

G.R.S. Form #114-B

FEB 18 1926

DATE 3/1/22

1. NAME CLIFTON, Neal G.

SERIAL No. 53018  
25828

RANK Pvt. 1 cl.

ORGANIZATION Co. C. 16th Inf. 26

GRAVE LOCATION Meuse Argonne American, Romagne/s/Montfaucon, Meuse. 1232, Sec. 15

CTY. NAME

NUMBER

8 GRAVE Sec. 15 ROW 1 PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION 116 Bac Cheppy, Meuse

GRAVE COMMUNE DEPT.

COORDINATES Verdun 35 SE 273.3 N 305.25 E

CONCENTRATED TO 5/3/19 8 Sec 15 1  
DATE GRAVE ROW PLOT

Meuse Argonne Cemetery 1232  
CEMETERY CTY. NUMBER

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

Tag on body and cross.

DATE OF DEATH Oct 11, 1918

STATE FROM WHICH HE CAME Tenn

data F-1.

SUBSEQUENT REBURIALS

MEDALS OR DECORATIONS AWARDED

ccg. DATE GRAVE ROW PLOT CEMETERY

1st bur dated Jan 1, 1920  
DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR

M. B. BIRDSEYE

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

3. FINAL GRAVE LOCATION 3/1/22 34 15 Block A.  
DATE GRAVE ROW PLOT

Meuse-Argonne Amer. Cty. 1232, Romagne-sous-Montfaucon, Meuse.

CEMETERY

A.G.O.  
FEB 19 1926  
WORLD WAR DIV.

Rec'd World War  
5 MAR 30 1926

AUDITED BY

M.M.E.  
2-17-23  
Adjutant General  
Dew  
2/25/28  
c R L

## 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.



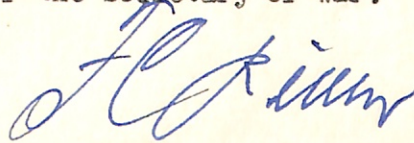
1st Ind.

WW AI/1-206

War Department, A.G.O., April 3, 1928. To: The Quartermaster General.

The records of this office show the correct date of death of Neal G. Clifton, A.S.#53018, to be October 10, 1918.

By order of the Secretary of War:



Adjutant General.

OK m & R

MR RL T 12/13  
**GRAVE LOCATION BLANK**

LOCATION OF THE GRAVE OF

**Clifton** 53018 **Neal G.**  
(Surname). (Number). (First Name and Initials).

**Pvt.** **Co. G** **26th. Inf.**  
(Rank). (Organization).

PLACE OF DEATH: **Cheppy, Meuse, France.**

CAUSE OF DEATH: **Died of Wounds.**

DATE OF BURIAL: **Oct. 11, 1918**

PLACE OF DEATH: **Cheppy, Meuse, France.**

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

**Co Ordinated Map**

**Foret de Argonne.**

**116**

GRAVE NUMBER:

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:

NEAREST RELATIVE:

ADDRESS:

RELATIONSHIP:

REPORTED BY:

*Frank J. [Signature]*, Chaplain 1st Dir.  
(Signature and Rank of Reporting Officer).

This portion to be forwarded to Central Records Office, A. G. O., A. E. F.

# GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Clifton 53018 Neal G.  
(Surname) (Number) (First Name and Initials)

Pvt. Co. C 26th. Inf.  
(Rank) (Organization)

PLACE OF DEATH: Cheppy, Meuse, France.

CAUSE OF DEATH: Died of Wounds.

DATE OF BURIAL: Oct. 11, 1918

PLACE OF BURIAL: Cheppy, Meuse, France.

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

Co. Ordinated Map

Foret de Argonne.

GRAVE NUMBER: 116

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:

NEAREST RELATIVE:

ADDRESS:

RELATIONSHIP:

REPORTED BY:

*Frank A. H. ...*  
(Signature and Rank of Reporting Officer)

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

C° C. 26th Inf.  
1st Div.

CLIFTON, Neal G. Pfc 53018

Statement of Soldier:

Wounded by H.E. Oct. 4th 1918. Hit in back.

