

316

To The A. G. O.

2326

G.R.S. Form #114-B

MAR 10 1926

RECEIVED
REGISTRATION SER.

DATE 3/11/22
SERIAL No. 1697902

name

1. NAME CLAINOS, Charles

RANK Pvt.

ORGANIZATION Co. G. 305th Inf.

GRAVE LOCATION Meuse-Argonne Amer. Romagne-sous-Montfaucon, Meuse. 1232 - 4

CTY. NAME

NUMBER

85 Sec.4.

2

GRAVE

ROW

PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION

GRAVE

COMMUNE

DEPT.

COORDINATES 35SW 270.7N 299E

CONCENTRATED TO 4/22/19

85

4

2

DATE

GRAVE

ROW

PLOT

Meuse Argonne 1232

CEMETERY

CTY. NUMBER

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

Tag on body and cross

data f-1/pfb

DATE OF DEATH

Sept 27, 1918

STATE FROM WHICH HE CAME

N.Y.

MEDALS OR DECORATIONS AWARDED

none

SUBSEQUENT REBURIALS

DATE

GRAVE

ROW

PLOT

CEMETERY

DATE

GRAVE

ROW

PLOT

CEMETERY

SIGNATURE, AREA SUPERVISOR

M. B. BIRDSEYE

1st Lt., Q.M. Corps, U.S.

3. FINAL GRAVE LOCATION

3/11/22

6

13

B

DATE

GRAVE

ROW

Plot

Block

AUDITED BY

M.M.E.
2-14-23

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

CEMETERY

RECEIVED
MAR 11 1926
WORLD WAR DIV.



INSTRUCTIONS FOR PREPARATION OF FORM 114 B

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



Robert C. Davis,
Major General,
The Adjutant General,
BY *CRH*

MAR 15 1928

CODE SLIP



HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	CLAIMOS	3	3 2 1
chus n	CEMETERY 1232	1	1
BURIED	GRAVE 6	2	06
	ROW 13	2	13
	BLOCK B	1	2
STATE	ny	2	37
RANK	pvt	1	9
DIVISION	77	2	77
ORGANIZATION	305	3	305
ARM	Inf	1	1
MARITAL	(Brother) no	1	2
NAME	CLAIMOS	3	
Hoo n	STATE	2	
RESIDENCE	COUNTY	2	
S. Africa	CITY	3	
RELATION	Mother	1	1
OTHER (father) 112		1	
ELIGIBILITY	Head	1	6
NATIVITY (no docs or SM)	(in Greece) (2-12-29)	1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE		1	

Audited
APR 20 1932
MB

AED

29/514

ser.
1697902

1232

xc 128 294

Clairns, Chas. N. Put Co G. 305th Regt

Date + place of mother's death? 2-12-29 (Green)

Father ~~living~~? died 1912

Brother in Africa.

~~was a soldier?~~

WLB

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

DATE 8/22/31

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
Clainos, Charles N.	Pvt.	1697902	Co. G, 305th Inf.	9/27/18

STATE _____ CTY. NO. 1232 GRAVE 6 ROW 13 BLOCK B

NAME AND ADDRESS	<u>Check relationship</u>	<u>Living - Deceased</u>	
		:	:
	MOTHER	:	✓ :
	STEMOTHER (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)	:	:
<i>Single man</i>		:	:

Bw
Geo. N. Clainos
36 Station Rd
Observatory
Capetown
S. Africa

Veterans Bureau Claim Number KC 128 294
29/156

In reply refer to:
293.8 C-R

#33182

Forerigi

March 12, 1923.

Mrs. Argyro N. Kianinos,
Kryonerion, District of Oitylos,
Greece.

Dear Madam:

The Quartermaster General desires that you be informed that
the permanent grave of ²⁹³

the late Private Charles Kianinos, Company G,
305th Infantry, is Grave 6, Row 13, Block B, Meuse-Argonne American

Cemetery, Romagne-sous-Montfaucon, Department of Ardennes, 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 main-
tained by this Government in a manner befitting the last resting
place of our heroes.

Very truly yours,

MAILED

H. J. Conner,
Assistant.

PK
C

MAR 12 1923

22/1423/ARK

G.R.S.

Place NEUFCHATEAU

Date 4th, June 1919.

