

244

To The A. G. O.

6699

G.R.S. Form #114-B

MAY 14 1928

FULL NAME CHAPPLE, William

RANK Pvt 1/c SERIAL 1870094

DIVISION & ORGANIZATION MG Co, 371st Inf. 93

DATE OF DEATH Oct 4, 1918

STATE FROM WHICH HE CAME S.C.

MEDALS OR DECORATIONS AWARDED. none

FINAL GRAVE LOCATION 19 30 D
Date Grave Row Block

Meuse Argonne, #1232

Robert O. Davis,
Major General,
The Adjutant General.

By RVR
MAY 18 1928

.....
Cemetery

MAY 15 1928
WORLD WAR DIV.

0000

12 | 11 | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1
 Received
 MAY 19 26
 M & R BRANCH
 O.Q.M.G.

20

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Chapple
Chapple, (1870094) William.
(Surname.) (Number.) (First Name and Initials.)

Pvt. Co. B. 371 Inf.
(Rank.) (Organization.)

DATE OF BURIAL. Oct 6, 1918.

PLACE OF BURIAL. Military Cemetery.

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

Military Cemetery. A.U.V.E.
France.

GRAVE NUMBER. 459

HOW MARKED: Name Peg? Cross? Yes.

Headboard? Bottle?

IDENTIFICATION TAGS:

Was one buried with body? Yes.

Was one fastened to name peg or stake used as a grave marker? Yes.

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

REPORTED BY:

J. T. Stana
1st Lt. A.G.O.

(Signature and Rank of Reporting Officer.)

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

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Chapple 1870094 William
(Surname.) (Number.) (First Name and Initials.)

Private Co. B. 371
(Rank.) (Organization.)

DATE OF BURIAL. Oct 6, 1918

PLACE OF BURIAL. A.U.V.E.

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

*French Military Cemetery 250 yds
East of Evacuation Hospital
at Auve Marne Dept.*

GRAVE NUMBER. 459

HOW MARKED: Name Peg? Cross? Peg

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:

Wm. J. Trauson
1st Lt. Chaplain 52 C.A.C.

(Signature and Rank of Reporting Officer.)

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

Place Auve (Marne) France.

REPORT OF DISINTERMENT AND REBURIAL

Date April 30, 1921.

1. REMAINS OF CHAPPLE, William SERIAL NUMBER 1870094
RANK Pvt. ORGANIZATION Co. M, 371st Inf.

2. Disinterred (date): April 30, 1921. From (give complete location): Gr. 16, Row 1;
French Military Cemetery (American Plot), Auve (Marne) France; G.R.S. Code No. 266.

By: Group 4 Unit Section No. 4

3. Reburied (date): April 30, 1921. In (give complete location): Gr. 17, Row 1;
French Military Cemetery (American Plot), Auve (Marne) France; G.R.S. Code No. 266.

By: Group 4 Unit Section No. 4 Nature of reburial Wooden box;
burlap, with
bottle and metal strip.

4. Report as to nature of original burial and condition of body upon disinterment :
Buried in hospital sheet; body badly decomposed; recognition impossible.

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

(b) Other means of identification found upon disinterment, and general remarks :
This body found under cross No. 16, Row 1, reading: "Adam Mitchell, Pvt., Co. B,
371st Inf. (1872380)." Proper cross of this body, No. 17, reads: "William
Chapple, Pvt., Co. M, 371st Inf. (1870094). French hospital tag No. 459 found
with body, which checks with French hospital records furnished by Mayor of Auve.
No effects found.

6. What does examination of body show as regards the following identifying items ? No. 3 - Missing after death. Nos. 4,5,13,18,19,29, 30,31 - Missing before death.

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

(b) Weight (estimated) -

(c) Hair—Color -

Quantity -

Characteristics -

(d) Hair on face—Color -

Location -

Quantity -

(e) Permanent marks on body (old scars, peculiarities, or missing parts) Unable to determine.

(f) Wounds or missing parts (received at time of casualty) Unable to determine.