Informant : Figsbee, Herold C. Sgt 53039  
C° C. 26th Inf.

Home : 116 Filbart St. Roselle Park. N.J.

Signed : Giles, Florain D. 1st Lt 26th Inf.

PHABETICAL FILE

g  
File this 8-W-A with Neal G. Clifton

55268

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY  
WASHINGTON

Cty.# 1232

Date 3-19-21

File No. Registration. Parker

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

To: The Adjutant General of the Army, Sixth and B Streets NW., Washington, D. C.

Subject: Information required for G. R. S.

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

a. Surname. *Allee* ✓

f. Date of death.

b. Christian name. *Charles E.* ✓

g. Cause of death.

c. Serial number. *25828* ✓

h. Authority (C. C. No.)

d. Organization. *466 Aero Sq.* ✓

i. Emergency address. *Mrs. Martha Allee, R. R. #2, Monrovia, Ind.* ✓

e. Rank. *Cpl.* ✓

j. Relationship. *Mother* ✓

**BODY DESCRIPTION.**

(See page 2 of the Service Record.)

a. Age at enlistment.

b. Color of eyes.

c. Color of hair.

d. Height.

e. Weight.

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

**DENTAL CHARTS.**

(See physical report of examination prior to enlistment.)

a. Strike out teeth missing:

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

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

*Donnelly, Dore, 3/22/21,  
E.P.S., Wing 8.*

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

By

*Rec'd World War Div.  
Date MAR. 22. 1921*

*H. J. CONNER,  
Captain, Q. M. C.*

*(Over)*

*MAR 21 1921*

*201 Allee, Mear*

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY  
WASHINGTON

41

File No.

Registration

Parker

Date

3-19-21

City. 4 1233

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

To: The Adjutant General of the Army, Sixth and B Streets NW, Washington, D. C.

Subject: Information required for G. R. S.

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

a. Surname

MAR 23 1921

A. Christian name

c. Serial number

RECEIVED

d. Organization

e. Rank

BODY DESCRIPTION

(See page 2 of the Service Record)

a. Age at enlistment

b. Color of eyes

c. Color of hair

d. Height

e. Weight

A. Permanent marks and physical defects at enlistment. (Old fractures or injuries)

DENTAL CHART

(See physical report of examination prior to enlistment)

a. Strike out teeth missing:

87021321 12345678

Upper teeth

27644321 12345678

Lower teeth

H. L. ROGERS

Quartermaster General, U. S. A.

H. J. CONNELL

Adjutant General, U. S. A.

from  
Soldier was discharged Feb. 10/19, a. s. B. Brandon City,  
22, N. Y. per letter W. B. over Jan. 21/19.

CODE SLIP



| HEADING               | SUB-HEADING          | NO. OF COLS | CODE         |
|-----------------------|----------------------|-------------|--------------|
| NAME <i>Clifton,</i>  | <i>cli</i>           | 3           | <i>3-2-9</i> |
| <i>Meal &amp;</i>     | CEMETERY <i>1232</i> | 1           | <i>1</i>     |
| BURIED                | GRAVE <i>34</i>      | 2           | <i>34</i>    |
|                       | ROW <i>15</i>        | 2           | <i>15</i>    |
|                       | BLOCK <i>A</i>       | 1           | <i>1</i>     |
| STATE                 | <i>Tenn.</i>         | 2           | <i>48</i>    |
| RANK                  | <i>Pvt. 1st</i>      | 1           | <i>2</i>     |
| DIVISION              | <i>1</i>             | 2           | <i>01</i>    |
| ORGANIZATION          | <i>26</i>            | 3           | <i>026</i>   |
| ARM                   | <i>Inf</i>           | 1           | <i>1</i>     |
| MARTIAL <i>(Bro)</i>  | <i>no.</i>           | 1           | <i>2</i>     |
| NAME <i>Clifton,</i>  |                      | 3           |              |
| <i>Mr. Charles A.</i> | STATE                | 2           |              |
| RESIDENCE             | COUNTY               | 2           |              |
| <i>Westel, Tenn.</i>  | CITY                 | 3           |              |
| RELATION <i>SM</i>    | <i>Mother</i>        | 1           | <i>1</i>     |
| OTHER <i>no food</i>  |                      | 1           |              |
| ELIGIBILITY           | <i>Dead</i>          | 1           | <i>6</i>     |
| NATIVITY              |                      | 1           |              |
| RACE                  |                      | 1           |              |
| ENGLISH               |                      | 1           |              |
| ATTENDANT             |                      | 1           |              |
| HEALTH                |                      | 1           |              |
| NO. OF SONS           |                      | 1           |              |
| DATE OF               | MO.                  | 1           |              |
| TRIP                  | YR.                  | 1           |              |
| ACCEPTANCE            |                      | 1           |              |

