

jc.

DATE 6/21/22.

1. NAME CHAON, Frank SERIAL No. 3960290

RANK Pvt. ORGANIZATION Co. I. 26th Inf.

& DIVISION 1st

GRAVE LOCATION Amer. Cty. ALLERBY, (Saone-et-Loire\*) 84

CTY. NAME NUMBER

26

GRAVE

ROW

PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION 207 ALLERBY (Saône & Loire) cty #84

GRAVE COMMUNE DEPT.

COORDINATES E.163.2 N.198.5 (Lambert Zone Sud)

CONCENTRATED TO No 111-23-20 record 26

DATE GRAVE ROW PLOT

Amer. Cty. ALLERBY (S. & L.) N° 84

CEMETERY CTY. NUMBER

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

Tag buried with body (from data on form 16-A. No other data)

DATE OF DEATH Oct 23-18

STATE FROM WHICH HE CAME Mont

MEDALS OR DECORATIONS AWARDED None

SUBSEQUENT REBURIALS Nothing of record

DATE GRAVE ROW PLOT CEMETERY

DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR W. H. Quarterman  
W. H. QUARTERMAN, CAPT. F.A., Supervisor Area N°4

3. FINAL GRAVE LOCATION 6/21/22. 30 23 A.  
DATE GRAVE ROW Block

AUDITED BY DFR 5-19-23

RECORDED  
MAY 19 1925  
U.S. ARMY  
G. O. S. C.

CEMETERY 19 St. Mihiel Amer. Cty. #1233. Thaucourt. (M-St-M)  
Robert O. Davis,  
Major General,  
The Adjutant General.

15 Received A. G. O. MAY 14 1925

DFW

# 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.

Kept in CO 327 12/1/8/60

# GRAVE LOCATION BLANK

*Chaon*

LOCATION OF THE GRAVE OF

*Chaon 3960290 Frank*

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

*Priv. Co. 26<sup>th</sup> Inf.*

(Rank.) (Organization.)

DATE OF BURIAL *Oct 24, 1918*

PLACE OF BURIAL *P. C. F. cemetery # 84*

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

*Alley*

*Laure et Louie*

GRAVE NUMBER *Sec # 207*

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:

*Chaplain J. B. Achen*

(Signature and Rank of Reporting Officer.)

B.H. 25

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

Place Allerey Cemetery #84

REPORT OF DISINTERMENT AND REBURIAL

Date November 23, 1920

1. REMAINS OF Frank Chaon SERIAL NUMBER 3960290

RANK Pvt ORGANIZATION Co.I. 26th Inf.

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

11-23-20

Grave #207 in cemetery #84

commune of Allerey, Saone-et-Loire, France  
-Unit- Section II Field Forces

By: Group #2

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

11-23-20

Grave #26 in cemetery #84

commune of Allerey, Saone-et-Loire, France

By: Group #2

Unit Section II FF Nature of reburial Wooden box (burlap)

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

Wooden box (hospital shroud)

Badly decomposed

5. (a) Identification tags: Buried with body? Yes On grave marker? Yes

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

None

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

(a) Height (<sup>estimated</sup> actual measurement) 69 inches

(b) Weight (estimated) 150 lbs

(c) Hair—Color brown

Quantity full head

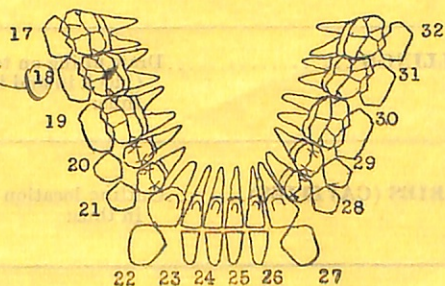
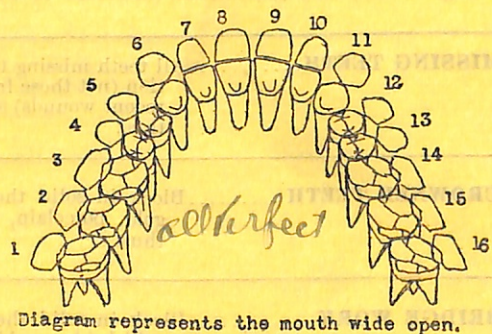
Characteristics straight

(d) Hair on face—Color none

Location none

Quantity none

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



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

none

#30110

7. Disinterment supervised by L.E. Lawless

Approved: W.A. Boyle  
(Title) W.A. Boyle, Capt., M.C.

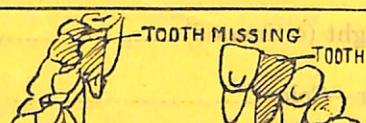


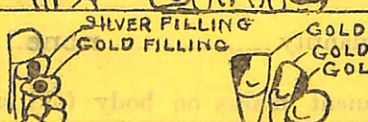

8. Reburial supervised by L.E. Lawless

Approved: W.A. Boyle  
(Title) W.A. Boyle, Capt., M.C.

**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.

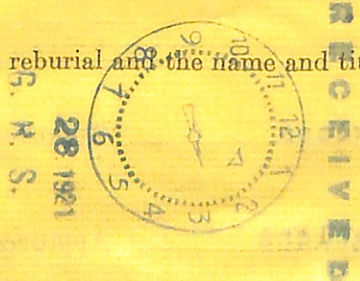
1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.
2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
3. Give date and accurate information as to location of reburial 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.

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

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

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

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



C

Cottonwood Minn

Aug 12, 1919

Quartermaster General of the Army  
Cemetery Dep.