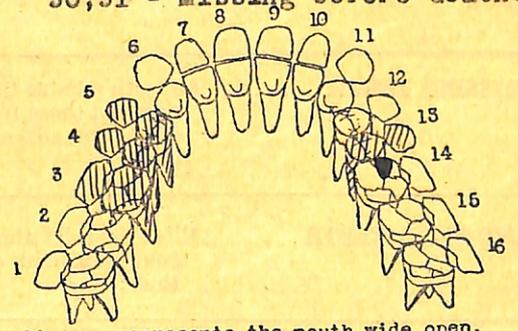
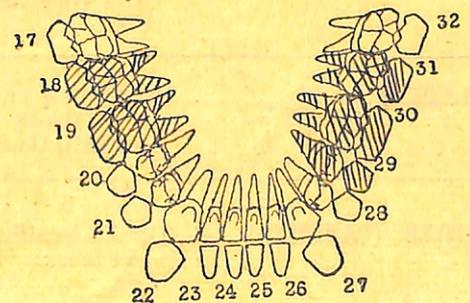


Diagram represents the mouth wide open.



No. 14 - Cavity.

7. Disinterment supervised by W. C. RAPINE RB

Approved: G. B. Kidwell
G. B. KIDWELL,
(Title) 1st Lt., Q.M.C. gvc

8. Reburial supervised by W. C. RAPINE

Approved: G. B. Kidwell
G. B. KIDWELL,
(Title) 1st Lt., Q.M.C. gvc

2-58716

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

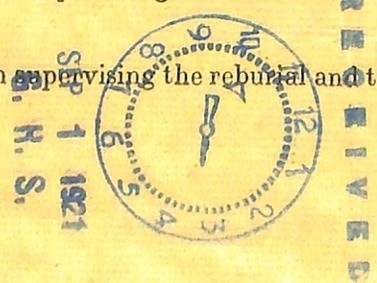
Enter information, as noted below, on reverse side of sheet in the *corresponding numbered space*. This form is supplemental to and is to be forwarded with G. R. S. Form 1-a, reporting reburial locations. To be used in answer to Question 26, Form 114, in case no means of identification on body.

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 TEETHAll teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus :	
CROWNED TEETHBlock in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus :	
BRIDGE WORKBlock in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :	
FILLINGSDraw 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.



CODE SLIP



HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	<i>Chapple</i>	3	381
Wm. BURIED	CEMETERY <i>1232</i>	1	1
	GRAVE <i>19</i>	2	19
	ROW <i>30</i>	2	30
	BLOCK <i>10</i>	1	4
STATE	<i>S. C.</i>	2	46
RANK	<i>Priv. 1cl</i>	1	2
DIVISION	<i>93</i>	2	93
ORGANIZATION	<i>371</i>	3	371
ARM	<i>Inf.</i>	1	1
MARITAL	<i>widow dead (yes)</i>	1	1
NAME		3	
RESIDENCE #	STATE	2	
	COUNTY	2	
	CITY	3	
RELATION	<i>Widow</i>	1	5
OTHER	<i>mother dead</i>	1	
ELIGIBILITY	<i>Dead</i>	1	6
NATIVITY		1	
RACE	<i>Black</i>	1	2
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE		1	
29/514			

audited
MAR 17 1932

UD

C 86 071 Chapple, Wm. (1232)

Widow dead - Gdn of Children - D.B.Massey, RFD 5 Chester S.C.

Mother ? no record

It is believed that the
Vet. had no relatives except his
widow + 2 children
N.B. Massey is his father-in-law

Charles Wm 86071

w. dead. (2 kids), 1232

address of m not given

father in law (+ grand of rts child)

= Daniel B. Massey

P. F. D. #5 Chesters. c

212587 - Rate 57.6

RECEIVED
EXAMINATION SECTION NO.

MAY 12 1930

AWARDS DIVISION

EX. 213

January 22, 1931

QM 293 A-M
Chapple, William Pvt. 1el 1232

Mr. Daniel B. Massey,
R. F. D. #5,
Chester, South Carolina.