33182

REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Name: CLAINOS, Charles

Number: 1697902

Rank: Unkn

Organization: Unkn

Disinterment and Reburial made by Group _____ Unit _____

Disinterred (Date)

From: (Give complete location)

22nd, April 1919.

Grave #7

35 SW 299 E 270.7 N

Reburied (Date)

in: (Give complete location)

22nd, April 1919.

Grave #85 Sec. #4 Plot #2.

ARGONNE AMERICAN CEMETERY No. 1232.

ROMAGNE, MEUSE.

1232

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

Burial good. Buried in uniform; body badly decomposed.

Was one identification tag found upon the body? Yes

What other means of identification were found on the body? None
12 Francs turned in.

10552

CONFIRMED No. 10552

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. Lewis.

R. H. ROSENTHAL
2nd Lieut. O.M.C.U.S.A
C.O. Group _____ Unit _____

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C.



Name of subject: _____
Address: _____

Notes:

Is this a return? _____
If not, what name of identification was used on the card? _____
Was the identification card used on the card? _____

Development of lead: _____
Reference to original card and letter to Bureau of _____

Source: _____
Date: _____
Type: _____

Reference: _____
Date: _____
Type: _____
Name: _____
Address: _____
City: _____
State: _____
Zip: _____

REPORT OF DISSEMINATION AND EVALUATION

U.S. DEPARTMENT OF JUSTICE

Date: _____
Place: _____

INDEX SHEET

SYNOPSIS

Co. G. 305th. Inf.
77th. Division.

CLAINOS, Charles.- Pvt. 1697902
410 Park Avenue
New York City N. Y.

On Sept. 27th. 1918 after the days objective has been reached by the company the enemy heavily shelled them and he was hit by a piece of sharpnel in the body and died almost instantly.
Operation on this date 98.6- 74.6 map Forest de Argonne.

Informant: Dotter, Fred, M.-Pvt. 1697910
Co. G. 305th. Inf.
131 Washington Ave.
Beacon N. Y.

Emergency address:
Mrs. Argero Clainos
Kreoneri Citulum
Creecl.

EB.

Index 1/1/21

FILE UNDER NO.

INDEX SHEET

SYNOPSIS

DOCUMENT FILED UNDER NO.

INSTRUCTIONS.—Under "Synopsis" make brief entry showing date of communication and from whom received and synopsis sufficient to identify the papers. When these index sheets become numerous under a subject they will be entered on the consolidated index sheet and then destroyed.

3-6642

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

Hq. G. R. S. File

2. Soldier's No. 1697902

33182

3. Clanios Charles
Surname (in block letters) First Name and Initials

4. Rank Company Regt. or Corps

5. Date of Death Cause, if known

6. Isolated group
Date of Burial Cemetery

7. Town or Commune (in block letters) Department

8. 6
Grave No. Plot No. or Letter

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

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

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

CMVMB. Vienne-le-Chateau (Marne)

(O-275) SHT. 35 S.W. COORD. E. 298.81 N. 271.12

12. Map #195 Foret D'Argonne
Map Reference, if interment is outside of cemetery

71.1---98.6

13. Give name of Chaplain or Burial Officer

J.M. Aninsman, Sgt. 1cl.
Signed

Group 2 Unit A G. R. S.

24 OCT 1918

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

COPY

Harlow C.F.

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

Clainos, Charles, Pvt.

1232-Sec.4 - 25

3/17/21.

SERIAL NUMBER

ORGANIZATION

1697902

Co. G, 305th Inf.

Date of death - 9/27/18.

NOTED FORM 115
DATE 4-1-21-C

Adjustment Made

WAR RISK INSURANCE INFORMATION

NAME OF BENEFICIARY

DATE

5-A 1922
33/82
FILE No.

FILE

Mrs. Arguro N. Klainos
Address

RELATIONSHIP

Mother

Kyoneion, District of Athens, Greece

S-709/MB

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 3/17/21.

File No. Requisition.

(SPECIAL)

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

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

Subject: Information required for G.R.S.