Dear Sir: Would you kindly inform  
me where my brother Frank M Chaon  
Co I. 26th Infantry is buried in France  
and could you state whether it is a national  
burying etc. Any information regarding  
his resting place will be greatly appreciated

Very Truly Yours  
Mrs Emma Trajeser

O. Q. M. G.  
CEM. BR.  
Rec'd  
AUG 18 1919

14  
G. M. DEPARTMENT OF THE ARMY  
WASHINGTON  
AUG 15 1919  
Cem  
7-a

293.3-Cemeterial.

August 27, 1919.

Office, Quartermaster General of the Army.

Mrs. Emma Trageser, Cottonwood, Minn.

Location of grave of Frank M. Chaon, Co. I, 26th Infantry.

1. Replying to your letter of the 12th instant, relative to the location of the grave of your brother, you are informed that the records of this office show that Private Frank Chaon, 3960290, Co. I, 26th Infantry, died October 23, 1918, and is buried in the American Cemetery, at Allerey, Department of Saone et Loire, France.

2. It is impossible to state definitely whether or not this cemetery will be permanent.

H. L. Rogers,  
Quartermaster General of the Army,

By:

H. R. Lemly,  
Major, Quartermaster Corps.  
Chief of Cemeterial Branch.

PGW

AUG 27 1919

293.3 Chaon, Frank M

CODE SLIP



HEADING	SUB-HEADING	NO. OF COILS	CODE
NAME	Chaon	3	381
	Franks		
BURIED	CEMETERY 1233	1	3
	GRAVE 30	2	20
	ROW 23	2	23
	BLOCK A	1	1
STATE	Mont	2	31
RANK	Pr	1	9
DIVISION	1	2	01
ORGANIZATION	26	3	026
ARM	Inf	1	1
MARITAL	Brother	1	2
	Mo		
NAME	Chaon	3	381
	Yarver		
RESIDENCE	STATE Minn	2	217
	COUNTY Wright	2	36
	CITY Clearwater	5	XXXA
RELATION	Mother	1	1
OTHER	Brother	1	
ELIGIBILITY	plead	1	6
NATIVITY	no In or loco	1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE		1	

**AUDITED**

APR 5 1932

Ad

29/614 *mm*

*mm*

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-M  
Chaon, Frank Pvt. (St.M.)

April 12, 1932.

Mr. Xavier Chaon,  
Clearwater,  
Minnesota.

Dear Sir:

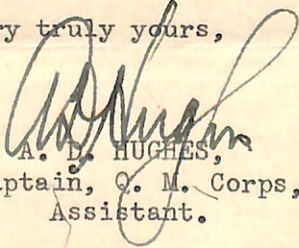
An earnest endeavor is being made by this office to communicate with all mothers and widows who may be eligible to make a pilgrimage to the American cemeteries of Europe under the provisions of the Act of Congress of March 2, 1929, as amended May 15, 1930.

It will be appreciated if you will advise the date of death of the natural mother of the late Private Frank Chaon and whether or not he is survived by a stepmother or any other woman who may have held the status of loco parentis to him for a period of five years prior to his becoming 18 years of age. If so, please furnish her name and address in order that she may be communicated with relative to the pilgrimage.

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

For The Quartermaster General.

Very truly yours,

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

1 Encl.  
Env.

*No SM  
no loco*

Clearwater Minn

April 23, 1933

OFFICE OF THE QUARTERMASTER GENERAL  
WAR DEPARTMENT  
WASHINGTON

War Department  
Washington, D.C.

Chason, Frank Pvt. (St. M. 1933 A-M)

Dear Sir:  
Mrs Marie Chason the only  
mother of Frank Chason  
died May 3, 1915.



It is requested that you be apprised if you will advise the late  
natural mother of the late Private Frank  
Chason, or not he is survived by a stepmother or  
other person who may have held the status of late parent  
of five years prior to his becoming 18  
years of age. If so, please furnish her name and address in  
writing so that she may be communicated with relative to the  
provisions of the Act of Congress of March  
3, 1930.

A self-addressed envelope which requires no post-  
age is enclosed for your convenience in reply.

For The Quartermaster General.

Very truly yours,

General G. W. Corp  
Assistant

1 Encl.  
lv.

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Chaon, Frank 1233 B

July 8, 1930

Mr. Xavier Chaon  
Clearwater, Minn.

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

August 29, 1929.

Chaon, Frank,  
1233

Mr. Xavier Chaon,  
Gary,  
So. Dak.

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated May 31, 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:

*No*

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.

*Mother is deceased*

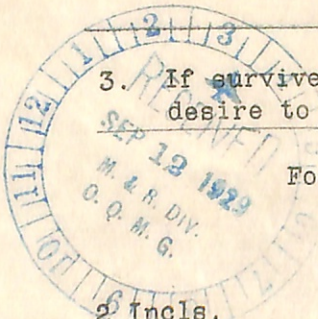
3. If survived by a widow or mother does she desire to make the pilgrimage?

For The Quartermaster General,

Very truly yours,

*John T. Harris*  
JOHN T. HARRIS,  
Major, Q. M. Corps,  
Assistant.

2 Incls.  
Act of Congress  
Envelope



WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C  
Chaon, Frank

May 31 1929.

Mr. Xavier Chaon,  
Gary,  
So. Dak.

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 brother of the late Private Frank Chaon, Co. I, 26th Inf., whose remains are now interred in the St. Mihiel American Cemetery, Thiaucourt, Meurthe-et-Moselle, 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.