**AUDITED**

APR 19 1932

*RS*

*sem*

Born 10-27-15  
and 2-26-17

Clifton, Neal G. PFC Co. C, 26th Inf. Tenn.

Date of mother's death? Parents died before 1918

SM? no record  
but there is XE121764

Loco? a 1/2 bro.

Single  
Seebode  
Mary S. Hester tried  
to prove herself Foster  
mother - "but claim  
disallowed!"  
true

ins to Bro  
Charles Clayton (Born 1891)  
West  
Tenn

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

July 8, 1930.

Clifton, Neal L. 1232 B

Mr. Charles A. Clifton,  
Westel, Tenn.

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:

*no mother*

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

If so, give her name and address:

*no wife*

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?

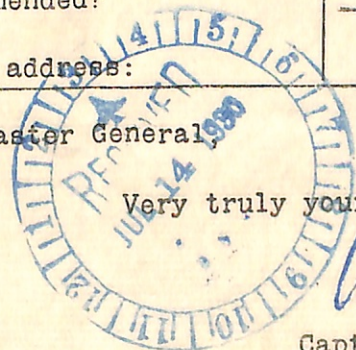
If so, give her name and address:

*no*

For The Quartermaster General,

Very truly yours,

Enclosures:  
Envelope  
Act  
Amendment



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

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Clifton, Neal G.  
1232

August 30, 1929.

Mr. Charles A. Clifton,  
Westel, Tenn.

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated June 27, 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:

*was not married*

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.

*no*

*mother was dead*

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

For The Quartermaster General,

Very truly yours,

*J. 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  
Clifton, Neal G.

June 27, 1929.

Mr. Charles A. Clifton,  
Westel, Tenn.

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 1/04, Neal G. Clifton, Co. C, 26th 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,

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

July 8, 1930.

Clifton, Neal <sup>G.</sup> 1252 B

Mr. Charles A. Clifton,  
Westel, Tenn.

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

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1232

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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

Clifton, Neal G.

June 27, 1929.

Mr. Charles A. Clifton,  
Westel, Tenn.

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 1/ct/ Neal G. Clifton, Co. C, 26th 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,

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

2 incls.  
Act of Congress.  
Envelope.

WAR DEPARTMENT  
THE ADJUTANT GENERAL'S OFFICE

WH-1g-1-217

IN REPLY  
REFER TO

WASHINGTON

AG 201 Clifton, Neal G. (WW)

April 4, 1928

SUBJECT: Date of death

To: The Quartermaster General,  
Washington, D. C.

An investigation recently completed by this office in the case of Neal G. Clifton, Army serial number 53,018, Private 1st class, Company C, 26th Infantry, who was reported to have died October 11, 1918, from wounds received in action, shows that the report is erroneous and that this soldier died October 10, 1918, of wounds received in action.

By order of the Secretary of War:

*W. R. Chickering*  
Adjutant General.

C. QUARTMASTER DIV.

✓  
28 APR 6 AM 9 32

RECEIVED

*5 x 8 adjusted*

*OK on H.L.*

*1232-a  
9234-R15*

*rule  
4/18/28*

AG 201 Clifton, Neal G. (WW)

April 4, 1928

Date of death

The Quartermaster General,  
Washington, D. C.

An investigation recently completed by this office in the case of Neal G. Clifton, Army serial number 53,018, Private 1st class, Company C, 26th Infantry, who was reported to have died October 11, 1918, from wounds received in action, shows that the report is erroneous and that this soldier died October 10, 1918, of wounds received in action.

