

G.R.S. Form #114-B CAUSE OF DEATH *112a*

FULL NAME..... CLINE, Lonnie E. *OK*

RANK..... *OK* Private..... SERIAL..... 544494 *OK*

DIVISION & ORGANIZATION.... Hqrs. Co. 30th Infantry *OK 3rd Div.*

DATE OF DEATH..... 7-15-18 *OK*

STATE FROM WHICH HE CAME..... *Iowa.*

MEDALS OR DECORATIONS AWARDED..... *Croix de Guerre with Palm*

FINAL GRAVE LOCATION..... 71 Grave 7 Row A Block

**B. A. G. O.**  
**MAY 9 1927**  
**WORLD WAR DIV.**

*61462-387*

1764  
Cemetery

*966-3*  
*5/26/27*

..... FULL NAME .....

..... RANK .....

..... DIVISION & ORGANIZATION .....

..... DATE OF BIRTH .....

..... STATE FROM WHICH HE CAME .....

..... MEDALS OR DECORATIONS AWARDED .....

..... FINAL GRAVE LOCATION .....

..... GRAVE .....

..... COUNTRY .....

JUN 1 1927  
A. G. O.  
WORLD WAR DIV.

# GRAVE LOCATION BLANK.

LOCATION OF THE GRAVE OF

Cline 544494 Lonnie E.  
(Surname.) (Number.) (First Name and Initials.)

Pvt. Hq. Co., 30th Inf.  
(Rank.) (Organization.)

DATE OF BURIAL July 1918

PLACE OF BURIAL Summer Woods

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

Near Agency (Armed)

GRAVE NUMBER

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 :

L. J. Castello - Capt. 30th Inf.  
(Signature and Rank of Reporting Officer.)

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

Hq. Co. 30th Infantry  
3rd Division

CLINE ; Lonnie E. - Pvt. 544484

" Pvt. Cline was killed by a high explosive shell on the morning of the 15th of July 1918 .

He was struck in several places and was killed instantly , and was buried together with Pvt. Shultz near where 3rd Batt. Headquarters was at that time . "

Informant : Brown ; James - Cpl. 544480

Hqs. Co. 30th Infantry

Home : 325 W. 44 St. New-York City .

April 10th 1919

Signed : William H. Jensen

Hq. Co. 30th Inf.

G.F.

CODE SLIP



HEADING	SUB HEADING	NO. OF COLS	CODE
NAME	Cline, Lonnie E	3	329
	CEMETERY	1	4
BURIED	GRAVE	2	71
	ROW	2	07
	BLOCK	1	1
STATE	Iowa	2	16
RANK	Pvt	1	2
DIVISION	3	2	03
ORGANIZATION	30	3	030
ARM	Inf	1	1
MARITAL	(Sister) No	1	2
NAME	Cline Mrs	3	
	Rosa M		
	STATE	2	
RESIDENCE	COUNTY	2	
Farmington Iowa	CITY	3	
RELATION	mother	1	1
OTHER	no	1	
ELIGIBILITY	no Dead 5-6-28	1	6
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF TRIP	NO.	1	
	YR.	1	
ACCEPTANCE		1	

**AUDITED**  
 AUG 18 1932  
 RB

met

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

2

IN REPLY REFER TO QM 293 A-C

July 8, 1930.

Cline, Lonnie E. 1764 S

Miss Rosa M. Cline,  
Farmington, Iowa.

Dear Madam:

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

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

1. Is the deceased survived by a mother?

If so, give her name and address:

no mother  
died May 6, 1928

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

If so, give her name and address:

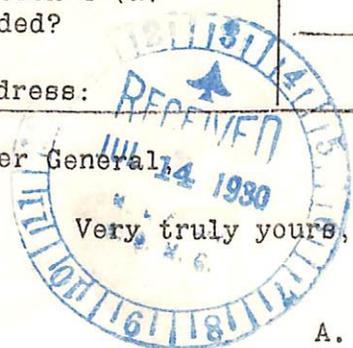
no was not  
married

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,

*A. D. Hughes*

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

Enclosures:  
Envelope  
Act  
Amendment

Farmington Iowa  
June 24 1929

John T. Harris  
Washington, D.C.

Dear Sir :-

Your letter of June  
12<sup>th</sup> addressed to my mother  
Mrs Clarinda Cline received and  
in reply will say my mother died  
May 6, 1928 and my Brother  
Lannie E. Cline was never  
married.



