

To The A. G. O.

158

G.R.S. Form #114-B

DEC 1 - 1925

2897

1. ^{ml} NAME COCHRAN, Thomas M DATE _____
 RANK Bugler ORGANIZATION Co A 355th Inf SERIAL No. 2181262
 GRAVE LOCATION Amer. Cty. MENIL-la-TOUR (M.et.M) #74
 CTY. NAME NUMBER

188

2. ORIGINAL BATTLE AREA GRAVE LOCATION GRAVE ROW PLOT
188 Menil-la-Tour M.et M.
 GRAVE COMMUNE DEPT.

COORDINATES 52SE, 319.74N, 362.57E.

CONCENTRATED TO --- 188
 DATE GRAVE ROW PLOT
Menil-la-Tour 74
 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~~ - Aug 14, 1918

~~STATE FROM WHICH HE CAME~~ - Nebr.

~~MEDALS OR DECORATIONS AWARDED~~ - none

SUBSEQUENT REBURIALS

DATE	GRAVE	ROW	PLOT	CEMETERY

DATE	GRAVE	ROW	PLOT	CEMETERY

SIGNATURE, AREA SUPERVISOR

I.H. JOFFEE, 1st Lt., G.M.C.

3. FINAL GRAVE LOCATION July 28th, 1922. 34 23 C
 DATE GRAVE ROW PLOT
 Block

DEC 6 - 1925

St. Mihiel American Cemetery, THIAUCOURT, (M.-et-M.)

1233

CEMETERY

DEC 8 1925
WORLD WAR DIV.

AUDITED BY
1344 7-5-23

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.

GRAVE LOCATION BLANK.

LOCATION OF THE GRAVE OF



Cochran 2181262 Thomas M.
(Surname.) (Number.) (First Name and Initials.)
Pvt Co. "A" 355th Inf.
(Rank.) (Organization.)

DATE OF BURIAL 15th August 1918

PLACE OF BURIAL American Cemetery

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

enil la Tour, Meurthe et Moselle

GRAVE NUMBER 188

HOW MARKED : Name Peg? Yes 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 : K F Nance, 1st Lt.,
Chaplain, Div. Hdqtrs.
A. P. O. 761
(Signature and Rank of Reporting Officer.)

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

RECEIVED
STATISTICAL DIVISION
U.S. DEPARTMENT OF COMMERCE
20 AUG 1918

6-1-18
20 AUG 1918

Co. A, 355th Inf.
89th Div.

COCHRAN, Thomas M., Bug., 2181262

Died in Field Hosp. 354 August 14, 1918, from gas. No statement left.
Talked very little. Hospital located in Justice Hospital Group, Toul, France.
Buried in Military Burial Grounds near Menil-la-Tour, France.

Informant: Leonard, Ward H., Capt.
F.H. 354-314 San Tr.,
Home: 3232 Summit St., Kansas City, Mo.

Signed: McCabe, Fordyce H., Major M.C., U.S.A.
Field Hospital 354.

March 12, 1919.

Emergency address: James A. Cochran, Pitman, Ark.

HFG

CODE SLIP



HEADING	SUB HEADING	NO. OF COLS	CODE
NAME	Cochran	3	35 ⁰ -3
	Thomas M		
BURIED	CEMETERY	1	3
	GRAVE	2	34
	ROW	2	23
	BLOCK	1	3
STATE	Miss.	2	32
RANK	Bugler	1	2
DIVISION	89	2	89
ORGANIZATION	355	3	355
ARM	Inf	1	1
MARITAL	No	1	2
NAME	Cochran	3	35 ⁰ -3
	Alice		
RESIDENCE	STATE Ark	2	03
	COUNTY Randolph	2	61
	CITY Pitman	3	X
RELATION	Step-mother	1	3
OTHER	Teacher	1	1
ELIGIBILITY	No	1	2
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH			
NO. OF SONS	No one	1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE		1	
29/514/EAB			

(Mother dead)

SM does not desire to go no one elig

AUDITED

APR 5 1932

at

no

2

Mother Dead

Mother Dead

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-M
Cochran, Thomas M. (StM) SM

May 14, 1931.