B

CORRECT NAME

CHAON, Frank 3960290  
Pvt. Co. <sup>I</sup>, 26th Inf.

~~SEE~~ change to

CHAON, Frank M.

QM 293 A-M  
Chaon, Frank Pvt. (St.M.)

April 12, 1932.

Mr. Xavier Chaon,  
Clearwater,  
Minnesota.

Dear Sir:

An earnest endeavor is being made by this office to communicate with all mothers and widows who may be eligible to make a pilgrimage to the American cemeteries of Europe under the provisions of the Act of Congress of March 2, 1929, as amended May 15, 1930.

It will be appreciated if you will advise the date of death of the natural mother of the late Private Frank Chaon and whether or not he is survived by a stepmother or any other woman who may have held the status of loco parentis to him for a period of five years prior to his becoming 18 years of age. If so, please furnish her name and address in order that she may be communicated with relative to the pilgrimage.

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

For The Quartermaster General.

Very truly yours,

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

LMS  
1 Encl.  
Env.

0134

1932 APR - 13 - AM 11:22

QMG M R

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Chaon, Frank 1235 B

July 8, 1930

Mr. Xavier Chaon  
Clearwater, Minn.

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

August 29, 1929.

Chaon, Frank,  
1233

Mr. Xavier Chaon,  
Gary,  
So. Dak.

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated **May 31, 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  
Chaon, Frank

May 31 1929.

Mr. Xavier Chaon,  
Garry,  
So. Dak.

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 brother of the late Private Frank Chaon, Co. I, 26th Inf., whose remains are now interred in the St. Mihiel American Cemetery, Thiaucourt, Meurthe-et-Moselle, 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.

B ✓

Chaon, Frank ~~M.~~

3,960,290 ✓

(Surname.)

Pvt.

(Christian name in full.)

Co. 1, 26th Inf.

(Army serial number.)

(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. Emma Trapesee

Antelope

(City, town, or post office.)

Mont  
(State.)

Read carefully the letter accompanying this card.

3-6713

Drawn by ~~W. H.~~

84-51

10-5

Checked  
10/1/10

QM 293 A-C

April 4, 1924

CHAON, Frank Pvt.

Mr. Xavier Chaon,  
Gary,  
South Dakota.

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 military cemetery is one of those to be maintained by the United States for all time in Europe. Each grave will be marked by a headstone of white marble, of dignified design, with the name, rank, division, organization, date of soldier's death and State from which he came. 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.

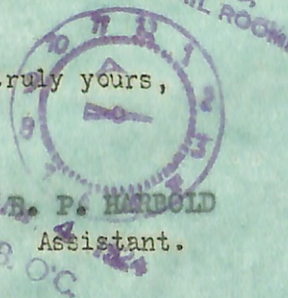
Please be assured that in effecting removal of the dead, the utmost reverential care was exercised and more than willingly accorded by those who performed this sacred duty. For the future, these graves will be perpetually maintained by the Government in a manner befitting the last resting place of our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

Very truly yours,

A. B. P. HAROLD  
Assistant.

MPK  
722

1-Incl.  
Record card.



CORRECTION

NAME

Chason, Frank

RANK

Pub.

SERIAL NO.

3960290

ORGANIZATION

REMARKS:

Form 120 not

noted on 7-115

S-910/MB

RRS

10/20/23

COMPILATION N/R REQUESTS

I. DATA COMPILATION

A. Location Index Card:-

(1) Name CHAON, Frank <sup>OK 10/19</sup> Ser. No. 3960290 TYP. SH  
 (2) Rank Pvt. Organization Co. I, 26th Inf. CKR. 28  
 (3) Date of death 10-23-18

B. Registration Card:- (Check Reg. Card Inf. against Loc. Ind. Inf.)

(4) Cause of death Bronco Pneumonia TYP. AW  
 (5) Grave No. 207 Row --- Plot --- Sect. --- CKR M.E.T.

II. FILES EXAMINATION

A. Files of soldiers dying from contagious diseases; no card

B. A. G. O. DISPOSITION CARD

Date of receipt none

(6) Relationship Sister  
 (7) Name Mrs. Emma Hansen  
 (8) Address Antelope, Mont.  
 (9) Desires remains brought to U. S.? no  
 (10) Desires remains brought to U. S. and interred in National Cemetery at no  
 (11) If brought back; what shipping instructions? ---

C. A. G. O. CORRESPONDENCE

Date of communication

(12) Does correspondence Change or qualify request as made on A.G.O. card? If so, specify such information.

No Correspondence

(13) A. G. O. Files EXAMINED by JB (Date) 5/28/20

D (14) G R S Files - Correspondence. (Has reference been made to File No. Cancellation memos.? yes Does such correspondence, if containing request for disposition, reconcile with that of A. G. O.? (Specify "Yes or "No".) If "No", give date of communication, the name, address, and relationship and substance of request.

Enghinlaw G E Klein, chemist, Antelope Mont  
1/6/19 asks grave location, No request for disposition

(15) G. R. S. Files EXAMINED by HW (Date) 6-1-20

Checked (J-1)  
10/28/20  
10/29/20

Examined  
1-12-22  
for concentration  
St Michel 1233  
att 2-2-22

mm

III. FINAL ACTION

A. MEMORANDUM to D. M. O. in E. made (Date) .....

(16) Removal of Remains (within custody of G.R.S.) to .....

(17) Instructions that remains be left undisturbed .....

(18) Typed by ..... Checked by ..... (Date) .....

B. G. R. S. FORM NO. 114 made (Date) .....

(19) Typed by ..... Checked by ..... (Date) .....