By order of the Secretary of War:

W. E. Chickering  
Adjutant General.

C. G. M. G. H. S. 8 DIV.  
18 APR 6 AM 9 '28  
RECEIVED

55268

In reply refer to:  
293 C-R

*Clifton Neal G.*

June 7, 1923.

Mr. Charles A. Clifton,  
Westel,  
Tenn.

Dear Sir:

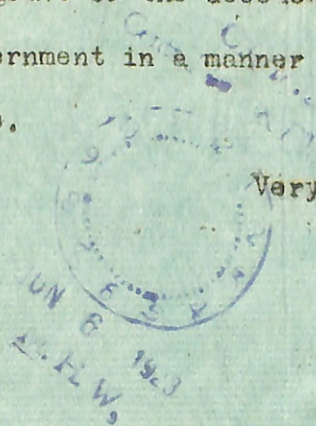
The Quartermaster General desires that you be informed that the permanent grave of **Private 1/c Neal G. Clifton, Company C, 26th Infantry, is Grave 34, Row 15, Block A, Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon (Meuse), France.**

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, division, 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.



RD

*ZAK*

23/236/ARK

Place Romagne 1232

# REPORT OF DISINTERMENT AND REBURIAL

Date Feb. 28, 1922

1. REMAINS OF CLIFTON, Neal G. SERIAL NUMBER 53018 25028  
RANK Pvt. 1cl ORGANIZATION Co. C, 16th. Inf.

2. Disinterred (date): Feb. 28, 1922 From (give complete location): Gr. 8, Sec. 15, Pt. 1, Cem. 1232.

By: Group Foster Unit F.S. One

3. Reburied (date): \_\_\_\_\_ In (give complete location): Meuse Argonne Cty. 1232. March Ist. 1922. Gr. 34. Bl. A. Row 15.

By: Group Reburial Sec. Unit \_\_\_\_\_ Nature of reburial Unlined casket

4. Report as to nature of original burial and condition of body upon disinterment: Wooden box, U.S. Uniform, Burlap Body badly decomposed.

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

(b) Other means of identification found upon disinterment, and general remarks: Tag on body reads "Neal G. Clifton 53018 Pvt. Co. C 16 Inf"

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

(a) Height (actual measurement) Imp. to Determine

(b) Weight (estimated) do

(c) Hair—Color do

Quantity do

Characteristics do

(d) Hair on face—Color do

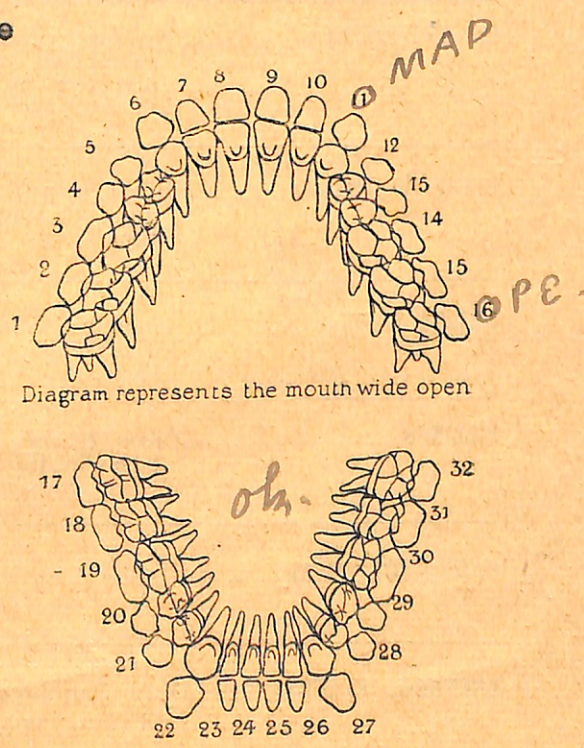
Location do

Quantity do

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

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

None visible



7. Disinterment supervised by H. H. Foster  
**H. H. FOSTER**

Approved: F. Overheiser  
**F. OVERHEISER**

8. Reburial supervised by W. B. Sheild  
**W. B. Sheild**

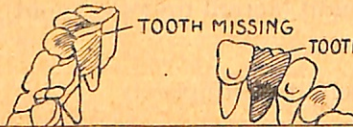


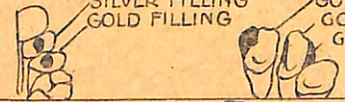
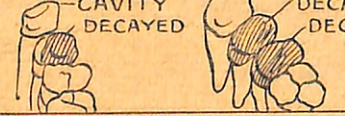
Approved: A. E. Dewey  
**A. E. DEWEY**  
1st. Lt., QMC.