Mrs. Alice Cochran,
Pitman,
Arkansas.

Dear Madam:

In order that the records of this office may be complete and correct, it is requested that you advise whether or not the late Thomas M. Cochran, Bugler, is survived by his natural mother or a widow, and if so, furnish their names and addresses.

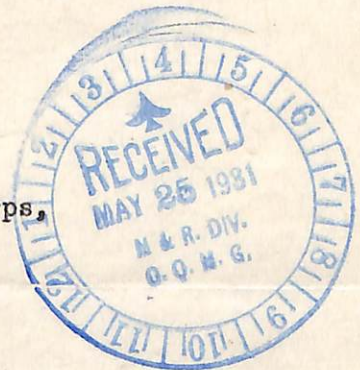
For your convenience in replying, there is enclosed herewith a self-addressed envelope which requires no postage.

For The Quartermaster General,

Very truly yours,

A. D. Hughes

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



Encl:
Env.

Dear sir:

Replying to above request desire to say that Thomas M. Cochran, Bugler, is not survived by his natural mother or a widow. His mother has been dead 34 years and he was never married.

Yours very truly,

Mrs. Alice Cochran.

Success, Ark. May 23, 1931

Mrs. Alice Cochran

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Cochran, Thomas H. - 1233SM

June 7, 1930.

Mrs. Alice Cochran,
Pitman, Ark.

Dear Madam:

Arrangements are now being made for conducting pilgrimages during the year 1931, to the cemeteries in Europe under the provisions of the Act of Congress of March 2, 1929.

To assure proper and satisfactory accommodations, reservations for steamship transportation required during the summer of 1931 must be made by this office not later than August 1st of this year. It is therefore desired that you answer the question below by writing the word "Yes" or "No" in the blank space following the question.

As soon as you have answered the question, please sign your name and return this sheet in the enclosed addressed envelope, which requires no postage. Do not delay, as a prompt reply is essential.

This letter is being sent to all mothers and widows who are not making the pilgrimage in 1930, regardless of whether or not they have expressed a desire to make the pilgrimage.

For The Quartermaster General,

Very truly yours,

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

DO YOU DESIRE TO MAKE THE PILGRIMAGE DURING THE YEAR 1931? _____
(Write answer here)

(Sign here)

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Cochran, Thomas M. - 1233

December 19, 1929.

Eligibility undetermined
Replies

Mrs. Alice Cochran,
Pitman, Ark.

Dear Madam:

According to our records this office has received no reply from you in response to our recent letter which read as follows:

"Your attention is invited to the enclosed copy of an Act of Congress approved March 2, 1929, enabling the mothers and widows of the members of the military and naval forces of the United States now interred in the cemeteries of Europe to make a pilgrimage to these cemeteries.

"The records of this office indicate that you were the stepmother of the late Bugler Thomas M. Cochran and in order to determine your eligibility under the Act to make the pilgrimage to his grave it will be appreciated if you will furnish the following information:

- (1) Date of your marriage to the father of Bugler Cochran.
- (2) Were you married to Mr. Cochran at the time his son entered the military service?
- (3) Were you married to Mr. Cochran at the time of his son's death?
- (4) If not, give date of your separation from him.
- (5) If Mr. Cochran is deceased, give date of his death.

In order that there may be the least possible delay in obtaining the above requested information you are invited to use for your reply the enclosed Government envelope which requires no postage.

For The Quartermaster General,

Very truly yours,

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



2 Incls.
Act.
Env.

Replying to above letter, regret that it will not be possible for me to go over sea.

Mrs Alice Cochran

QM 293 A-C
Cochran, Thomas M.
1233

November 4, 1929.

Mrs. Alice Cochran,
Pitman, Arkansas.