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

- a. Surname **Clainos** ✓
- b. Christian name **Charles** ✓
- c. Serial Number **1697902** ✓
- d. Organization **Co. G, 305th Inf.** ✓
- e. Rank **Pvt.** ✓
- f. Date of death **9/27/18.** ✓
- g. Cause of death **K/A.** ✓
- h. Authority (C.O.#) **Kreoneri, Titolon, Greece**
- i. Emergency address **Mrs. Argiro Clainos**
- j. Relationship **(mother)**

NOTED FORM 115
DATE 3-23-21 C

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)

ADJUSTMENT MADE
MAR 25 1921
331

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							

J

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

G.W.
CEMETERY NO: **1232-Sec.4.**

BY: *[Signature]*
H. J. CONNER,
1st. Lieut. Q.M.C.

Rec'd World War Div.
Date... **MAR 19 1921**

SHEET NO: **25**
TYPED BY: **I.W.**

Donnelly EME
EPS-3/21/21

3/713/LML

MKM

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

Date 3/27/18

Information required of A.G.O.

(SPECIAL)

The Quartermaster General, U. S. Army, (General Division)
The Adjutant General of the Army, 6th & D Sts., N.W., Washington, D.C.

Information required for G.A.R.

It is suggested that the items checked below be completed. Request
for information of G.A.R. relation shown.

1. Date of death 9/27/18

2. Cause of death K.A.

3. Burial (G.O.A.)

4. Emergency address

5. Relationship

6. MENTAL CHART

(See Physical report of
examination prior to enlistment)

7. Service and cash missing

8. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

9. upper right upper left

10. lower right lower left

a. Name Gains

b. Christian name Charles

c. Service

d. Organization Co. 1, South Inf.

e. Rank

MAR 22 1921
RECEIVED

RECEIVED
GENERAL DIVISION
MAR 22 1921

BODY DESCRIPTION

(See page 2 of the Service Record)

1. Age of enlistment

2. Color of eyes

3. Color of hair

4. Height

5. Weight

6. Permanent marks and
scars (Old fractures or breaks)

7. Illnesses (Old fractures or breaks)

ADJUSTMENT MADE
MAR 22 1921

Quartermaster General of the Army

DEPARTMENT OF THE ARMY

33182 ✓

AMERICAN EXPEDITIONARY FORCES
HEADQUARTERS SERVICES OF SUPPLY
OFFICE OF THE CHIEF QUARTERMASTER, A. E. F.
GRAVES REGISTRATION SERVICE
FRANCE

Burial information for the American Red Cross.

Soldier's name : **Clainos, Charles**
Rank : **Private**
Organization : **Co. G., 305th Infantry.**
Date of Death : **9-27-18**
Place of Burial : **Isolated grave #6, in the Commune
of Vienne le Chateau, Department
of the Marne.**

Reference number : **33182**

(All communications regarding this Grave location should
quote the above reference number and be addressed to : -
Chief, Graves Registration Service
Headquarters Service of Supply
Office of the Chief Quartermaster
American E. F.
France.)

CHARLES C. PIERCE
Lieut. Colonel. Q.M.C., U.S.A.

Washington-Paris.

33182

TO:- REGISTRATION BRANCH, G.R.S.

FILE NUMBER 33182

FROM:- A.I.R.C.

DATE: 3/4/19.

Please furnish information as indicated below regarding the following soldier:

NAME CLAINES, CHARLES - NUMBER 1697902

RANK PVT, ORGANIZATION Co. G. 305th INF.

NO.	QUESTION	REPLY
1.	Do particulars of soldier given above agree with Records?	1. Pvt. Charles Claines, Co. G, 305th. Inf.
2.	Date of Death.	2. 9/27/18
3.	Cause and place of death.	3. k/a
4.	Number of Casualty Cablegram.	4. 288
5.	Date buried.	5. No record.
6.	Grave Location. (a) Complete record required. (b) Name of Cemetery or Commune only required.	6. Grme. 275 Grme. of Vienne le Chateau, Marne 35 SW E 298.61 N 271.12 Grave No. 6 Isolated
7.	Who reported burial?	
8.	Has report been confirmed by G.R.S.?	8. yes
9.	Report as to Grave Marker.	9. Cross
10.	Report as to Identification Tags.	10. One attache to grave marker.
11.	Who is nearest relative?	
12.	Has N/R been notified? (Give Date)	12. Yes Jan 22, 1919
13.	Report the exact position of your inquiry on this case. (Reply in all cases if no information on record)	
14.	What is the Photograph No.?	