Dear Sir:

In order that the records of this office may be complete and correct, it is requested that you advise whether or not the late Private, first class, William Chapple is survived by his natural mother, 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,

R. E. SHANNON,
Captain, Q. M. Corps,
Assistant.

Enclosure:
Envelope
RE

RE

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Chappell, William 1232 Gdn

July 8, 1930

Mr. Daniel B. ^AMessey
Route 5, Chester, S. C.

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.

*Mr. Daniel B. Massey,
and Mr. Paul Hemphill
Sgt. - Adm. - of Child, James -
Rt. 5, Chester, S.C.*

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

DATE January 16, 1930

NAME RANK SERIAL ORGANIZATION DATE OF DEATH
Chapple, William Pvt. 1/c 1870094 MG Co. 371st Inf. Oct. 4, 1918

STATE South Carolina CTY. NO. 1232 GRAVE 19 ROT 30 BLOCK D

NAME AND ADDRESS	Check relationship	Living - Deceased		
		Living	Deceased	
	MOTHER *	:	:	:
	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)	:	:	:
	<i>Veteran was widower</i>	:	:	:

Veterans Bureau Claim Number XC-86071

29/156/
File searched 1-25-30 * Name & add. of mother unknown

*1/22/30 nothing new
RTP 1/2/30*

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

(Chapple, William)

June 29, 1929.

Mr. D.B. Massey,
R.F.D. #5, Box 54,
Chester, S.C.

Dear Sir:

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

The records of this office show that you are the father-in-law of the late Private William Chapple, MG Co., 371st Inf., whose remains are now interred in the Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon, Meuse, France.

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

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

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

For The Quartermaster General,

Very truly yours,

2 incls.
Act of Congress.
Envelope.

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

January 22, 1931

QM 293 A-M
Chapple, William Pvt. lcl 1232

Mr. Daniel B. Massey,
R. F. D. #5,
Chester, South Carolina.

Dear Sir:

In order that the records of this office may be complete and correct, it is requested that you advise whether or not the late Private, first class, William Chapple is survived by his natural mother, 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,

R. E. SHANNON,
Captain, Q. M. Corps,
Assistant.

Enclosure:
Envelope
RE

1931 JAN 25 PM 7 38
DISPATCHED

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Chapple, William 1232 Gdn

July 8, 1930

Chapple, William

Mr. Daniel B. Mossey
Route 5, Chester, S. C.

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
Chapple, Wm.
1232.

Sept. 4, 1929

Mr. D. B. Massey,
R. F. D. #5, Box 54,
Chester, S. C.

Dear Sir:

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,

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

(Chapple, William)

June 29, 1929.

Mr. D.B. Massey,
R.F.D. #5, Box 54,
Chester, S.C.

Dear Sir:

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

The records of this office show that you are the father-in-law of the late Private William Chapple, MC Co., 371st Inf., whose remains are now interred in the Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon, Meuse, France.

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

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

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

For The Quartermaster General,

Very truly yours,

2 incls.
Act of Congress.
Envelope.

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

In reply refer to:
293.8 C-R #44051

January 25, 1923.

Mr. Paul Hemphill,
R. F. D. #5,
Chester, S. C.

Dear Sir:

The Quartermaster General desires that you be informed that the permanent grave of the late Private 1/c William Chapple, M. G. Company, 371st Infantry, is Grave 19, Row 30, Block D, Meuse-Argonne American Cemetery, 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.

MAILED

Very truly yours,

JAN 25 1923

H. J. Conner,
Assistant.

G.R.S.

22/1423/ARK

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

In reply refer to:
293.8 C-R #44051

January 10, 1923

Mr. Daniel B. Massey,
R. F. D. #5,
Chester, S. C.

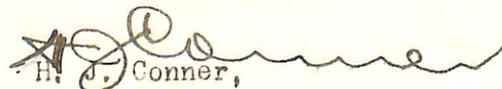
Dear Sir:

The Quartermaster General desires that you be informed that the permanent grave of the late Pvt. 1/c. William Chapple, M. G. Co., 371st. Infantry is Grave 19, Row 30, Block D, Meuse-Argonne American Cemetery, 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,


H. J. Conner,
Assistant. *h*

Chapple

Chapple

(Surname.)