Dear Madam:

Your attention is invited to the enclosed copy of an Act of Congress approved March 2, 1929, enabling the mothers and widows of the members of the military and naval forces of the United States now interred in the cemeteries of Europe to make a pilgrimage to these cemeteries.

The records of this office indicate that you were the step-mother of the late Thomas M. Cochran, Bugler, and in order to determine your eligibility under the Act to make the pilgrimage to his grave it will be appreciated if you will furnish the following information:

- (1) Date of your marriage to the father of Thomas M. Cochran.
- (2) Were you married to Mr. Cochran at the time his son entered the military service?
- (3) Were you married to Mr. Cochran at the time of his son's death?

For the Quartermaster General.

Very truly yours,

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

2 Incls.
Act.
Env.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Cochran, Thomas M

May 28, 1929.

Mr. James A. Cochran,
Pitman,
Ark.

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 of the late Thomas M. Cochran, Bugler, Co. A, 355th Inf., whose remains are now interred in the St. Mihiel American Cemetery, Thiaucourt, Meurthe-et-Moselle, France.

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


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

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

For The Quartermaster General,

Very truly yours,

Step mother
Alice Cochran
Pitman
2 incls. *Ark.*
Act of Congress.
Envelope.


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

QM 293 A-M
Cochran, Thomas M. (StM) SM

May 14, 1931.

Mrs. Alice Cochran,
Pitman,
Arkansas.

Dear Madam:

In order that the records of this office may be complete and correct, it is requested that you advise whether or not the late Thomas M. Cochran, Bugler, is survived by his natural mother or a widow, and if so, furnish their names and addresses.

For your convenience in replying, there is enclosed herewith a self-addressed envelope which requires no postage.

For The Quartermaster General,

Very truly yours,

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

Encl
Env.
MB

1931 MAY - 13 - PM 4:47

QM 293 A-C
Cochran, Thomas M. - 1233

353th Inf

December 19, 1929.

Mrs. Alice Cochran,
Pitman, Ark.

Dear Madam:

According to our records this office has received no reply from you in response to our recent letter which read as follows:

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"The records of this office indicate that you were the stepmother of the late Bugler Thomas M. Cochran and in order to determine your eligibility under the Act to make the pilgrimage to his grave it will be appreciated if you will furnish the following information:

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- (2) Were you married to Mr. Cochran at the time his son entered the military service?
- (3) Were you married to Mr. Cochran at the time of his son's death?
- (4) If not, give date of your separation from him.
- (5) If Mr. Cochran is deceased, give date of his death.

In order that there may be the least possible delay in obtaining the above requested information you are invited to use for your reply the enclosed Government envelope which requires no postage.

For The Quartermaster General,

Very truly yours,

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

2 incls.
Act.
Env.

DISPATCH
1929 AM 10 45

Q. M. G. M. DIV.



13
QM 293 A-C
Cochran, Thomas M.
1233

November 4, 1929.

Mrs. Alice Cochran,
Pitman, Arkansas.

Dear Madam:

Your attention is invited to the enclosed copy of an Act of Congress approved March 2, 1929, enabling the mothers and widows of the members of the military and naval forces of the United States now interred in the cemeteries of Europe to make a pilgrimage to these cemeteries.

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- (3) Were you married to Mr. Cochran at the time of his son's death?

For the Quartermaster General.

Very truly yours,

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

REC'D
M. G. A. DIV.
NOV 10 06
M. G. A. DIV.
NOV 10 06
DISPATCHED

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Cochran, Thomas M

May 28, 1929.

Mr. James A. Cochran,
Pitman,
Ark.

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".

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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.

Cochran, Thomas M. Bagler

January 10, 1924

Mr. James A. Cochran,
Pitman,
Arkansas.

Dear Sir:

The Quartermaster General desires to invite your attention to the inclosed card which gives the permanent cemetery location of the soldier's grave in which you are interested.