concentration

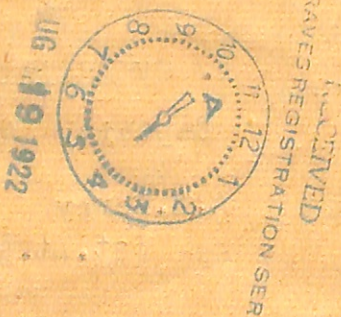
## INSTRUCTIONS FOR THE PROPER COMPLETION OF G. R. S. FORM NO. 16-A

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 style="text-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 style="text-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 style="text-align: center;">GOLD AND PORCELAIN BRIDGE      GOLD BRIDGE</p> |
| <b>FILLINGS</b>          | Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus :  |  <p style="text-align: center;">SILVER FILLING      GOLD FILLING</p>           |
| <b>CARIES (CAVITIES)</b> | Outline location and size of cavity, shade in thus :  |  <p style="text-align: center;">CAVITY DECAYED      DECAYED</p>                |
| <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.



To be prepared in triplicate.

DATE Feb 28 1922

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT <sup>FMG.</sup> COMPARATIVE REPORT

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

- |   |                      |
|---|----------------------|
| 1. Name <u>CLIFTON, Neal G.</u>         | 10. Name _____       |
| 2. No. <u>53018</u><br><del>25928</del> | 11. No. <u>53018</u> |
| 3. Rank <u>Pvt. 1 cl.</u>               | 12. Rank _____       |
| 4. Org. <u>Co.C. 16th Inf.</u>          | 13. Org. _____       |
| 5. D.D. <u>10-11-18</u>                 | 14. (a) D.D. _____   |
| 6. C.D. <u>DOW</u>                      | (b) D.B. _____       |

Discrepancy found upon disinterment

- |  |  |
|--|--|
| 7. Grave No. <u>8</u> Sec. <u>15</u>                         | 15. Grave No. _____ Sec. _____                   |
| 8. Plot <u>1</u> Row _____                                   | 16. Plot _____ Row _____                         |
| 9. _____   | 17. <u>none</u>                                  |
| 18. Cemetery <u>Meuse Argonne American,</u>                  | 19. Commune or town <u>Romagne/s/Montfaucon,</u> |
| 20. Dept. or County <u>Meuse,</u>                            | 21. Country <u>France.</u>                       |
| 22. G.R.S. Hdqrs. Code No. <u>1232, Sec. 15</u>              |  |
| 23. Disinterred (Date) <u>Feb 28 1922</u>                    | By <u>H H Foster.</u>                            |
| 24. Inscription on grave marker:                             |  |
| Name <u>Neal G Clifton</u>                                   | Serial No. <u>25828</u>                          |
| Rank <u>Pvt</u>  | Organization <u>Co C 16th Inf</u>                |
| 25. Was identification disc found on grave marker? <u>no</u> | On body? <u>Yes</u>                              |

Rex M Moody  
Signature Junior Technical Assistant

PREPARATION

Rex M Moody

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).

Body identified by tag

27. Condition of body Badly decomposed, features unrecognizable
28. Nature of burial Wooden box U Uniform burlap
29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? See Item 11
30. Body prepared and placed in casket: Date Feb 28 1922 By H H Foster.
31. Casket sealed by H H Foster.