C. SUSPENSION REMARKS:

*7-24-20 Form # 120 sister wishes body left in France 11-6-20 BCL*

*Nov. 9 letter to Xavier Chaou does he concur in sister's request "1/0 137"*

*8-31-20 Form # 120 Xavier Chaou brother in law wishes body left in France Form rec'd by [unclear] 11-13-20*

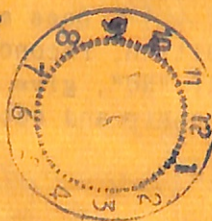
D. Dispatched (Date) ..... (Let. Trans. No. *9/30/20*)  
*Par. #2, Not to be returned. (REA)*

Approved by .....

(Date) **FORM 115 RETURNED UNBROKEN - BODY TO REMAIN IN PLACE** *HK*

NOV 26 1920

RECEIVED  
NOV 29 1920  
G. R. S.  
RECEIVED  
NOV 29 1920  
OVERSEAS DIVISION



GENERAL DIVISION

Albercy, Saone et Loire, France.

To be prepared in triplicate.

DATE November 7th 1921.

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

COMPARATIVE REPORT

Records of G.R.S. Headquarters, Discrepancy found upon exhumation of body

- 1. Name CHAON, Frank 10. Name \_\_\_\_\_
- 2. No. 3960290 11. No. \_\_\_\_\_
- 3. Rank Pvt. 12. Rank \_\_\_\_\_
- 4. Org. Co. 1. 26th Inf. 13. Org. \_\_\_\_\_
- 5. D.D. Oct. 23rd 1918 14. (a) D.D. \_\_\_\_\_
- 6. C.D. Broncho pneumonia (b) D.B. No Discrepancies.

Discrepancy found upon disinterment

- 7. Grave No. 26 Sec. \_\_\_\_\_ 15. Grave No. \_\_\_\_\_ Sec. \_\_\_\_\_
- 8. Plot \_\_\_\_\_ Row \_\_\_\_\_ 16. Plot \_\_\_\_\_ Row \_\_\_\_\_
- 9. \_\_\_\_\_ 17. No Discrepancies.

18. Cemetery American Cemetery 19. Commune or town ALLERBY

20. Dept. or County Saone-et-Loire 21. Country France

22. G.R.S. Hdqrs. Code No. 84

23. Disinterred (Date) Nov. 7th 1921. By J. E. BENSON.

24. Inscription on grave marker:

Name FRANK CHAON. Serial No. \_\_\_\_\_

Rank Pvt. Organization Co. 1 26th Inf. Cr. 26.

25. Was identification disc found on grave marker? Yes. On body? Yes.

Signature T.H. CHURN. Junior Technical Assistant

T.H. CHURN.

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).

No effects found. Form Ba accomplished. Reburial record on body.

27. Condition of body Badly decomposed, recognition impossible.

28. Nature of burial In uniform and wooden box.

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? No.

30. Body prepared and placed in casket: Date Nov. 7th 1921. By J. E. BENSON.

31. Casket sealed by J. E. BENSON.

Signature of Embalmer, (Supervisor)

J. E. BENSON.

SHIPMENT. (Show actual marking of box.) Box No. C-15517

32. Designation of body:

Name CRACON, Frank Serial No. 3960290

Rank Evt. Organization Co. I. 26th Inf.

33. Consigned to:

Name of Permanent Cemetery St Mihiel Amer. Cty. 1233, THIAUCOURT (M-et-M)

34. Casket boxed and marked (Date) November 7th 1921. By J. E. BENSON.

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 D. E. Lowry

D. E. LOWRY, 1st Lt. Q.M.C.

36. Remarks

37. Shipped from point of Operation: (Date) November 7th 1921.

To point of Concentration Beaune, Cote d'Or, France. (Name)

Convoyer Signature Shipping Officer Capt. Q.M.C.

38. Received at Railhead or Point of Concentration: Date

By G.R.S. Representative

39. Shipped from Railhead or Point of Concentration: Date

To Permanent Cemetery St. Mihiel Amer. Cty. # 1233, Thiaucourt, M et M. (Name)

Convoyer Michael Signature Shipping Officer W. R. Buckley, Capt. Q.M.C.

40. Received: Date Nov. 19 1921.

G.R.S. Representative J. B. Dornel, Capt. 2mc

41. Reinterred June 21 1922 (Date)

42. Grave No. 30 Section

43. Plot Br. A Row 23

G.R.S. Representative A. E. Dewey

A E Dewey 1st. Lt. QMC

AUDITED BY

10 OCT 1921

Place Al lerey, Saone et Loire, France.  
 Date November 7th 1921.

# REPORT OF DISINTERMENT AND REBURIAL

1. REMAINS OF CHADN, FRANK SERIAL NUMBER 3960290  
 RANK Pvt. ORGANIZATION Co. I 26th Inf.

2. Disinterred (date): November 7th 1921 From (give complete location): Grave 26. American Cemetery, G.R.S. Code # 84, Allerey, Saone et Loire, France.

By: Group 2 Unit Section 4.

3. Reburied (date): June 21 1922 In (give complete location): Gr. 30 Bk. A Row 23

By: Group Reburial Unit Casket & shipping case  
 Nature of reburial

4. Report as to nature of original burial and condition of body upon disinterment:  
Buried in uniform and wooden box, Body badly decomposed, recognition impossible.

5. (a) Identification tags: Buried with body? Yes. On grave marker? Yes.

(b) Other means of identification found upon disinterment, and general remarks:  
No effects found.

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

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

(b) Weight (estimated) Unable to determine.