This American military cemetery is one of those to be maintained by the United States for all time in Europe. Each grave will be marked by a headstone of white marble, of dignified design, with the name, rank, division, organization, date of soldier's death and State from which he came. Headstones will be placed at all graves in connection with the improvement work now in progress, as soon as possible and without waiting for special action or request on the part of relatives.

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

Very truly yours,

O. O. M. B.
GENERAL MASTER
K. D. G. O. S. T. E. R.

Assistant.

RD

YDZ



JAN 10 1924

B. O. C.

1-Incl.
Record card.

February 24, 1921.

File No. 293.8 Gen.Div.Cor.Br.
(COCHRAN, Thomas M.)

Mr. James A. Cochran,
Pitman, Arkansas.

Dear Sir:-

Receipt of shipping inquiry dated January 25th, 1921, relative to the remains of your son, the late Bugler Thomas M. Cochran, serial number 2161262, Company A, 355th Infantry, is acknowledged.

Instructions have been issued that your request to have the remains left in France for burial in a permanent American Cemetery be complied with. You are assured that the grave site will always be maintained as a fitting memorial of the late soldier's sacrifice.

The Department desires to convey to you renewed assurance of its sympathy in your bereavement.

By authority of the Quartermaster General:

R. E. SPANION,
Captain, Q.M.G.,
officer in charge.

BY:

F. C. PALIAS,
Executive Assistant.

B

Mailed-G.P.D.

FEB 26 1921

ff/cmw

GRAVE LOCATION BLANK.

LOCATION OF THE GRAVE OF

Cochran 2181262 Thomas M
(Surname.) (Number.) (First Name and Initials.)

Pvt Co. "A" 355th Inf.
(Rank.) (Organization.)

DATE OF BURIAL. 15th August 1918

PLACE OF BURIAL. American Cemetery

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

Menil la Tour, Meurthe et Moselle

GRAVE NUMBER. 188

HOW MARKED: Name Peg? Yes 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:

FILE

REVIEWED
OSP SS.

REPORTED BY: K F Nance, 1st Lt.,
Chaplain, Div. Hdqtrs.
A. P. O. # 761

(Signature and Rank of Reporting Officer.)

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

ADJUSTMENT MADE

NOV 27 1920

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

WAR DEPARTMENT

Office of the Quartermaster General of the Army
Washington

PLEASE
EXPEDITE

Special

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

Date 11/19/20

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.

FILE

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

- a. Surname Cochran,
- b. Christian name Thomas (M)
~~(Thomas)~~
- c. Serial Number 2181262
- d. Organization Co.A.355th Inf.
- e. Rank Pvt. (Bugler) (Bug)

- f. Date of death 8/14/18
- g. Cause of death DWRIA
- h. Authority (C.O.#)
- i. Emergency address
- j. Relationship

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								

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

BY: *H. J. Conner*
H. J. CONNER,
1st. Lieut. Q.M.C.

CEMETERY NO: 74

SHEET NO: 38

TYPED BY: ZS

S/713/LML

*Donnelly EME
EP 8-11/20/20*

Rec'd World War Div.

Date NOV 20 1920

ADJUSTMENT MADE
MAY 27 1920

FIVE

11/19/20

FILE

TO: [Illegible]

FROM: [Illegible]

RE: [Illegible]

[Illegible text block containing various lines of text, possibly a list or report]

Handwritten signature or initials

NOV 20 1920

RECEIVED

D

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

Hq. G.R.S. File

2. Soldier's No. 2181262

3. Cochran
Surname

Thos. M.
First Name and Initials

4. Pvt.
Rank

A.
Company

355 Inf.
Regt. or Corps

5. Aug. 14, 1918
Date of Death

Cause, if known

6. Aug. 15, 1918
Date of Burial

Menil-la-Tour
Cemetery

7. Menil-la-Tour
Town or Commune

M et M.
Department

8. 188
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.