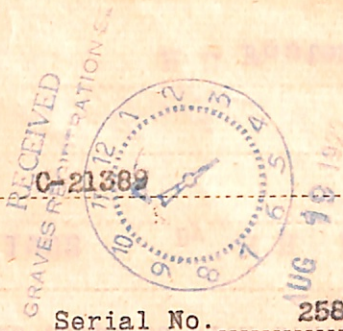
Signature of Embalmer, (Supervisor

H. H. Foster

H H Foster.

AUDITED BY

SHIPMENT. (Show actual marking of box.) Box No. **C-21389**



32. Designation of body:

Name **Neal G. CLIFTON** Serial No. **25828**

Rank **Pvt.** Organization **Co.C. 16th Inf.**

33. Consigned to:

Name of Permanent Cemetery **Meuse Argonne American, 1232, Romagne/s/Montfaucon, Meuse.**

34. Casket boxed and marked (Date) **Feb 28 1922** By **H H Poster.**

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 *F Overheiser*

36. Remarks **F Overheiser, Capt. QMC**

37. Shipped from point of Operation: (Date) **Feb 28 1922** **cc**

To point of Concentration **Morgue Romagne** (Name)

Convoyer **T T Wynn** Signature Shipping Officer *G F Spann*

38. Received at Railhead or Point of Concentration: Date **G F Spann, Capt. QMC**

By G.R.S. Representative

39. Shipped from Railhead or Point of Concentration: Date

To Permanent Cemetery (Name)

Convoyer Signature Shipping Officer

40. Received: Date

G.R.S. Representative

41. Reinterred **Meuse Argonne Cty. 1232. March 1st. 1922** (Date)

42. Grave No. **34.** Section

43. Plot **A.** Row **15.**

BLACK XXXXX

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

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

HAJ



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

RECEIVED

Typed by \_\_\_\_\_, Checked by \_\_\_\_\_, 1920.

APR 28 1921

VIII. FINAL ACTION:

Following advice forwarded to Europe by { cable on \_\_\_\_\_, 1920  
letter on 4/6/21, 1920

*Section # 15*  
*par # 2 - Not to be returned - AD*

IX. CORRECTIONS

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

X. SUSPENSION REMARKS:

*W.R. Ed. - Mr. Chas. Clifton, (brother)*  
*Westel, Tenn* *cd 4-14-21*

Location Index .....

..... Discrepancies .....

Name .....

Rank .....

Serial No. ....

Org. ....

Remarks

..... *Kupus* .....

A.G.O. Card & Corr. *3-28* .....

..... Discrepancies .....

Name .....

Rank .....

Serial No. *✓* .....

Org. ....

Remarks

.....

G. R. S. Corr. ....

..... Discrepancies .....

Name .....

Rank .....

Serial No. ....

Org. ....

Remarks

.....

Checkers .....

..... Discrepancies .....

Name .....

Rank .....

Serial No. ....

Org. ....

Remarks *H.P. 80*

..... *checked by* .....

OSP-SS

Form No. 1009

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

*Please  
rush!*

Harlow C.W.

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

Clifton, Neal G., Pvt. 1/c.

1232-Sec.15 - 27

3/29/21.

SERIAL NUMBER

ORGANIZATION

DATE OF DEATH

53018

Co. C, 26th Inf.

10/11/18.

WAR RISK INSURANCE INFORMATION

C-121764

DATE

April 9, 1921.

Copy forwarded to  
Adjustment Department

Date

4-14-21-1 es

Mr. Chas. Clifton,

Brother

PERSON NAMED BY SOLDIER TO BE BENEFICIARY OF INSURANCE

RELATIONSHIP

Westel, Tenn.

ADDRESS

PERSON RECEIVING DEATH COMPENSATION

RELATIONSHIP

ADDRESS

# COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

File 55268 *met 3-28-21*

(a) Name CLIFTON, Neal G. Ser. No. 53018  
 (b) Rank Pvt. 1/c Organization Co. C, 16th Inf. } TYP. B  
 (c) Date of death 10-11-18 (d) Cause of death DWRIA

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

(a) Grave No. 8 Row      Plot 1 Sec. 15 TYP. B

(b) Emerg. Address Mr. Charles A. Clifton (brother) Westel, Tenn.