(c) Hair—Color None.

Quantity None.

Characteristics None.

(d) Hair on face—Color None.

Location Unable to determine.

Quantity

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

(f) Wounds or missing parts (received at time of casualty)  
Autopsy on head.

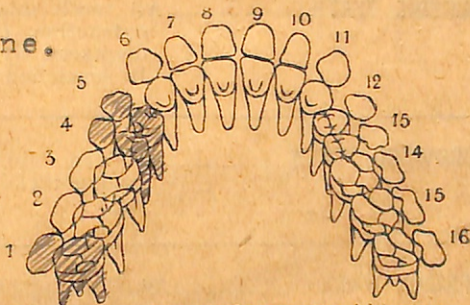
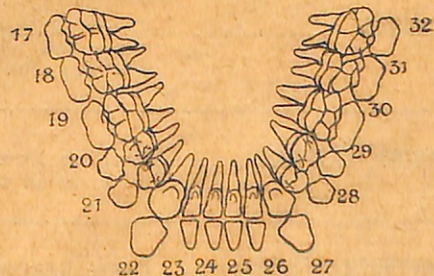


Diagram represents the mouth wide open



Nos. 1, 4, 5, Missing after death.

7. Disinterment supervised by

J. E. Benson  
 J. E. BENSON, the.

Approved: D. E. Lowry nem  
 (Title) 1st Lt. Q.M.C.

8. Re-burial supervised by






H. L. Kramer  
 H. L. Kramer

Approved: A. E. Dewey  
 (Title) 1st Lt. QMC

## INSTRUCTIONS FOR THE PROPER COMPLETION OF G. R. S. FORM NO. 16-A

Enter information, as noted below, on reverse side of sheet in the *corresponding numbered space*. This form is supplemental to and is to be forwarded with G. R. S. Form 1-a, reporting reburial locations. To be used in answer to Question 26, Form 114, in case no means of identification on body.

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.
2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
3. Give date and accurate information as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.
5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".  
(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No 6.
6. Give all information as to body description and dental chart as nearly correctly as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspid (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

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





f 120 to Hdt. 11-10-20 hof

File no. 50326

LOCATION INDEX CARD

(a) Name GHAON, Frank  
(b) Rank ...  
(c) Date of death 10-28-18

REGISTRATION CARD - (Check Reg. Card and actual location)

(a) Grave No. ...  
(b) Name, Address ...  
III. List of soldiers dying from contagious diseases

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

Following advice forwarded to Bureau by cable on 10-30-18  
(letter of transmittal on 1-30-19)

Form is forwarded to A.S. Hobson, N.Y.  
OCT 27 1920

VII. OUTSTANDING REQUESTS  
Date of relationship and source

Form is received from A.S. Hobson, N.Y.

WAR DEPARTMENT  
CIMITERIAL DIVISION, GRAVES REGISTRATION SERVICE  
FLIER #5, HOBOKEN, N.J.

84 - 51. ✓

November 9th, 1920.

File No. 293.8 Cor.Br., Cem.Div.  
(Chaon, Frank )

Mr. Xavier Chaon,  
Gary, So.Dak.

Dear Sir:-

Mrs. Emma Trageser, Antelope, Mont., has requested that the body of her late brother, Private Frank Chaon, Company I, 26th Infantry, Serial Number 3960290, be left in France. It is necessary that you, as oldest brother of the late soldier, inform this office whether you concur in her request, and if not, it is your privilege to direct that the body be returned to the United States and shipped to you or interred in the National Cemetery at Arlington, Virginia.

Your early attention to this matter will be greatly appreciated.

By authority of the Quartermaster General:

R. E. SHANNON,  
Captain, Q.M.Corps.  
Officer in Charge.

BY:

*Clay S. Worick*  
CLAY S. WORICK,  
Captain, A.G.D.

Nov, 20-1920

Mr. Xavier Chaon called at my office and asked me to write for him that he concurred in his sisters request that their brother Frank Chaon, private, be left in France.

Yours Truly  
John C. Eakin  
Atty at Law  
Gary, S.D.

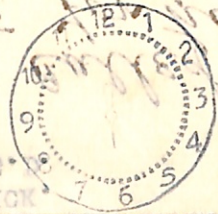
GENERAL DIVISION



NOV 25

1111 80-1150

GENERAL DIVISION  
OVERSEAS PROJECT SECTION



OFFICE OF THE  
GENERAL DIVISION

BY:

NOV 27 1920  
RECEIVED

OFFICE IN CHARGE  
OFFICER IN CHARGE  
M. E. SHANNON

RE: [Illegible]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

(Illegible)

[Illegible text]

[Illegible text]

18 - 21

[Illegible text]

November 9th, 1920.

File No. 293.8 Cor.Br., Gen.Div.  
(Chaon, Frank )

Mr. Xavier Chaon,  
Gary, So.Dak.

Dear Sir:-

Mrs. Emma Trageser, Antelope, Mont., has requested that the body of her late brother, Private Frank Chaon, Company I, 26th Infantry, Serial Number 3960290, be left in France. It is necessary that you, as oldest brother of the late soldier, inform this office whether you concur in her request, and if not, it is your privilege to direct that the body be returned to the United States and shipped to you or interred in the National Cemetery at Arlington, Virginia.

Your early attention to this matter will be greatly appreciated.

By authority of the Quartermaster General:

R. E. SHANNON,  
Captain, Q.M.Corps.  
Officer in Charge.

*noted*  
*11-10 BT.*

BY:

*M.M.M*

CLAY S. WORICK,  
Captain, A.G.D.