William

(Christian name in full.)

1,870,094

(Army serial number.)

Pvt. 1st M. G. Co ~~N.~~ 371 Inf.

(Rank and organization.)

State your relationship to the deceased

Father in Law

Do you desire the remains brought to the United States?

No 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:

m (Name of person to receive remain's.)

(Express office.)

(Telegraph office.)

Charles SC

(Number and street.)

(City or town.)

(State.)

(Sign here)

*155 cemetery St Charles SC
don't no any one else of his Relatives*

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

Drawn by H. R.

266 + 12

1-11-21

checked
1-12-21
m m

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
WASHINGTON

2-4756

Memorandum for

Mr. Daniel B. Massey.
P. O. D. 5,
Chester, S. C.

Guardian of child
Wm. Henry Chapple.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

In reply refer to:
293.8 C-R # 44051

Dec. 1, 1922.

Mr. D. B. Massey,
R.F.D.# 5, Box 54,
Chester, S. C.

Dear Sir:

The Quartermaster General desires that you be informed that the permanent grave of the late William Chapple, Pvt. 1/c, M. G. Co., 371st Infantry, is Grave 19, Row 30, Block D, Meuse-Argonne American Cemetery, 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,


H. T. CONNER,
Assistant. w

In reply refer to:
293.8 C-R

File

44051

Dec. 1, 1922.

Mr. D. B. Massey,
R. F. D. # 5, Box 54,
Chester, S. C.

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

the late William Chapple, Pvt. 1/c, M. G. Co.,
371st Infantry, is Grave 19, Row 30, Block D, Meuse-Argonne American
Cemetery, Romagne-sous-Montfermeil, Department of Marne, France,
to be maintained by this Government in Europe. Each grave will
be marked by a headstone of white marble, of suitable design,
with name, rank, organization, date of soldier's death and State
from which he came. The headstones will be placed at all graves
in connection with the improvement work now in progress, as soon
as possible and without waiting for special action or request on
the part of relatives.

In effecting removal, the utmost care and reverence were
exactd and more than willingly accorded by those performing this
sacred duty. The grave of the deceased will be perpetually main-
tained by this Government in a manner befitting the last resting
place of our heroes.

Very truly yours,

MAILED

DEC 2 1922

H. J. CONNER,
Assistant.

G.R.S.

22/1281/ARK

*hs
707*

DATE 10/24/21

1. NAME CHAPPLE, William SERIAL No. 1870094

RANK Pvt. 1cl ORGANIZATION M.I. Co. M, 371st Inf.

GRAVE LOCATION Fr. Military Cty. Amer. Plot, Auve (Marne) #266

CTY. NAME NUMBER

17 GRAVE 1 ROW Amer. PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION Not known

GRAVE COMMUNE DEPT.

COORDINATES nothing of record

CONCENTRATED TO Not known

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.

SUBSEQUENT REBURIALS

DATE GRAVE ROW PLOT CEMETERY

wk

DATE GRAVE ROW PLOT CEMETERY

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

3. FINAL GRAVE LOCATION 10/24/21 19 GRAVE 30 ROW D Block PLOT

AUDITED BY

M. M. E. 10-26-22

Meuse Argonne American Cty 1332, Romagne sous Montfaucon CEMETERY

INSTRUCTIONS FOR PREPARATION OF FORM 114 B

1. Forms 114-B are to be prepared by Registration Branch in quadruplicate, three copies to be forwarded to Area Supervisor who will accomplish paragraph 2 and return all three copies to Headquarters, American Graves Registration Service.

2. Paragraphs 1 and 3 will be accomplished by Registration Branch, Headquarters, American Graves Registration Service, Q.M.C., in Europe.

3. Paragraph 2 will be accomplished by Area Supervisor from data on file in his office.

4. If data is entered on Form 114-B from Form 1, Form I6, Form 1-A or Form 16-A, statement to this effect will be made on Form 114-B STATING WHICH G.R.S. form data is taken from. If data concerning co-ordinates is approximate and NOT accurate, statement to this effect will be made on these forms.