*8-W-A 3-15-21 met 3-28-21*

III. Files of soldiers dying from contagious diseases            CKR.

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

-----  
 -----  
 -----

V. Following advice forwarded to Europe by { cable on \_\_\_\_\_, 192  
 letter of transmittal on 4/6/21, 192

*Section # 15  
 par # 2 - Not to be returned - H5*

VI. Form 115 forwarded to G. R. S., Hoboken, N. J., APR 16 1921, 192

VII. SUPPLEMENTARY REQUESTS.

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

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

COUNTRY \_\_\_\_\_ CEMETERY No. \_\_\_\_\_ SHEET No. \_\_\_\_\_

*AP. 4-14-21*

Clifton

Neal G

53,018 *OK*



(Surname.)

(Christian name in full.)

(Army serial number.)

*Pvt. / c*

*26*  
Co C ~~16th~~ Inf  
(Rank and organization.)

State your relationship to the deceased

*Brother*

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*

(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)

*Charles A Clifton*

*over*

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

*next*

Letter states: We talked it over about  
Pvt. Neal G. Clifton and think it is the  
best to leave him where he is.

Charles A. Clifton.

3-28-21

checked over

3-28-21

1232-Box 15-27

drawn by ~~MT~~

REPORT OF DISINTERMENT AND REBURIAL.

5-5-268

Remains of:

Name: CLIFTON, Neal G.

Number: 53018

Rank: Pvt.

Organization: Co. C. 26th., I mf.

Disinterment and Reburial made by Group

Unit

Disinterred (Date)

From: (Give complete location)

3rd., May, 1919

Grave #116 B. A. Cty. CHEPPY. MEUSE

Map. 35 S. E. E. 30E.25 N. 273.3

Reburied (Date)

in: (Give complete location)

3rd., May, 1919

Grave #8 Sec. #15 Plot #1

ARGONNE AMERICAN CEMETERY,

#1232

ROMAGNE. MEUSE

1232

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

Burial good. Buried in Uniform. Badly decomposed.

Was one identification tag found upon the body? Yes

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

CONFIRMED No D 10535

Note:

If upon disinterment, effects are found upon bodies, they will be promptly sent to the Effects Depot direct, as is required by G. O. 170, G.H. 2, 1918., after being carefully examined for clues to identity in doubtful cases, notation whereof will be made and reported to Chief, G.R.S.

Supervised by: Lt. Armitage.

R. H. ROSENTHAL

C.O. Group - 2nd Lieut. M. C. U. S. A.

Date: June, 1919

REPORT OF DISTINGUISHMENT AND RESEMBLANCE

Remains of:

Name: CLIFTON, Earl G. Number: 85018

Rank: Pvt. Organization: Co. C. 88th. I. R.

Disturbance and Removal made by Group Unit

Registered (Date) From: (Give complete location)

Earl G. Clifton, 1919. Grave #112 B. City Cemetery, Wagon

Earl G. Clifton, 1919. Grave #112 B. City Cemetery, Wagon

Registered (Date) From: (Give complete location)

Earl G. Clifton, 1919. Grave #8 Sec. #15 Plot #1

Earl G. Clifton, 1919. Grave #8 Sec. #15 Plot #1

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

Partial body. Buried in uniform. Body decomposed.

Was one identification tag found upon the body? Yes

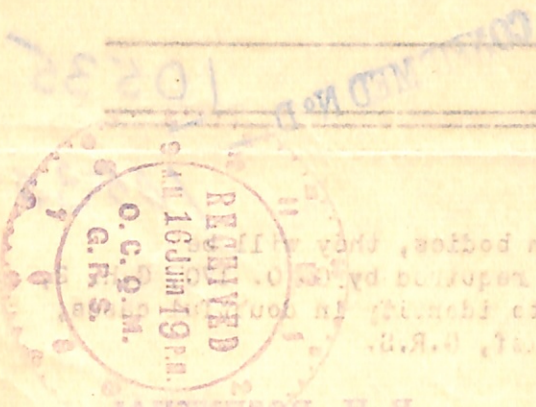
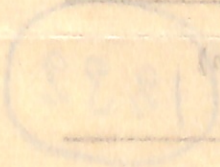
What other means of identification were found on the body? None

Note:

If upon disturbance, effects are found upon bodies, they will be promptly sent to the State Labor Director, as is reported by O. R. S. 1918, after being carefully examined for clues to identity. In such a location whereof will be made and reported to Chief, O. R. S.