*f.f.*

EC/ama

Mailed-O.P.D.  
NOV 10 1920

*Suspend 1/27*

AUG 6 1920  
84--51

*Rush Answer*

FROM: Chief, Graves Registration Service, Q.M.C.  
TO: Mr. Xavier Chaon, Gary, So. Dak.  
SUBJECT: Remains of Pvt. Frank Chaon, - 3960290- Co. I. 26th, Inf.

The records of this office show that you have requested that this body not expressed your wish as to disposition of the remains. *no change over*

**"Remain in France." wish of sister.**

If these are not the correct instructions, please correct them. Make corrections on reverse side of this sheet.

The nearest relative may choose between, (1) return of the body to any address in the United States; (2) interment in Arlington, Va., or any other National Cemetery; or (3) remain in Europe.

By authority of the Quartermaster General:

CHARLES C. PIERCE,  
Major, U.S.A.

If all blank spaces below are not filled out, it will necessitate a return of this paper and a SERIOUS DELAY in the shipment of this body. State in each case WHETHER these relatives are STILL LIVING.

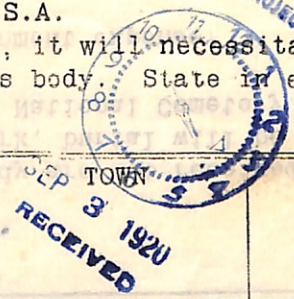
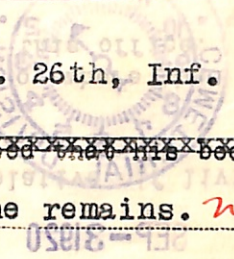
NAME OF	NO. & STREET	TOWN	STATE
Soldier's Widow	<i>no</i>		
Soldier's Children	1.		
(Name oldest first)	2.		
	3. <i>no</i>		
Father	<i>no</i>		
Mother	<i>no</i>		
Brothers	1. <i>Xavier J. Chaon</i>	<i>Gary</i>	<i>So Dak.</i>
(Name oldest first)	2. <i>August Chaon</i>	<i>Canton</i>	<i>So Dak.</i>
	3. <i>Albert Chaon</i>	<i>Gary</i>	<i>So Dak.</i>
Sisters	1. <i>Josephine Leeland</i>	<i>Manfuron</i>	<i>Canada</i>
(Name oldest first)	2. <i>Emma Trager</i>	<i>Collinswood</i>	<i>Miss</i>
	3. <i>Maie Hermer</i>	<i>Conroy</i>	<i>Miss</i>
	<i>Blanche Smith</i>	<i>Manfuron</i>	<i>Manfuron</i>
	<i>Jane Andrew</i>	<i>Manfuron</i>	<i>Manfuron</i>

Date *Aug 31* Signature *Xavier Chaon*

Address *Gary So Dak* Relationship *Prather*

IMPORTANT: - CAREFULLY read instructions before filling out this paper. (OVER)

*2nd copy*



*Noted 11/15-20 E*

1920.

CENTRAL DIVISION



NOV 13 20

I, the undersigned, am the \_\_\_\_\_ and nearest living relative of the within  
(Relationship)

named soldier, and desire the following disposition of his remains, viz:  
(Strike out all except the one showing the disposition desired).



1. As stated on first page of this sheet.

2. To be returned to the U.S. and shipped to \_\_\_\_\_  
(Name)

(R.R. Station)

(State)

3. To be returned to the U.S. and buried in \_\_\_\_\_ National Cemetery.

4. To remain in Europe, for burial in a permanent American Cemetery. *To Remain in France*

Signature Xavier Chauvin

INSTRUCTIONS FOR FILLING OUT

1. If definite instruction as to the disposition of a body are not received from the nearest relative within 2 weeks of its arrival at New York, burial will be made without further notice in the World War Section of Arlington National Cemetery.

2. The transfer of bodies will be made ENTIRELY at Government expense.

3. This paper MUST BE SIGNED BY THE PERSON WHO IS THE NEXT of kin IN THE ORDER shown in the square on the other side of this sheet.

4. This paper must be returned showing the name and address of each of the nearest living relatives in the spaces provided therefor on the other side of this sheet.

5. If there are minor children of the deceased soldier and no widow, the LEGALLY APPOINTED GUARDIAN of the children should ascertain their wishes and act for them in this matter.

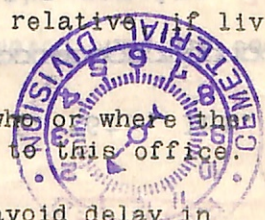
6. If YOU are not the nearest relative, please ask the nearest relative if living near you, to fill out this paper.

7. If YOU are not the nearest living relative and do not know who or where the nearest relatives are, please fill out this paper AT ONCE and mail to this office.

8. You are requested to return this paper AT ONCE in order to avoid delay in the case of this body.

9. Use the enclosed envelope - pay no postage.

SEP-31920



WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY  
GRAVES REGISTRATION SERVICE  
WASHINGTON

84 - 51

FROM: Chief, Graves Registration Service, Q.M.C.

TO: Mrs. Emma Trageser, Antelope, Mont.

SUBJECT: Remains of Pvt. Frank Chaon.

JUL 21 1920

Rush Answer

The records of this office show that you have requested that his body be

Remain in France.

If these are not the correct instructions, please change them. Make changes on reverse side of this sheet.

The nearest living relative may choose between, (1) return of the body to any address in the United States; (2) interment in Arlington, Va., National Cemetery; or (3) remain in France.