Place Auve Hayne

REPORT OF DISINTERMENT AND REBURIAL

Date Sept. 15, 1921

1. REMAINS OF CHAPPLE, William. SERIAL NUMBER 1870094

RANK Pvt. 1cl ORGANIZATION Mk Co. M. 371st Inf.

2. Disinterred (date): Sept. 15, 1921. From (give complete location): Gr. 17, Row 1, Pl. Ap. Cem. 266.

By: Group ONE Unit FS3.

3. Reburied (date): Oct. 24, 1921 In (give complete location): Meuse-Argonne Cty. #1232 Gr. 19, Bl. D, row 30.

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

4. Report as to nature of original burial and condition of body upon disinterment: Pine box and burlap, badly decomp. recog. imp.

5. (a) Identification tags: Buried with body? yes On grave marker? no
(b) Other means of identification found upon disinterment, and general remarks: Bottle record found on body reads "No effects found, iden. by disc on body."

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

(a) Height (actual measurement) Package intact, body not disturbed.

(b) Weight (estimated) _____

(c) Hair—Color _____

Quantity _____

Characteristics _____

(d) Hair on face—Color _____

Location _____

Quantity _____

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

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

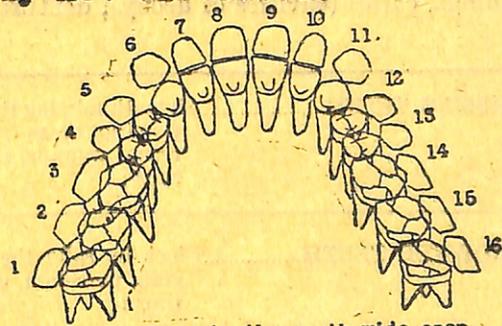
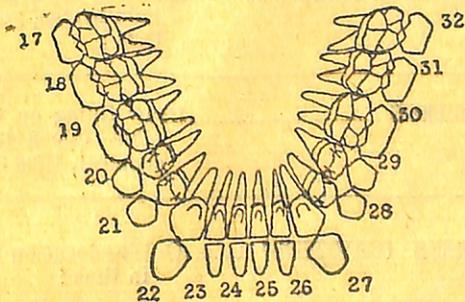


Diagram represents the mouth wide open.



D-60328

7. Disinterment supervised by T. P. Madine

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

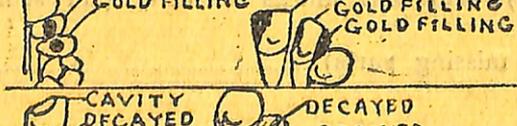
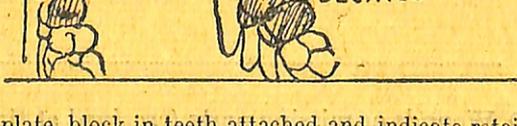
8. Reburial supervised by A. U. DUFALT

Approved: JAMES W. YOUNGER
(Title) JAMES W. YOUNGER, CAPT., Q. 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), bicuspid (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

MISSING TEETHAll teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus :	
CROWNED TEETHBlock in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus :	
BRIDGE WORKBlock in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :	
FILLINGSDraw filling on tooth accurately as possible (block in and label gold, silver, cement), thus :	
CARIES (CAVITIES)Outline location and size of cavity, shade in thus :	
DENTURES (PLATES)Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."	

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

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



To be prepared in triplicate.

DATE Sept 15-21

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 CHAPPLE, William

10. Name

2. No. 1970094

11. No.

3. Rank Evt. 1st

12. Rank

4. Org. Co. # 371st Inf.

13. Org.

5. D.D. Oct. 4th

14. (a) D.D.

6. C.D. DOM

(b) D.B.

Discrepancy found upon disinterment

7. Grave No. 17 Sec.

15. Grave No. Sec.

8. Plot Amer. Row 1

16. Plot Row

9.

17. None

18. Cemetery Fr. Mil. Amer. Plot

19. Commune or town Auve

20. Dept. or County Marne

21. Country France

22. G.R.S. Hdqrs. Code No. 266

23. Disinterred (Date) Sept 15-21

By T.P. Madine

24. Inscription on grave marker:

Name William Chapple

Serial No.