COPY

12. Map Reference, if interment is outside of cemetery

REVIEWED
OSP SS

13. Give name of Chaplain or Burial Officer

Signed

Group Hqs Unit 301. G.R.S.

11320
20
20
30
11

401
Rgn

Cochran,

(Surname.)

Thomas M

(Christian name in full.)

2,181,262

(Army serial number)

Bugler,

Co A. 355 Inf.

(Rank and organization.)

State your relationship to the deceased

Father

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?

no

(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)

James A. Cochran.
Pitman, Arkansas.

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

Drawn by mks

M 4-38

11-18-80

11/18/80

REVIEWED

GSP SS.

Place Menib-la-Tour #74,

REPORT OF DISINTERMENT AND REBURIAL

Date March 8, 1921.

1. REMAINS OF COCHRAN, Thomas M. SERIAL NUMBER -----

RANK Bugler ORGANIZATION Co.A. 355th Inf.

2. Disinterred (date): 3-8-21 From (give complete location):

Grave #188 in Cemetery #74,
(under cross of Smith)

By: Group 2 Unit Section II

3. Reburied (date): 3-8-21 In (give complete location):

Grave #188 in Cem.#74

By: Group 2 Unit Section II Nature of reburial Wooden box,
burlap.

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

Wooden box, uniform Badly decomposed

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

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

None

6. What does examination of body show as regards the following identifying items? 3 gold crown,
4,5,6 gold bridge, 8 & 9
missing after death

(a) Height (actual measurement) estimated none discernable

(b) Weight (estimated) none discernable

(c) Hair—Color none discernable

Quantity none

Characteristics none

(d) Hair on face—Color none discernable

Location none

Quantity none

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

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

none discernable

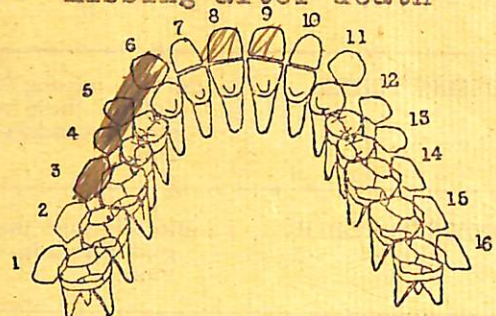
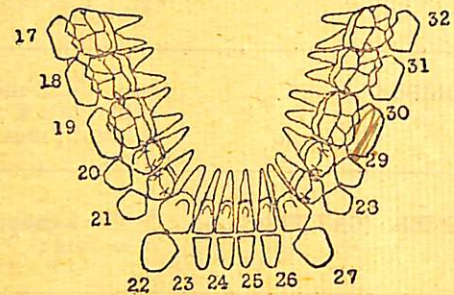


Diagram represents the mouth wide open.
30 missing before death.



D-50608

7. Disinterment supervised by L.E.Lawless

Approved: C.J.Blake
(Title) 2nd Lt., Q.M.C.

8. Reburial supervised by L.E.Lawless

Approved: C.J.Blake
(Title) 2nd Lt., 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), 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 :



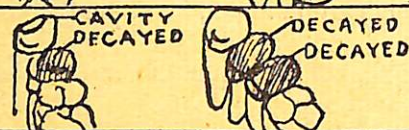
BRIDGE WORK.....Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



FILLINGS.....Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus :



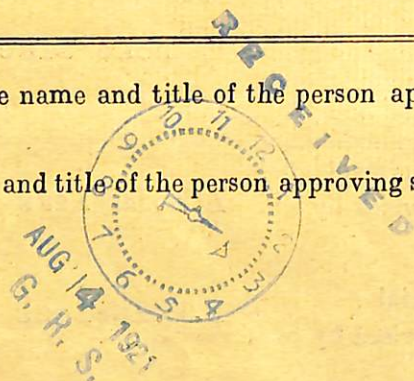
CARIES (CAVITIES).....Outline location and size of cavity, shade in thus :



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.