By authority of the Quartermaster General:

CHARLES C. PIERCE,  
Colonel, U.S. Army.

*Noted #115  
116-2022*

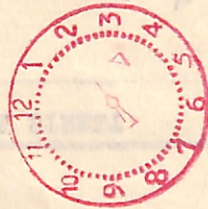
NAME OF	NO. & STREET	TOWN	STATE
Soldier's Widow	<i>Soldier was not married</i>		
Soldier's Children	1.		
(Name oldest first)	2.		
	3.		
Father	<i>not living</i>		
Mother	<i>not living</i>		
Brothers	1. <i>Xavier Chaon, Gary, So. Dak.</i>		
(Name oldest first)	2. <i>August Chaon Canton So. Dak.</i>		
Sisters	<i>Emma Trageser - Antelope, Mont.</i>		
	<i>Josephine Leland - Minerva, Canada</i>		
	<i>Ruelea Klumachmidt - Antelope, Mont.</i>		
Date	<i>7-24-20</i>	Signature	<i>Emma Trageser</i>

The transfer of bodies will be made entirely at Government expense.

Address Antelope, Mont. Relationship Sister

Note:- Instructions on the reverse side of this sheet should be carefully read before filling out this paper.

RECEIVED



JUL 27 1920

G. H. S.

INSTRUCTIONS FOR FILLING OUT

1. This paper **MUST** be signed by the person who is the **NEXT** of kin in the order shown in the square on other side of this sheet.
2. This paper must be returned showing the name and address of each of the nearest living relatives in the spaces provided therefor on the other side of this sheet.
3. If there are minor children of the deceased soldier and no widow, the legally appointed guardian of the children should ascertain their wishes and act for them in this matter.
4. If **YOU** are not the nearest relative, please ask the nearest relative, if living near you, to fill out this paper.
5. If **YOU** are not the nearest living relative and do not know who or where the nearest relatives are, please fill out this paper **AT ONCE** and mail to this office.
6. You are requested to return this paper **AT ONCE** in order to avoid delay in the case of this body.
7. Use the enclosed envelope - pay no postage.

587226

# GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

*Chaon 3960290 Frank*  
(Surname.) (Number.) (First Name and Initials.)

*Pvt. Co D 26<sup>th</sup> Infantry*  
(Rank.) (Organization.)

DATE OF BURIAL *Oct 24 1918*

PLACE OF BURIAL *R. C. T. Cemetery #84*

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

*Alleray*  
*Saone et Loire*

GRAVE NUMBER *See # 207*

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

IDENTIFICATION TAGS:  
Was one buried with body?   
Was one fastened to name peg or stake used as a grave marker?   
If name unknown and tags missing, description and marks should be given here:

REPORTED BY:  
*Captain J. B. Archam B.H. 25*  
(Signature and Rank of Reporting Officer.)

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



CEMETERIAL DIVISION  
REGISTRATION SECTION~~September 20~~ **FILE** 1921

MEMO FOR:

Cards Department.

1.

CASE OF:

Co. I 26th Inf.

ORGANIZATION (Old)

CHAON 3960290 Frank

(Name)

Pvt.

Correction or additional data changes as shown below have been made on the Registration Card of the above-mentioned soldier and a corresponding change will be necessary on the Organization Card:

ORGANIZATION (New)

FILE NO.

SURNAME

SERIAL NUMBER

FIRST NAME AND INITIALS

RANK

DATE OF DEATH

CAUSE OF DEATH

	Date	Place	F-1A No.
Orig.			D-
1st Reb.			D-
2nd Reb.	11/23/20	84	D- 30110
3rd Reb.			D-

(Note: In the above spaces below double line fill in ONLY the new data and data correcting previous information)

BY: Miss LannonCard.  
(Department)5 x 8 card was sent to file.

Corrections made  
on Organization  
File Card:

By WJC

S/1105/LML

OCT 14 1920

WAR DEPARTMENT  
Office of the Quartermaster General of the Army  
Washington.

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

Date 10/12/20.

File No. 58226 Registration.

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

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

Subject: Information required for G.R.S.

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

- a. Surname Chaon, OK
- b. Christian name Frank. - OK
- c. Serial Number 3960290 OK
- d. Organization Co. I, 26th Inf. OK
- e. Rank Pvt. OK
- f. Date of death 10/23/18. OK
- g. Cause of death Bronco pneumonia. OK
- h. Authority (C.C.#) 327 OK
- i. Emergency address Antelope, Mont. *Wisconsin, Traders*
- j. Relationship (sister)

BODY DESCRIPTION

(See page #2 of the Service Record)

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

DENTAL CHARTS

(See Physical report of examination prior to enlistment)

- a. Strike out teeth missing
- |   |   |   |   |   |   |   |   |             |   |   |   |   |   |   |   |  |            |
|---|---|---|---|---|---|---|---|-------------|---|---|---|---|---|---|---|--|------------|
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RECEIVED  
OCT 16 1920

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

CEMETERY NO: 84

BY:

SHEET NO: 51.  
TYPED BY: pln.

*H. J. Conner*  
H. J. CONNER,  
~~Captain, Q.M.G.~~  
1st Lieut. Q.M.G.

8-713/MB Donnelly, Prov. M. W.  
Enl. Per Sec 79.7  
10/14/20

*pln*

0-1/2/20

DATE: 10/16/20  
TIME: 01:00  
OFFICE: 00

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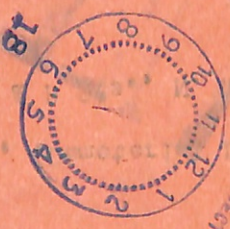
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(see page 10 of the related report)  
TOTAL DISBURSEMENTS

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GENERAL INVESTIGATION  
SECTION

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58226

201. 201. Chaon Frank M. 2nd Ind. (4.20.19) WJA/nj.