Very Truly  
Miss Rosa M. Cline  
Farmington  
Iowa.

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C  
Cline, Lonnie E.

June 12, 1929.

Mrs. Clarinda Cline,  
Fernington, Iowa.

Dear Madam:

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 mother of the late Private Lonnie E. Cline, Hdqs. Co., 50th Inf., whose remains are now interred in the Aisne Marne American Cemetery, Belleau, Aisne, France.

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

In the event your son was survived by a widow who has since re-married it is 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.

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

July 8, 1930.

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---

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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June 12, 1929.

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Dear Madam:

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For The Quartermaster General,

Very truly yours,

2 incls.  
Act of Congress.  
Envelope.

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

*[Handwritten signature]*

ml

DATE \_\_\_\_\_

1. NAME CLINE, Lonnie E. SERIAL No. 544494

RANK Pvt. ORGANIZATION Hqrs. Co. 30th Inf.

GRAVE LOCATION French Civil.Cty. CREZANCY (Aisne) #383  
CTY. NAME NUMBER

20

GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION 20 Fr.Civ.Cem.#383, Crezancy, (Aisne).  
GRAVE COMMUNE DEPT.

COORDINATES 49 N.E. E-191.4 N-259.3

CONCENTRATED TO \_\_\_\_\_

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.

(Information in paragraph 2 taken from Form 1).

SUBSEQUENT REBURIALS \_\_\_\_\_

DATE GRAVE ROW PLOT CEMETERY

DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR G.F. WAUGH, Major, Inf., Supervisor, Area #2.

3. FINAL GRAVE LOCATION Oct.23, 1922 71 7 Block A  
DATE GRAVE ROW PLOT

Aisne-Marne American No.1764  
CEMETERY

*Duplicate*

# 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.

To be prepared in triplicate.

DATE Dec. 7th 1921

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

COMPARATIVE REPORT

ml Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name CLINE, Lonnie E.

10. Name

2. No. 544494

11. No.

3. Rank Pvt.

12. Rank

4. Org. Hqrs, Co 30th Inf,

13. Org.

5. D.D. July 15th 1918

14. (a) D.D.

6. C.D. KIA

(b) D.B.

Discrepancy found upon disinterment

7. Grave No. 20 Sec.

15. Grave No. Sec.

8. Plot Row

16. Plot Row

9.

17. None.

18. Cemetery French Civil.

19. Commune or town CREZANCY

20. Dept. or County Aisne

21. Country France

22. G.R.S. Hdqrs. Code No. #383

23. Disinterred (Date) December 7th 1921

By W.J. Logan

24. Inscription on grave marker:

Name Lonnie E CLINE

Serial No.

Rank Pvt.

Organization Hqrs Co.30th Inf.

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

Wilbur H. Woodward  
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).  
Tag on body entirely corroded.

27. Condition of body badly decomposed recognition impossible.

28. Nature of burial Burial and uniform found under cross.

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 Dec. 7th 1921 By W.J. Logan

31. Casket sealed by W.J. Logan

Signature of Embalmer, (Supervisor) W.J. Logan

10/11/21  
scb

SHIPMENT. (Show actual marking of box.) Box No. C-17040

32. Designation of body:

Name Lonnie E. CLINE Serial No. 544494

Rank Pvt. Organization Hqrs. Co. 30th Inf.

33. Consigned to: Officer in Charge

Name of Permanent Cemetery Aisne-Marne, Amer. Cty #1764, BELLEAU (Aisne)

34. Casket boxed and marked (Date) Dec. 7th 1921 By W.J. Logan

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 [Signature]  
S.H. Hunsicker 1st Lt. QMC.

36. Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

To point of Concentration Aisne-Marne Am. Cty 1764 Belleau  
(Name)

Convoyer Moses Pallerin Signature Shipping Officer [Signature]  
S.H. Hunsicker 1st Lt. QMC.

38. Received at Railhead or Point of Concentration: Date \_\_\_\_\_

By G.R.S. Representative \_\_\_\_\_

39. Shipped from Railhead or Point of Concentration: Date \_\_\_\_\_

To Permanent Cemetery \_\_\_\_\_  
(Name)

Convoyer \_\_\_\_\_ Signature Shipping Officer \_\_\_\_\_

40. Received: Date Dec. 7. 21

G.R.S. Representative Adolph G. Kags, Superintendent, Aisne-Marne Morgue.  
[Signature]

41. Reinterred Oct. 23, 1922, Aisne-Marne Cem. 1764, Belleau (Aisne)  
(Date)

42. Grave No. 71 Section \_\_\_\_\_

43. ~~Plot~~ BLOCK A Row 7

G.R.S. Representative [Signature]  
W.D. Cleary  
Lt., Chaplain, USA.