COMPILATION OF DISPOSITION OF REMAINS DATA

4486

I. LOCATION INDEX CARD:

(a) Name COCHRAN, Thomas (M) ^{ok (11-24)} Ser. No. 2181262
(b) Rank ~~Pvt.~~ ⁽¹¹⁻²²⁾ ~~Ev.~~ ^(ok) Organization Co. A, 355th Infantry
(c) Date of death 8-14-18- (d) Cause of death DWRIA

*7/25/22 Exhumed
for Concentration
St. Phil 1233
at 5/20/22*

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

(a) Grave No. 188 Row - Plot - Sec. - TYP. vbb
(b) Emerg. Address Mr. James A. Cochran (father) Pitman, Arkansas,

III. Files of soldiers dying from contagious diseases -- CKR. *113*

IV. A. G. O. DISPOSITION CARD:

Date of receipt _____

(a) Name *James A. Cochran* (b) Relationship *Father*
(c) Address *Pitman - Ark.*
(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 *SMK* Date *11-18*, 1920.

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

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

Examiner's Initials *SMK* Date *11-18*, 1920.

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

No request for disposition

(a) Cancellation memos referred to? *yes from*
Examiner's Initials *mm* Date *11-18*, 1920.

COUNTRY FRANCE CEMETERY No. 74 SHEET No. 38

12/23/20

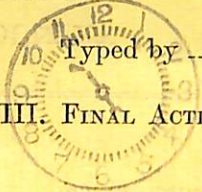
CARDED

*checked 11/26/18
checked 11-24-20*

Reviewed 4/6/21 ED

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

RECEIVED



Typed by _____, Checked by _____, 1920.

FEB 26 1921

VIII. FINAL ACTION:

Following advice forwarded to Europe by

cable on _____, 1920
letter on Dec. 14, 1920

1920 DIVISION
OVERSEAS PROJECT SUB-SEC.

DEC 29 1920

Par. II Not to be returned

RPW

IX.

CORRECTIONS

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

X. SUSPENSION REMARKS:

*K-25-21 - Form 115 - James A. Cochran (Father) N.Y.
Requests body remain in Europe (H-2-15-21 RPW)*

FORM 115 RETURNED BY NOBOKEN - BODY
TO REMAIN IN EUROPE.

2-28-21

RPW

Discl...

COMPLETION OF DISPOSITION OF REMAINS DATA

File - 11320

*See Form 115
att 5/20/22*

I. LOCATION INDEX CARD:

(a) Name Ser. No. } TYP
 (b) Rank Organization }
COCHRAN, Thomas (cause of death) **2181262**
 (c) Date of death death }
 (~~Pvt.~~) Bug. *ok (11-25)* **Co.A, 355th Infantry**
 vbb

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

(a) Grave No. Row Plot Sect. **DWRIA** TYP
 (b) Emerg. Address
188

III. Files of soldiers dying from contagious diseases..... CKR vbb

IV. Information on which advice to Europe in letter of transmittal was based,
Mr. James A. Cochran (father) Pitman, Arkansas,

*Re ID Card - James A. Cochran (father)
 Pitman, Ark. desires body to remain
 in Europe. 12/21/20 - SPW*

V. Following advice forwarded to Europe by (cable on 192
 (Letter of transmittal on 12/14/20 0

Par. 7 Not to be returned SPW

VI. Form 115 forwarded to G.R.S. Hoboken, N.J. **DEC 27 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. **FEB 28 1921** 192

COUNTRY CEMETERY NO. SHEET NO.
 G. R. S. FORM 115-A
 August, 1920

9-666/AB

FRANCE

74

38

SLY 12/23/20

To be prepared in triplicate.

DATE March 3, 1922.