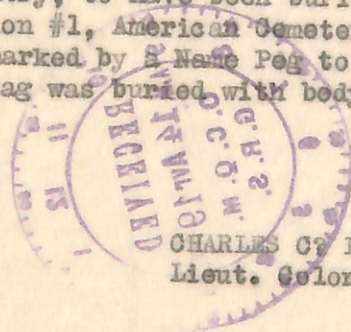
Central Records Office, A.G.D., A.P.O.#902. A.E.F., April 9th, 1919 - to the Chief, Graves Registration Service, A.P.O.#717, requesting that this office be furnished with information as to the burial of Private Frank M. Chaon.

The records of this office show above mentioned soldier to have died of disease in Base Hospital #56, October 23rd, 1918.

W.A. WOODLIEF.  
Adjutant General.

3rd. Ind. ACL/RH  
Chief, Graves Registration Service. Hq., S.O.S. Amer. E.F. Apl. 15.1919.  
To : Central Records Office. A.G.D. A.P.O. 902. A.E.F.

Returned. Records of this office show Pvt. Frank M. Chaon, #396029, Co."I". 26th. Infantry, to have been buried October 24, 1918, in Grave #207, Section #1, American Cemetery Allerey, Dept. Saone et Loire. Grave is marked by a Name Peg to which is attached one identification tag; one tag was buried with body.



CHARLES C. PIERCE.  
Lieut. Colonel. Q.M.C. USA.

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1st Lt. Colonel. G.M.C. USA.  
CHARLES G. PIERCE.

RECEIVED  
14 Apr 19  
O. C. Q. M.  
G. R. S.

attached one identification tag; one fog was damaged with 1 page.  
Dept. Stone of Loire. Grave is marked by a stone left to which is  
October 24, 1919, in grave #307, section #1, situated Cemetery Allerey,  
M. Chamon, #338023, Co. "I", 24th. Infantry, to have been buried  
returned. Records of this office show Pvt. Frank

To : General Records Office, A.G.D., A.P.O. 303, A.E.F.  
Chief, Graves Registration Service, Hqs. S.O.S. Amer. Exp. Adj. Bn., 19, 1919.  
3rd. Ind. VOI/EM

Adjutant General,  
M. A. 30 CENTRE.

have died or disease in case hospital #89, October 23rd, 1919.  
The records of this office show above mentioned soldier to

Private Frank M. Quinon.  
This office is furnished with information as to the burial of  
Chief, Graves Registration Service, A.P.O. #111, indicating that  
Central Records Office, A.G.D., A.P.O. #203, A.E.F., April 24th, 1919 - to the

Sgt. Sgt. Chamon Frank M. 3rd Ind. (#.30.12) MVA/mj.

28/1/19

ANTELOPE TELEPHONE COMP NY Inc.

Antelope, Montana.  
Jan. 6. 1919.

58226

Captain Co. I.  
335th. Infantry.

Dear Sir.

I take the liberty of writing you for information regarding the fate of a member of your Company, Private Frank M. Chaon, on December 27th. we received a message stating that he had died October 23rd. of Broncho-Pneumonia.

Can you give us any other information regarding same, would like to know if possible where he is buried and any other information regarding his fate, would be much appreciated.

If you are not in position to give me the above information can you advise me whom to apply to for same.

Thanking you for anything you can do in this matter ,

I remain,

Respectfully,

G. E. Kleinschmidt.

Brother inlaw of deceased.

1st. Ind.

C.O. Co. I. 1st. Prov. Regt. A.E.C. Camp D'Auvours, France. A.E.F.  
A.P.O. 762. Jan. 29th. 1919, To - Central Records Office, A.E.F. APO. 902.

1. Forwarded for compliance with request of G. E. Kleinschmidt.

Claude C. Burns.  
1st. Lt. Inf. U.S.A.  
Comdg. Co. I.

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

FILE NUMBER 58226

DATE:

FROM:-

Please furnish information as indicated below regarding the following soldier:

NAME Chaon, Frank, M.

NUMBER

RANK *priv.*

ORGANIZATION

NO.	QUESTION	ANSWER
1.	Do particulars of soldier given above agree with Records?	<input checked="" type="radio"/> Yes 396029 COL 264
2.	Date of Death.	<input checked="" type="radio"/> 10-23-18
3.	Cause and place of death.	<input checked="" type="radio"/> B. Pneumonia
4.	Number of Casualty Telegram	
5.	Date buried.	A# 327
6.	Grave Location (a) Complete record required (b) Name of Cemetery or location only required	<input checked="" type="radio"/> 10-24-18
7.	Who reported burial:	city #84 ex #207 sec #1 at
8.	Has report been confirmed by G.R.S.	amer. cemetery (Saone-E Loire)
9.	Report as to Grave Marker.	
10.	Report as to Identification Tags.	<input checked="" type="radio"/> Yes
11.	Who is nearest relative?	
12.	Has N/R been notified? (Give Date)	<input checked="" type="radio"/> in reply
13.	Report the exact location of your inquiry on this case. (Reply in all cases if no information on record).	<input checked="" type="radio"/> One with body, one of my name marker
14.	What is the Photograph No.	

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

Mrs. Emma Trajeser (Sister)  
Antelope, Mont.

*4-14-19*  
*[Signature]*

Yes 12-23-18