Rank Pvt.

Organization Co. # 371st Inf.

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

Donald H. Stewart
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).

bottle record found on body reads "No effects found identified by disc on body."

27. Condition of body badly decomposed recognition impossible

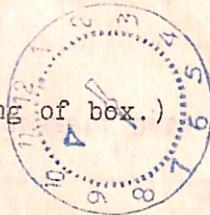
28. Nature of burial burial and pine box.

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

30. Body prepared and placed in casket: Date Sept 15-21 By T.P. Madine

31. Casket sealed by T.P. Madine

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



JUL 28 1922

SHIPMENT. (Show actual marking of box.) Box No. 0-8651

32. Designation of body:

Name CHAPPLE, William Serial No. 1870094

Rank Pvt. Organization Co. M, 371st Inf.

33. Consigned to: **Officer in Charge Operations,**

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

34. Casket boxed and marked (Date) Sept 15-21 By T.P. Madine #1232

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

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

36. Remarks

37. Shipped from point of Operation: (Date) Sept 15-21

To point of Concentration Romagne sous Montfaucon, Meuse.

Convoyer James Flynn Signature Shipping Officer J.P. Blenden 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

Convoyer Signature Shipping Officer

40. Received: Date Sept 16, 1921

G.R.S. Representative Alfred M. ...

41. Reinterred Oct. 24, 1921 Meuse-Argonne Cty. #1232

(Date)

42. Grave No. 19 Section

43. ~~Plot~~ Bl. D Row 30

G.R.S. Representative JAMES W. YOUNGER, CAPT., Q.M.C.

COMPILATION OF DISPOSITION OF REMAINS DATA

File #44051

*1/14/21 In transit for
Mesa Arizone
1232,
1-2-21
aes.*

I. LOCATION INDEX CARD:

(a) Name *ok (1-29-21) "M"* CHAPPLE, William Ser. No. 1870094
(b) Rank *ok (1-29-21) "M"* Pvt. *ok (1-29-21) "M"* Organization *M. G. Co. #* 371st Inf. TYP. *sh*
(c) Date of death 10/4/18 (d) Cause of death DWRIA CKR. *B. J.*

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

(a) Grave No. 17 Row 1 Plot Amer Sec. - TYP. *sh*
(b) Emerg. Address *ok - add (1-29-21) "M"* Mr. D.B. Massey, (Father-in-law), RFD #5, Box #54, *(over)*
Chester, S.C. CKR. *B. J.*

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

IV. A. G. O. DISPOSITION CARD:

Date of receipt *none*
(a) Name *ok-card (1-29-21)* Omitted (b) Relationship *father-in-law*
(c) Address *155 Cemetery St., Chester, S.C.*
(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 *A.P.* Date 1-11, 1920.

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

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

no correspondence

Examiner's Initials *H.P.* Date 1-11, 1920.

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

No request for disposition

(a) Cancellation memos referred to? *Yes P.F.*

Examiner's Initials *P.F.* Date 1-12, 1920.

COUNTRY France CEMETERY No. 266 SHEET No. 12

Concentrated into P. A. C. 1232

CARDED
MAR 8 1922 H. L.

*checked
1-29-21*

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

Typed by _____, Checked by _____, _____ 1920.

RECEIVED BY
MAIL UNIT

JUL 5 1921

VIII. FINAL ACTION:

Following advice forwarded to Europe by { cable on _____, 1920
letter on Jan. 19, 1921, ~~1920~~

Cometarial Division
Project Sub-Section

Par. #2 Not to be returned (R.S.)

IX.

CORRECTIONS

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

X. SUSPENSION REMARKS: B.A. HQ - Mr. Daniel B. Massey & Mr. Paul Kemp hill, as legal guardians of William Henry Chapple (Child) R.F.D. # 5, Chester, S.C. (1-29-21) "M"

286071

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

*Please
rush!*

Harlow C.W.

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

Chapple, William, Pvt.

266 - 12

1/13/21.

SERIAL NUMBER

ORGANIZATION

1870094

Co. M, 371st Inf.