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 <u>COCHRAN, Thomas M</u>	10. Name
2. No. <u>2181262</u>	11. No.
3. Rank <u>Bugler</u>	12. Rank
4. Org. <u>Co A 355th Inf</u>	13. Org.
5. D.D. <u>Aug 14th '16</u>	14. (a) D.D.
6. C.D. <u>DOW</u>	(b) D.B. <u>No disc.</u>

Discrepancy found upon disinterment

7. Grave No. <u>188</u> Sec.	15. Grave No.	Sec.
8. Plot Row	16. Plot Row	
9.	17. <u>No disc.</u>	
18. Cemetery <u>Amer.</u>	19. Commune or town <u>MENIL-la-TOUR</u>	
20. Dept. or County <u>M.et.M.</u>	21. Country <u>France</u>	
22. G.R.S. Hdqrs. Code No. <u>474</u>		

23. Disinterred (Date) March 3, 1922. By A.W. Taggart

24. Inscription on grave marker:

Name <u>Thomas M. Cochran</u>	Serial No. <u>---</u>
Rank <u>Bugler</u>	Organization <u>Co. A. 355th Inf.</u>

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

L. D. Hays
 Signature Junior Technical Assistant
L.D. Hays

PREPARATION

26. What other means of identification were on body? (If no disc or other means of identification on body, give description of body in detail).

No effects found. Metal strip found with body agrees with GRS Records

27. Condition of body Disintegrated. Features unrecognizable.

28. Nature of burial Wooden box and burlap.

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 March 3, 1922. By A.W. Taggart

31. Casket sealed by A.W. Taggart

Signature of Embalmer, (Supervisor *A. W. Taggart*
A.W. Taggart)

SHIPMENT. (Show actual marking of box.) Box No. **C-24291**

32. Designation of body:

Name **Thomas M. COCHRAN** Serial No. **2181262**

Rank **Bugler** Organization **Co A 355th Inf**

33. Consigned to:

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

34. Casket boxed and marked (Date) **March 3, 1922** By **A.W. Taggart**

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 **H.W. Beyette**

H.W. Beyette, Capt. QMC.

36. Remarks **None**

37. Shipped from point of Operation: (Date) **March 3, 1922.**

To point of Concentration **Toul (M et M)**
(Name)

Convoyer **Frank Atwell** Signature Shipping Officer **H.W. Beyette**

38. Received at Railhead or Point of Concentration: Date **March 3, 1922.**
H.W. Beyette, Capt. QMC

By G.R.S. Representative **L.B. Massie**

L.B. Massie, Capt. QMC.

39. Shipped from Railhead or Point of Concentration: Date **4 MAR 1922**

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

Convoyer **Frank Atwell** Signature Shipping Officer **L.B. Massie**

L.B. Massie, Capt. QMC.

40. Received: Date **4 MAR 1922**

G.R.S. Representative **G. D. GAMBLE, Captain, Q. M. C.,**

41. Reinterred, **July 28 1922**
(Date)

42. Grave No. **34** Section

43. ~~XXXX~~ Bk. C Row **23**

G.R.S. Representative **A E Dewey**
A E Dewey 1st. Lt. QMC

AUDITORY
Nov. 7-9-22

Place Manila-Tour (M et M)

REPORT OF DISINTERMENT AND REBURIAL

Date March 3, 1922.

1. REMAINS OF Cochran, Thomas H. SERIAL NUMBER 2181262

RANK Bugler ORGANIZATION Co. A. 356th Inf.

2. Disinterred (date): March 3, 1922. From (give complete location): Gr. 188, Cty. 74, Manila-Tour (M et M)

By: Group Taggart Unit P.S. Co.

3. Reburied (date): July 28 1922 In (give complete location): Gr. 34 Bk.C Row 23

Cty. # 1233

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

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

Wooden box and burlap. Disintegrated. Features unrecognizable.

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

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

Metal strip found with body agrees with GRS Records.

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

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

(b) Weight (estimated) Imp. to estimate

(c) Hair—Color None visible

Quantity _____

Characteristics _____

(d) Hair on face—Color None visible.

