimson,
Major, Superintendent, Army Nurse Corps.

INVESTIGATION AND ADJUSTMENT DEPARTMENT

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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
WASHINGTON

FEB 15 1921
S. G. O.

Date February 12, 1921.

File No. 76879 Registration.

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

To: The Adjutant General of the Army, Sixth and B Streets NW., 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. CHRISTMAN ~~or CHRISTIAN~~

✓ *b.* Christian name. Caroline H

✓ *c.* Serial number. 12788

✓ *d.* Organization. Evac Hosp # 6 ~~Base Hosp No. 18~~

✓ *e.* Rank. Nurse ANC

✓ *f.* Date of death. 10-6-18

✓ *g.* Cause of death. Pneumonia

✓ *h.* Authority (C. C. No.) 406 - 444

✓ *i.* Emergency address.

✓ *j.* Relationship.

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

a. Age at 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.

RECEIVED
A. G. O.
FEB 16 1921

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

By H. J. Conner

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

Mr. Wilson
DTD

S. G. O. 201 Christman, Caroline H.

RECEIVED
FEB 14 1921

14

INVESTIGATION AND ADJUSTMENT DEPARTMENT

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

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

WASHINGTON

File No. 7 58 79 Registration. Date February 12, 1921.

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

To: The Adjutant General of the Army, Sixth and B Streets NW., 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. CHRISTMAN or CHRISTIAN

b. Christian name. Caroline

c. Serial number. 2788

d. Organization. Base Hosp No. 18

e. Rank. Nurse ANC

f. Date of death. 10-6-18

g. Cause of death. Pneumonia

h. Authority (G. C. No.) 406 - 444

i. Emergency address.

j. Relationship.

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

a. Age at 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.

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

By

H. J. CONNER,
1st Lieut. Engineers, U. S. A.

Mr. Wilson
DTD

FEB 21 1921

RECEIVED

FEB 15 1921
G. R. S.

FEB 16 1921
G. R. S.

F. G. O. 201

1st Ind. bsr-rbs

War Dept., S.G.O., January 24, 1921 - To the Quartermaster General of the Army, Cemeterial Division, Munitions Bldg., Washington, D. C.

1. The records on file in this office indicate that Reserve Nurse Caroline H. Christman, Army Nurse Corps, a member of Base Hospital #18, died October 6, 1918, while serving with Evacuation Hospital #6. Cause of death was pneumonia. Emergency address is c/o Sister, Mrs. Anna Whitfield, 101 Congress Avenue, Providence, Rhode Island.

For the Surgeon General:

Sayres L. Milliken

Sayres L. Milliken,
Captain, Asst. Supt., Army Nurse Corps.
For and in the absence of the Superintendent.

Adjustment Made
MAR 7 1921
File No. 76879

m

2

1st. Ind.

Evacuation Hospital No. 6, Amdrican E.F. March 21, 1919. To : Commanding Officer, Evacuation Hospital No. 27. Forwarded.

1. Attention invited to original communication.

F.C. Baker
Colonel, M.C.

2nd Inf.

C. O., Evacuation Hospital No. 27 (Formerly Evacuation Hospital No. 6) Coblenz Germany, March 27th, 1919. To: Adjutant General of the Army, A. E. F., Bourges, France. Returned.

1. Grave location blank of Caroline Christman has been filled in as completely as possible from the records of this Hospital.

2. Name and address of the nearest relative of the deceased are not obtainable from the records of Evacuation Hospital No.6.

R. W. Bryan,
Lt. Col., M. C.

GRS Form No. 12

1st. Ind.

Evacuation Hospital No. 6, American E.F. March 21, 1919. To : Commanding Officer,
Evacuation Hospital No. 27. Forwarded.

1. Attention invited to original communication.

F.C. Baker
Colonel, M.C.

2nd Ind.

C. O., Evacuation Hospital No. 27 (Formerly Evacuation Hospital No. 8) Coblenz Germany, March 27th, 1919. To: Adjutant General of the Army, A. E. F., Bourges, France. Returned.

1. Grave location blank of Caroline Christman has been filled in as completely as possible from the records of this hospital.

2. Name and address of the nearest relative of the deceased are not obtainable from the records of Evacuation Hospital No.6.

R. W. Bryan,
Lt. Col., M. C.

GHS Form No. 12

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 1/19/21.

File No. Requistration.

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 Christman ~~Caroline~~

b. Christian name ~~Caroline~~ or Caroline H.

c. Serial Number --

d. Organization B.H.#18 on DS with EH #6

e. Rank Nurse

f. Date of death 10/6/18

g. Cause of death pneumonia

h. Authority (C.O.#)

i. Emergency address

j. Relationship

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

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

BY: H. J. Conner

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

CEMETERY NO: CW 534

SHEET NO: 91

TYPED BY: elb.

S/713/LML

20