Date of death - 10/4/18.

WAR RISK INSURANCE INFORMATION

Copy fwd. to Ady. Dept.

DATE

1/29/21 "M"

NAME OF BENEFICIARY

RELATIONSHIP

Mr. Daniel B. Massey & Mr Paul Hemphill as legal guardians of

Address

William Henry Chapple

Child

RFD#5, Chester, S. C.

S/709/LML

COMPILATION OF DISPOSITION OF REMAINS DATA

See 115
11-2-21
SES

File #44051

I. LOCATION INDEX CARD:

(a) Name *ok (1-27-21) M* CHAPPLE, William Ser. No. 1870094 TYP. sh
 (b) Rank Pvt. *ok (1-27-21)* Organization *M.G. Co.* 371st Inf. *(1-27-21) M* B.T.
 (c) Date of death 10/4/18 Cause of death DWEIA

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

(a) Grave No. 17 Row 1 Plot Amer Sect. - TYP. sh
 (b) Emerg. Address *ok-add (1-27-21) M* Mrs. D.B. Massey, (Father-in-law), RFD #16, Box #54, (over) Chester, S.C. B.T.

III. Files of soldiers dying from contagious diseases. CKR

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

A. G.O. Card - Name omitted, father-in-law, 155 Cemetery St., Chester, S.C., desires body be not returned.
ARR 3/3/21

V. Following advice forwarded to Europe by - (cable on 192
 (letter of transmittal on 1/19 1921)
Par. #2. Not to be returned. (ARR)

VI. Form 115 forwarded to G.R.S. Hoboken, N.J. MAR 7- 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. *7-5* 1921 *1*

COUNTRY CEMETERY NO. SHEET NO.
 G.R.S. FORM 115-A 266 12
 August 1920
 S-666/MB France

Concentrated into P. A. C. 1232
 MAR 8 1921 7 4

B.A. H.R. - Mr. Daniel B. Massey +
Mr. Paul Hemphill, as legal guardians
of William Henry Chapple (Child)
R. F. D. # 5, Chester, S. C. (1-29-21) "M"

Copy

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

Horlow C.V.

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

Chapple, William, Pvt.

266 - 12

1/13/21.

SERIAL NUMBER

ORGANIZATION

1870094

Co. M, 371st Inf.

Date of death - 10/4/18.

Adjustment Made
FEB 25 1921

WAR RISK INSURANCE INFORMATION

Original attached to 2115.

DATE

1/29/21

File No. "M"

NAME OF BENEFICIARY

RELATIONSHIP

Mr. Daniel B. Massey & Mr. Paul Kempfill as legal
guardians of William Henry Chapple (Child)
R. I. D. # 5, Chester S. C.

S/709/LML

ADJUSTMENT MADE
FEB 10 1921

FROM: ~~Q. Q. M. G.~~
CEMETERIAL DIVISION
Munitions Building
Room 1128

WAR. DEPARTMENT

Office of the Quartermaster General of the
Washington

PLEASE
EXPEDITE

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

Date

File No. Requisition.

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

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

Subject: Information required for G.R.S.

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

- a. Surname Chapple or (Chappell)
- b. Christian name William
- c. Serial Number 1870094
- d. Organization Co. M, 371st Inf.
- e. Rank Pvt.
- f. Date of death 10/4/18.
- g. Cause of death DWRIA.
- h. Authority (C.O.#) 301
- i. Emergency address D. B. Massey (father-in-law)
- j. Relationship P. 28 # 5 Chester, S.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)

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

Donnelly - Lea
EP-1-15-21

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

BY: *H. J. Conner*

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

C.W.
CEMETERY NO: 266
SHEET NO: 12
TYPED BY: I.W.

S/713/LML

Rec'd S & S Div., A.G.O.

JAN 14 1921 6

Rec'd World War Div
Date JAN 14 1921

ADJUSTMENT MADE
FEB 10 1921

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 1/13/21.

File No. Requisition.

From: The Quartermaster General, U. S. Army, (Cemeterial Division)
To: The Adjutant General of the Army, 6th & B Sts., N.W., Washington, D.C.
Subject: Information required for G.R.S.