N.B. All Proper names to be printed in PLAIN BLOCK LETTERS.

Captain M. B. Dix

AMERICAN RED CROSS.

Paris, Feb. 21, 1919.

Name of Soldier:

Charles Claines,

Rank:

Private

Company:

G

Regiment:

305th Infantry

Forward Burial Report to

"Bureau of Communication" for

Washington - enquirer

Burial report required for Paris.

also

Concentration.

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

Place Romagne 1232.

REPORT OF DISINTERMENT AND REBURIAL

Date Mar 10, 1922.

1. REMAINS OF CLAINOS, Charles. SERIAL NUMBER 1697902.

RANK Pvt. ORGANIZATION Co. G. 305th Inf.

2. Disinterred (date): Mar 10, 1922 From (give complete location): gr 85, sec 4, plot 2. Cty. 1232.

By: Group 3 Unit sec 1

3. Reburied (date): Mch 11, 1922, Meuse Argonne Cty 1232, gr 6, bl B, row 13 In (give complete location):

By: Group Reburial 3 Unit _____ Nature of reburial unlined casket

4. Report as to nature of original burial and condition of body upon disinterment: wooden box and burlap and U.S. uniform. badly decomposed, features unrecognizable

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

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

Disc on body partly corroded reads: Char-----

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

(a) Height (actual measurement) impossible to determine.

do

(b) Weight (estimated)

do

(c) Hair—Color

do

Quantity

do

Characteristics

do

(d) Hair on face—Color

do

Location

do

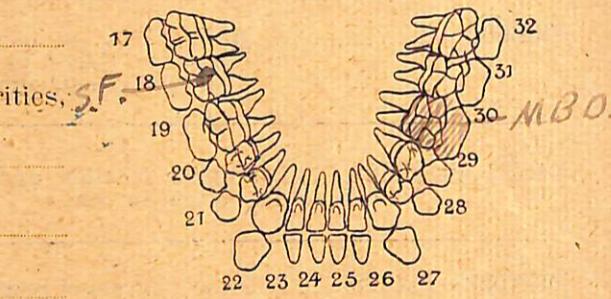
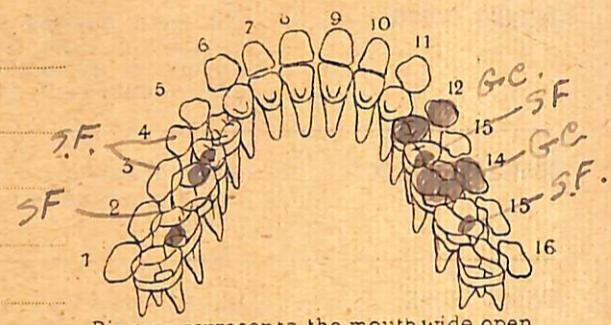
Quantity

(e) Permanent marks on body (old scars, peculiarities,

or missing parts) do

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

right femur fractured, lower third. skull shattered.



7. Disinterment supervised by [Signature]

Approved: [Signature]
I.H. Joffe, 1st Lt. Q.M.C.

(Title)

8. Reburial supervised by A.R. Cheney
[Signature]
W.B. Sheild

Approved: [Signature]
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.

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 Romagne #1232

To be prepared in triplicate.

DATE Mar. 10, 1922

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 CLAINOS, Charles

10. Name

2. No. 1697902

11. No.

3. Rank Pvt.

12. Rank

4. Org. Co. G. 305th Inf.

13. Org.

5. D.D. Sept. 27th. 1918

14. (a) D.D.

6. C.D. KIA

(b) D.B. None

Discrepancy found upon disinterment

7. Grave No. 85 Sec. 4

15. Grave No. Sec.

8. Plot 2 Row

16. Plot Row

9.

17. None

18. Cemetery Meuse-Argonne Amer.

19. Commune or town Romagne-sous-Montfaucon

20. Dept. or County Meuse.

21. Country France

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

1232 - 4

23. Disinterred (Date) Mar. 10, 1922

By A.R. Cheney

24. Inscription on grave marker:

Name CLAINOS, Charles,

Serial No. 1697902

Rank Pvt.