# REPORT OF DISINTERMENT AND REBURIAL

Date Dec. 7th 1921

1. REMAINS OF Cline Lonnie E. SERIAL NUMBER 544494

RANK Pvt. ORGANIZATION Hqrs. Co. 30th Inf.

2. Disinterred (date) Dec. 7th 1921 From (give complete location): Grave 20 Cem. 383

By : Group 4 Unit F.S. 3.

3. Reburied (date) : Oct. 23, 1922 In (give complete location) : Gr. 71, Block A, Row 7, Aisne-arne Cem. 1764, Belleau (Aisne)

By : Group re-burial group Unit \_\_\_\_\_ Nature of reburial Lined casket

4. Report as to nature of original burial and condition of body upon disinterment :  
Badly decomposed features unrecognizable Burlap uniform under cross.

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

(b) Other means of identification found upon disinterment, and general remarks :  
Strips on cross checks with form 114-A, tag on body entirely corroded.

6. What does examination of body show as regards the following identifying items?  
teeth 31 32 broken  
Cavity 30

(a) Height (actual measurement) impossible to determine

(b) Weight, (estimated) impossible to determine

(c) Hair—Color impossible to determine

Quantity impossible to determine

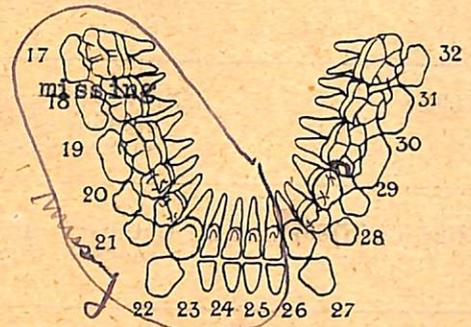
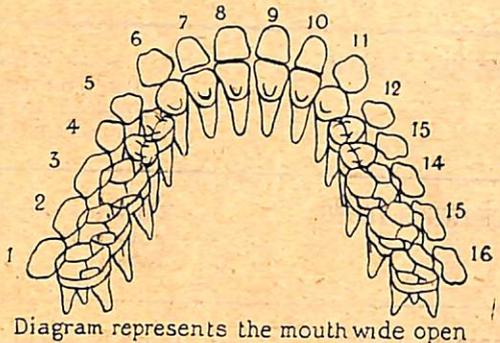
Characteristics impossible to determine

(d) Hair on face—Color impossible to determine

Location impossible to determine

Quantity impossible to determine

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



(f) Wounds or missing parts (received at time of casualty)  
Head completely shattered. right clavical fractured left clavical missing  
right ulna fractured left radius fractured upper two thirds missing left ulna missing  
right ulna missing upper jaw shattered and missing.

7. Disinterment supervised by W.J. Logan Approved S.H. Hunsicker Lt Col  
(Title) QMC.

8. Reburial Supervised by L.D. Hays Approved W.D. Cleary  
(Title) Lt., Chaplain, USA.

## 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 Questions 26, Form 114, in case no means of identification on body.

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

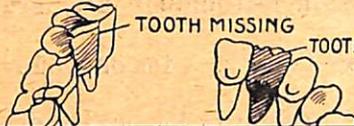
3. Give date and accurate information as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.

4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.

5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".

(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave, Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No 6.

6. Give all information as to body description and dental chart as nearly correctly as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

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

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

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

383-9

Cline,

Lonnie Elmer

544,494

(Surname.)

(Christian name in full.)

(Army serial number)

Pvt

Hq Co 30 Inf

(Rank and organization.)