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

- a. Surname Chapple or (Chappell)
- b. Christian name William
- c. Serial Number 1870094
- d. Organization Co. M, 371st Inf.
- e. Rank Pvt.
- f. Date of death 10/4/18.
- g. Cause of death DWRIA.
- h. Authority (C.O.#) 301
- i. Emergency address D. B. Massey (father in law)
- j. Relationship R 28 # 5 Chester, S.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)

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

Donnelly - Lea
EPD-1-15-21

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

C.W.

BY: *H. J. Conner*

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

CEMETERY NO: 266
SHEET NO: 12
TYPED BY: I.W.

S/713/LML

Rec'd World War Div
Date JAN. 14 1921

Rec'd S & S Div, A.G.O.
JAN 14 1921 6

ADJUSTMENT MADE
FEB 10 1921

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.
Registration
File No.

To: The Quartermaster General, U. S. Army, (Comptrol Division)
From: The Adjutant General of the Army, 6th & B Sts., N.W., Washington, D.C.
Subject: Information requested for G.R.S.

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

- a. Date of death 10/4/18
- b. Cause of death DWRIA
- c. Christian name William
- d. Serial Number 1870094
- e. Organization Co. W. 371st Inf.
- f. Rank Pvt.
- g. Relationship

BODY DESCRIPTION (See page # 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
- b. V. 6 5 4 3 2 1 1 2 3 4 5 6 7 8
upper right upper left
- c. V. 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.

H. J. GOWNER,
1st Lt., U.S.A.

CHEMISTRY NO:
129171 JAN 17 1921
TYPED BY:
I.W.
RECEIVED

44057

2. Soldier's No.

3. CHAPPLE WILLIAM
Surname (in block letters) First Name and Initials

4. Pvt B 571st Inf.
Rank Company Regt. or Corps

5. Oct. 4. 18. D of W
Date of Death Cause, if known

6. Oct. 4. 18. French Military
Date of Burial Cemetery

7. AUVE MARNE
Town or Commune (in block letters) Department

8. Grave 459, Row 6
Grave No. Plot No. or Letter

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

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

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

266

CNMB.

(C) SHT. COORD

12. Map Reference, if interment is outside of cemetery

13. Give name of Chaplain or Burial Officer

Signed. Sgt. [Signature]

280-1-2 Group 3 Unit 302 G. R. S.



NOV 18 1891
NEW YORK
NOV 18 1891
NEW YORK

44251

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Chapple, (1870094) William.
(Surname.) (Number.) (First Name and Initials.)

Pvt. Co. B. 371 Inf.
(Rank.) (Organization.)

DATE OF BURIAL. Oct. 6, 1918.

PLACE OF BURIAL. Military Cemetery.

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

Military Cemetery. AUVE.
France.

GRAVE NUMBER. 459

HOW MARKED: Name Peg? Cross? Yes.

Headboard? Bottle?

IDENTIFICATION TAGS:

Was one buried with body? Yes.

Was one fastened to name peg or stake used as a grave marker? Yes.

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

2 UV B Co

REPORTED BY:

J. Fontana

1st Lt; A.G.O.

(Signature and Rank of Reporting Officer.)

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

44051

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Shaffer 1870094 William
.....
(Surname.) (Number.) (First Name and Initials.)

Private Co. T.B. 371
.....
(Rank.) (Organization.)

DATE OF BURIAL *OCT 6 1918*

PLACE OF BURIAL *ALLVE*

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

*French Military Cemetery 250 yds
East of Evacuation Hospital
at Allve, Marne Dept.*

GRAVE NUMBER *459*

HOW MARKED: Name Peg? *Peg* Cross?

Headboard?

Bottle?

IDENTIFICATION TAGS:

Was one buried with body? *Yes*

Was one fastened to name peg or stake used as a grave marker? *Yes*

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

.....
.....
.....

REPORTED BY: *Wm. V. T. Baucum*
1st Lt. Chaplain 52 C.A.C.
.....
(Signature and Rank of Reporting Officer.)

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

NOV 10 1918