Organization Co. G. 305th Inf.

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

T. H. Quinn
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).

Disc on body partly corroded reads "Char-----."

27. Condition of body Badly decomposed. recognition impossible.

28. Nature of burial In uniform, burlap and 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 Mar. 10, 1922 By A.R. Cheney

31. Casket sealed by A.R. Cheney

Signature of Embalmer, (Supervisor A.R. Cheney)

A.R. Cheney

AUDITED BY

SHIPMENT (Show actual marking of box.) Box No.

C-24777

Serial No.

1697902



32. Designation of body:

Name Charles CLAINOS.

Rank Pvt. Organization Co. G. 305th Inf.

33. Consigned to:

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

34. Casket boxed and marked (Date)

Mar. 10, 1922

By

A.R. Cheney

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

I.H. Joffre, 1st Lt. QMC.

36. Remarks

None

Mar. 10, 1922

37. Shipped from point of Operation: (Date)

To point of Concentration

Romagne Morgue

Convoyer H.E. Dunton

(Name

Convoyer

Signature Shipping Officer

E.J. Jordan, Capt. QMC. EJB

38. Received at Railhead or Point of Concentration: Date

By G.R.S. Representative

39. Shipped from Railhead or Point of Concentration: Date

To Permanent Cemetery

(Name

Convoyer

Signature Shipping Officer

40. Received: Date

G.R.S. Representative

41. Reinterred, Meuse Argonne ty 1232, Mch 11, 1922

(Date

42. Grave No. 6

Section

43. Plot B

Row

13

G.R.S. Representative

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

COMPILATION OF DISPOSITION OF REMAINS DATA

File #33182

I. LOCATION INDEX CARD:

(a) Name CLAINOS, Charles Ser. No. 1697902
(b) Rank Pvt. Organization Co. G, 305th Inf.
(c) Date of death 9/27/18 (d) Cause of death K/a
TYP. evs
CKR. B.J.

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

(a) Grave No. 85 Row - Plot 2 Sec. 4 TYP. evs
(b) Emerg. Address Mrs. Argero Clainos (Mother) Kreoneri, Oitulon, Greece
OR G.P.O. (3-23-21)

III. Files of soldiers dying from contagious diseases CKR. B.J.

IV. A. G. O. DISPOSITION CARD:

No card in file - 3-16-21 - MH

(a) Name (b) Relationship
(c) Address
(d) Remains to be brought to U. S.?
(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 Date, 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 MH Date 3-16, 1920.

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

No request for disposition

(a) Cancellation memos referred to? yes

Examiner's Initials MH Date 3-16, 1920.

COUNTRY FRANCE

CEMETERY No. 1232--Sec. 4

SHEET No. 25

AP. 4-22-21

checked 4-22-21

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 **MAR 24 1921**, 1920

Sec. # 4.

Par. 2 Not to be returned.

(L.S.)

IX.

CORRECTIONS

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

X. SUSPENSION REMARKS: *@A.W.R. Mrs. Argyros N. Klainos (mother)
Kyonerion, District of Aitylos, Greece
(4-1-21)C*

COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

File #33182

(a) Name CLAINOS, Charles Ser. No. 1697902
 (b) Rank Pvt. Organization Co. G, 305th Inf. } TYP. evs
 (c) Date of death 9/27/18 (d) Cause of death K/a } B. J.

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

(a) Grave No. 85 Row - Plot 2 Sec. 4 TYP. evs

(b) Emerg. Address Mrs. Argero Clainos (Mother) Kresneri, Oitulon, Greece

III. Files of soldiers dying from contagious diseases ok. G. 8. 10. (3. 23. 20 C) CKR. B. J.

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

V. Following advice forwarded to Europe by { cable on _____, 192
Sec. #4. { letter of transmittal on MAR 24 1921, 192

Par. 2. Not to be returned. (L. S.)

VI. Form 115 forwarded to G. R. S., Hoboken, N. J., _____, 192

VII. SUPPLEMENTARY REQUESTS.

Date of and source.	Relationship and name.	Desires.	Action taken.
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VIII. Form 115 received from G. R. S., Hoboken, N. J. _____, 192

COUNTRY _____ CEMETERY No. _____ SHEET No. _____

WP. 4-22-21