State your relationship to the deceased

Mother

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 Clarinda Cline  
Farmington Iowa

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

Drawn by SM

383-9

10-8

Checked

Done 10/18/21

923

# COMPILATION OF DISPOSITION OF REMAINS DATA

## I. LOCATION INDEX CARD:

File No. 6112

(a) Name CLINE, Lonnie E. Ser. No. 544494  
 (b) Rank Pvt. Organization HdQRS. Co. 30th Inf.  
 (c) Date of death 7-15-18 (d) Cause of death K/A

TYP. JR  
 CKR. AB

*3/16/22 Examined  
 Concentration  
 Gas - Marnet 1764  
 alt 4/3/22*

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

(a) Grave No. 20 Row --- Plot --- Sec. --- TYP. JR  
 (b) Emerg. Address Mrs. Clorinda Cline, (Mother) Farmington, Iowa

III. Files of soldiers dying from contagious diseases ----- CKR. AB

## IV. A. G. O. DISPOSITION CARD:

Date of receipt None

(a) Name Mrs. Clorinda Cline (b) Relationship Mother  
 (c) Address Farmington, Iowa  
 (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. ---

*OK  
 alt  
 ok  
 2/20  
 1/20*

Examiner's Initials Bm Date 9-21, 1920.

## V. A. G. O. CORRESPONDENCE shows communication from -----

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

*No Correspondence*

Examiner's Initials Bm Date 9-21, 1920.

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

*No request for disposition*

(a) Cancellation memos referred to? Yes - 2 memos

Examiner's Initials Bm Date 9-21, 1920.

COUNTRY FRANCE CEMETERY No. 383 SHEET No. 9

*Rechecked  
 10/10/20*

*EPH*

*C*

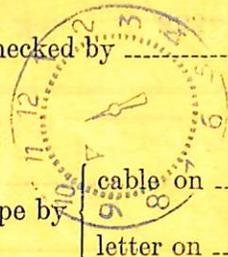
VII. G. R. S. Form No. 114 made ..... 1920.  
Typed by ..... Checked by ..... , 1920.



VIII. FINAL ACTION:

Following advice forwarded to Europe by cable on ..... 1920  
letter on 10-26 ..... 1920

RECEIVED



DEC 16 1920  
G. H. S.

NOV 1 20

*Par #2, not to be returned (H.S.)*

IX.

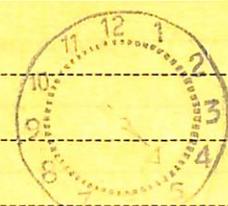
CORRECTIONS

CHANGE OF ADVICE.

Desires body be .....

Body to be shipped to .....

GENERAL DIVISION  
OVERSEAS PROTECTION SECTION  
ACTION TAKEN.



DEC 16 20  
RECEIVED

X. SUSPENSION REMARKS:

*11-11-20 Form #120 Mother M. K  
wishes body left in Europe 11-23-20 G.S.*

**FORM 115 RETURNED BY MOTHER - BODY  
TO REMAIN IN EUROPE. C.M.**

**DEC 13 1920**

COMPILATION OF DISPOSITION OF REMAINS DATA

*Form  
See  
add 4/3/22  
115*

I. LOCATION INDEX CARD:

File No. 6112

(a) Name..... **CLINE, Lonnie E.** ..... Ser. No. .... **544494** .....  
 (b) Rank..... **Pvt.** ..... Organization..... **Hdqs. Co., 30th Inf.** .....  
 Cause of  
 (c) Date of death..... **7-15-18** ..... death ..... **K/A** .....

TYP ..... **JR** .....  
*N/A*

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

(a) Grave No..... **20** low ..... Plot ..... Sect. .... TYP..... **JR** .....  
 (b) Emerg. Address.... **Mrs. Clarinda Cline, (Mother) Farmington, Iowa** .....

III. Files of soldiers dying from contagious diseases..... CKR *N/A* .....

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

*A.G.O. card Mrs. Clarinda Cline (Mother)  
 Farmington, Iowa requests body not returned.  
 R.C. 10-28-20*

V. Following advice forwarded to Europe by (cable on..... 192  
 (letter of transmittal on *10-26-1920*)

*Par #2, not to be returned. (H.S.)*

VI. Form 115 forwarded to G.R.S. Hoboken, N.J. .... **OCT 30 1920** ..... 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. .... **DEC 16 1920** ..... 192.....

*HD 10-29-20*

WAR DEPARTMENT

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

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

NOV 6 - 1920

To: Mrs. Clarinda Cline, Farmington, Iowa.