Location _____

Quantity _____

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

missing parts) None visible

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

None visible

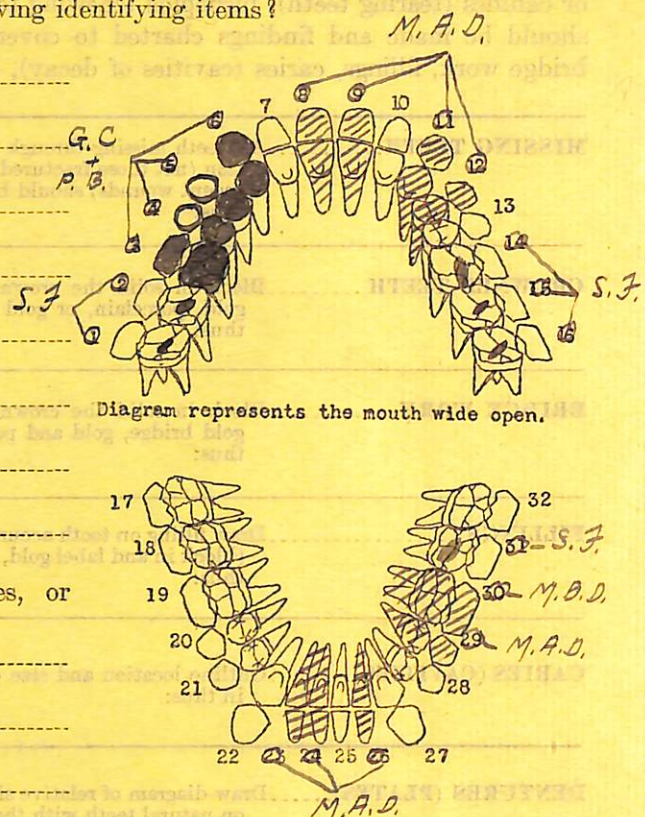
Checker: L.D. Hays

7. Disinterment supervised by A.W. Taggart Approved: H.W. Beyette

(Title) Capt. MC.

8. Reburial supervised by H L Kramer Approved: A E Dewey

(Title) A E Dewey 1st. Lt OMC



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.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
GRAVES REGISTRATION SERVICE
HOBOKEN, N. J.

JAN 15 1921

FROM: Chief, Graves Registration Service, Q.M.G.
TO: Mr. James A. Cochran, Pitman, Ark.
SUBJECT: Remains of Bugler, Thos. M. Cochran, Serial No. 2181262,
Co. A., 355th Inf.

*no change
ECS*

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 second page.

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. All removals are at Government expense.

By authority of the Quartermaster General.

CHARLES C. PIERCE,
Lt. Col. 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>James A. Cochran</i>		
Mother	<i>George Ann Cochran (Dead)</i>		
Brothers (Name oldest first)	1	
	2	
	3	
Sisters (Name oldest first)	1	<i>Lena May Depp (Still living)</i>	
	2	<i>Snay Depp Staley (Still living)</i>	
	3	

*Notes
1/15*

Date: *Jan 25 1921*
Address: *Pitman Ark*

Signature: *James A + Cochran*
Relationship: *Father*

Important.-- CAREFULLY read instructions before filling out this paper.

I, the undersigned, as the Father 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.)

~~1. To be returned to the U.S. and buried in the cemetery of this sheet.~~

2. To be returned to the U.S. and shipped to
.....
(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.

Witness
W.M. Powell

Signature James A. Cochran
.....
.....

Successor

INSTRUCTIONS FOR FILLING OUT.

1. If definite instructions 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 EXHIBIT at Government expense.

3. This paper MUST BE SIGNED BY THE PERSON WHO IS THE NEAREST 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 LEGALLY APPOINTED GUARDIAN of the children should ascertain their wishes and 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.

RECEIVED

FEB 26 1921

GENERAL DIVISION
OVERSEAS PROJECT SUB-SEC.

GRAVES REGISTRATION SERVICE
CORRESPONDENCE BRANCH



JAN 27 1921

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