Supervised by: Lt. Arthur Jones

H. H. ROSENTHAL  
C. O. Group - 2nd Field Hospital, M. G. I. S. A.



55268

OSPP: CTY. 10. 1262

Sec. 15 case no 27

*HW*

**FILE**

FROM: O. Q. M. G.

CEMETERIAL DIVISION

Munitions Building

Room  123

PLEASE

EXPEDITE

Cty. Audit Dept.

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

**WAR DEPARTMENT**  
**OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY**  
**WASHINGTON**

55268

Cty. # 1232

Date 3-15-21

File No. Registration. Parker

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

To: The Adjutant General of the Army, Sixth and B Streets NW., Washington, D. C.

Subject: Information required for G. R. S.

FILE

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

a. Surname. **Clifton,**  
b. Christian name. **Neal G.**  
c. Serial number. **53018**  
d. Organization. **Co. C 26th Inf.**  
e. Rank. **Pvt.**

f. Date of death. **Oct 11, 1918**  
g. Cause of death. **W. P. I. A.**  
h. Authority (C. C. No.) **413**  
i. Emergency address. **Charles A Clifton  
Westel, Tenn**  
j. Relationship. **Brother**

**BODY DESCRIPTION.**

(See page 2 of the Service Record.)

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

**DENTAL CHARTS.**

(See physical report of examination prior to enlistment.)

a. Strike out teeth missing:

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

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

By

*[Signature]*  
H. J. CONNER,  
Captain, Q. M. C.

*Donnelly 89 Reps 47  
3/17/21*

World War I  
Date: **MAR 17 1921**

World War I  
Date: **MAR 18 1921**

55218

# GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Clifton 53018 Neal G.  
(Surname). (Number). (First Name and Initials).

Pvt. Co. C 16th. Inf.  
(Rank). (Organization).

PLACE OF DEATH: Cheppy, Meuse, France.

CAUSE OF DEATH: Died of Wounds.

DATE OF BURIAL: Oct. 11, 1918

PLACE OF BURIAL: Cheppy, Meuse, France.

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

Co Ordinated Map

Foret de Argonne.

116

GRAVE NUMBER:

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:

NEAREST RELATIVE:

ADDRESS:

RELATIONSHIP:

REPORTED BY:

*Frank H. ... Chaplain 1st Div.*  
(Signature and Rank of Reporting Officer).

53268  
**GRAVE LOCATION BLANK**

LOCATION OF THE GRAVE OF

Clifton 53018 Neal G. OK  
(Surname.) (Number.) (First Name and Initials.)

Pvt Co. C, 16th Inf.  
(Rank.) (Organization.)

DATE OF BURIAL... Oct. 11, 1918

PLACE OF BURIAL... Cheppy, Meuse, France

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

CoOrdinated Map

Foret de Argonne

GRAVE NUMBER... 116

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:

Frank A. Arbuckle, Chaplain  
(Signature and Rank of Reporting Officer.)

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



RECEIVED

29 JUN 1919

O.C.Q.M.  
G.R.S.

1. G. R. S. Form No.

Hq. G. R. S. File

55 68

2. Soldier's No. 53018

3. Clifton Neal G.  
Surname (in block letters) First Name and Initials

4. Pvt C 16th. Inf.  
Rank Company Regt. or Corps

5. Oct. 11/18  
Date of Death Cause, if known

6. Oct. 11/18 A.E.F.  
Date of Burial Cemetery

7. Cheppy-sur-Meuse  
Town or Commune (in block letters) Department

8. 116  
Grave No. Plot No. or Letter

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

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

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

12. Map Reference, if interment is outside of cemetery

13. Chap. Arbuckle, Hq. 1st. Div.  
Give name of Chaplain or Burial Officer

E. A. Caswell, Sgt. 1cl.  
Signed

Group 4 Unit A G. R. S.

592  
24 OCT 1918