SUBJECT: Remains of Pvt. Lonnie E. Cline, Serial No. 544494  
Hdqrs. Co. 30th Infantry

*change*

The records of this office show that you have requested that his body remain in Europe

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. AND STREET.	TOWN.	STATE.
Was soldier married? <i>No</i>			
Soldier's widow			
Soldier's children. (Name oldest first.)			
1			
2			
3			
Father	<i>John Cline (dead)</i>		
Mother	<i>Clarinda Cline</i>	<i>Farmington Iowa</i>	
Brothers. (Name oldest first.)			
1	<i>George Cline</i>	<i>" "</i>	
2			
3			
Sisters. (Name oldest first.)			
1	<i>Rosa Cline</i>	<i>" "</i>	
2	<i>Mary Jenkins</i>	<i>Luray Mo.</i>	
3	<i>Clara Wall</i>	<i>Vallapca Iowa</i>	
	<i>Grace Habb</i>	<i>Hokoka Mo.</i>	

Date *Nov. 11, 1920.*

Signature *Mrs Clarinda Cline*

Address *Farmington, Iowa.*

Relationship *Mother*

GENERAL DIVISION



NOV 13 20

*Farmington, Iowa*, Nov 11, 1920.

I, the undersigned, am the Mother (Relationship.) and nearest living relative of the within-named soldier, and desire the following disposition of his remains, viz:  
(Strike out all except the one showing the disposition desired.)

RECEIVED



~~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.

Signature Mrs Blarinda Cline

INSTRUCTIONS FOR FILLING OUT.

1. If definite instruction as to the disposition of a body are not received from the nearest relative within two 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 inclosed envelope—pay no postage.

3-7860

WASHINGTON  
CHIEF REGISTRATION SERVICE  
OFFICE OF THE GOVERNMENT GENERAL OF THE ARMY  
WAR DEPARTMENT

December 13, 1920.

FROM: Graves Registration Service, Hoboken, N. J.  
To: The Quartermaster General (Cemeterial Division -  
Overseas Project Subsection), Washington, D. C.  
SUBJECT: Return of U.S.P. Records - Cemetery #383.

1. The enclosed records covering the following case  
are returned herewith, it having been definitely determined that  
the body is to remain in Europe:

REFERENCE NO.

9 ✓ Cline, Lonnie E., Pvt., Hd qrs. Co. 30th Infantry.

R. S. SHANNON,  
Captain, Quartermaster Corps,  
Officer in Charge.

By:

F. C. PALIAS,  
Executive Assistant.

*dm*  
1 Incl;

*Recd 12/17 K*

6112

# GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

CLINE ..... 544494 ..... L. E.  
(Surname.) (Number.) (First Name and Initials.)

Pvt. .... Hq. Co. 30th Inf. ....  
(Rank.) (Organization.)

DATE OF BURIAL.....

PLACE OF BURIAL...grave yard nr. Crezancy....  
(Give Cemetery, Town and Department.) Map reference must specify clearly what map is used.

Com. C 84 Crezancy (Aisne)  
Map 49 N.E.

F 191138  
N. 259.30.

GRAVE NUMBER.....

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:

See file 9249



REPORTED BY:  
Chaplain Charles C. Conaty  
..... Hq. 2nd Bn. 111th Inf. ....  
(Signature and Rank of Reporting Officer.)

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



3112

Cline I.R.

#544494

Pvt. Hdqrs. 30th Regt.

GRIME GRENZANCY (AISNE)

G 84 Sht 49 NE Coord E 191.2 ( APPROX  
N 258.5 (



B 653

6112

# GRAVE LOCATION BLANK.

LOCATION OF THE GRAVE OF

Cline 544494 Lonnie E.  
(Surname.) (Number.) (First Name and Initials.)

Pvt. Hq. Co., 30th Inf.  
(Rank.) (Organization.)

DATE OF BURIAL July 1918

PLACE OF BURIAL Summer Wood near  
(Give Cemetery, Town and Department.) Map reference must specify clearly what map is used.

Cresancy (Aisne)  
Com. C. 846 Cresancy (Aisne)  
Map 49 N.E.

GRAVE NUMBER # 190.9

HOW MARKED: N. 258.85  
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 :

L. J. Costello - Chap. 30 Inf.  
(Signature and Rank of Reporting Officer.)

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

18 SEP 1918

575  
445  

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130

390  
55

550 | 445

550  
58

390

4400  
2750

319  
35

---

319.00

---

354.

385

319

---

.66

Registration Cards

File No. 6112. 12/17/18

MEMO FOR : G.R.S. representative, C.R.O.

SUBJECT : Information required for G R.S.

I. Items checked are to be completed :

- ( ) Surname : Cline.
- ( ) Number : 544494.
- ( ) First name : Lomnie. E.
- ( ) Rank : Pvt.
- ( ) Company : Hq.Co.
- ( ) Organization 30th Inf.
- ( ) Date of death : 7/15/18
- ( ) Cause : K/a
- ( ) Place :

Location of hospital :

Number » »

Class .» »

- ( ) Relative : Mrs. Clorinda Cline
- ( ) Relationship : Mother.
- (X) Address : Tarrington, Iowa.

*OK me*

- ( ) Authority :
- Cablegram No :
- Telegram from :

dated :

- ( ) Reported to Washington :
- C.C. Nos : 207

(Underscore the "official" C.C.)

- ( ) Remarks : Burial notification was sent to th is address and returned, advise correct address.

CHARLES C. PIERCE,  
Lieut.-Colonel, O.M.C., U.S.A.

Initials of reporter :

*[Handwritten signatures and initials]*

RECEIVED



WAR DEPARTMENT.

**GRAVES REGISTRATION SERVICE**

American Expeditionary Forces

OFFICIAL BUSINESS.

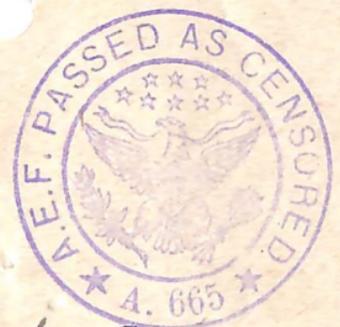
PENALTY FOR PRIVATE USE TO AVOID  
PAYMENT OF POSTAGE, \$ 300

NOV 31 6 PM 1918

*File 6112*

Mrs. Clorinda Cline,  
Tarrington, Iowa.

*Wm Waters*



*W. H. West*  
2nd Lieut., Q. M. C.

PITTS. & OHIO  
NOV  
1850  
PITTS.  
PA.

PM

6112  
**FILES**

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

Date Oct. 4, 1919

FROM:- INQUIRY BRANCH.

Please furnish information as checked (✓) below regarding the following soldier:

NAME Cline, Lonnie E.

Serial Number 544494

RANK Pvt.

ORGANIZATION Hd.qrs. Co. , 30th. Inf.

NO.	QUESTION	REPLY
1.	Do particulars of soldier: given above agree with Records?	Yes
2.	Date of Death.	
3.	Cause and place of death.	
4.	Number of Casualty Cablegram.	
5.	Date buried.	
6.	Grave Location. (a) Complete record required. (b) Name of Cemetery or Commune only required. (c) Note reinterments.	Grave 20, Fr. Civilian Cty. 383 Crezancy, (Aisne)
7.	Who reported burial?	
8.	Confirmed by G.R.S.?	
9.	Report as to Grave Marker.	
10.	Identification Tags: (a) Buried with body? (b) Attached to grave marker?	
11.	Complete Emergency Address?	
12.	Has above been notified? (Give date)	
13.	Report the exact position of your inquiry on this case. (Reply in all cases if no information on record)	
14.	What is the Photograph No.?	
15.	Inquiry made by?	

**FILE**Released by Information Control *J.B.*
 Dept.  
 x Directory  
 Cards 5 x 8  
 Cards 4 x 6

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

**FILE**

G.R.S. Form No. 101-A (Information Blank)

File Number 6112

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

Date February 3rd, 1920.

FROM:- INQUIRY BRANCH.

Please furnish information as checked (✓) below regarding the following soldier:

NAME **CLINE, Lonnie Elmer**

Serial Number 544494

RANK **Private**

ORGANIZATION

**Headquarters 30th Infantry.**

NO.	QUESTION	REPLY
1.	Do particulars of soldiers given above agree with Records?	No. - <u>CLINE, Lonnie E</u>
2.	Date of Death.	7-15-18
3.	Cause and place of death	k/a
4.	Number of Casualty Cablegram	
5.	Date buried	
6.	Grave Location. (a) Complete record required. (b) Name of Cemetery or Commune only required. (c) Note reinterments.	Grave No. 20, French Civilian Cemetery #383, Crezancy, Aisne.
7.	Who reported burial?	
8.	Confirmed by G.R.S.?	
9.	Report as to Grave Marker.	
10.	Identification Tags: (a) Buried with body? (b) Attached to grave marker?	
11.	Complete Emergency Address?	
12.	Has above been notified? (Give date)	
13.	Report the exact position of your inquiry on this case. (Reply in all cases if no information on record)	
14.	What is the Photograph No.?	
15.	Inquiry made by?	

FILE

Released by Information Control Dept.

Directory

X Cards 5 x 8

Cards 4 x 6

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