

CAUSE OF DEATH

*Died of wounds*

G.R.S. Form #114-B

*Id. Sig*

*Mathias H. O.K.*

FULL NAME..... COLLING, ~~Mathias H.~~

RANK..... *O.K.* Private SERIAL..... 2213860 *O.K.*

DIVISION & ORGANIZATION..... Co. F, 4th Inf. *3rd Div*

DATE OF DEATH..... 7-28-18 *O.K.*

STATE FROM WHICH HE CAME..... *Nebr*

MEDALS OR DECORATIONS AWARDED..... *None*

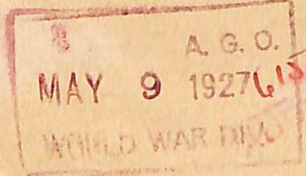
FINAL GRAVE LOCATION..... *769* 58 8 B

Date

Grave

Row

Block



1764

Cemetery

*9786-3  
5/26/27*

1815

27/86/-

## GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

*Colling* *2213860* *Mathias H*  
(Surname). (Number). (First Name and Initials).

*Pvt* *Co. F. 4<sup>th</sup> Inf.*  
(Rank). (Organization).

PLACE OF DEATH: *ARC Hosp 107*

CAUSE OF DEATH: *wounds*

DATE OF BURIAL: *July 28, 1918*

PLACE OF BURIAL: *Am Cem.*

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

*Jouy -sur-Morin*  
*Seine-et-Marne*

GRAVE NUMBER: *35*

HOW MARKED: Name Peg?..... Cross?

Headboard?..... Bottle?.....

IDENTIFICATION TAGS:

Was one buried with body? *yes*

Was one fastened to name peg or stake used as a grave marker? *no*

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

NEAREST RELATIVE:

ADDRESS: *.....*

RELATIONSHIP: *.....*

REPORTED BY:

*W. P. Campbell Chaplain ARC*  
(Signature and Rank of Reporting Officer).

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

CODE SLIP



HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	Colling	3	352
	Mathias W		
BURIED	CEMETERY 1764	1	4
	GRAVE 58	2	58
	ROW 8	2	08
	BLOCK B	1	2
STATE	Nebr	2	32
RANK	Priv	1	2
DIVISION	3	2	03
ORGANIZATION	4	3	004
ARM	Inf	1	1
MARTIAL	(Father) No	1	2
NAME	Colling,	3	332
	Mathias		
RESIDENCE	STATE Neb	2	32
	COUNTY Indianola	2	73
	CITY Indianola, Nebr.	3	xxx
RELATION	Im mother	1	1
OTHER	Not low	1	8
ELIGIBILITY	M Dead	1	6
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF TRIP	MO.	1	AS
	YR.	1	
ACCEPTANCE		1	

AUDITED

AUG 18 1932

AS

da

McL 29/514/PJ



WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Colling, Mathias H.  
1764

Aug. 22, 1929.

Mr. Mathias Colling,  
Indianola, Nebr.

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated June 12, 1929 making inquiry concerning the name and address of the mother and widow of the deceased service man above named. These addresses are desired with a view to ascertaining the number of mothers and widows who desire to make a pilgrimage to the cemeteries of Europe in which the remains of their sons and husbands are interred.

Will you please fill in the answers to the following questions in the space provided on this letter, and return the letter to this office in the enclosed envelope which requires no postage?

Write answers in space below

1. Is the deceased survived by a widow who has not since remarried? If so, give her complete address:

No

2. If he is survived by a mother, stepmother, mother thru adoption, or any other woman who stood in loco parentis to him, according to the terms of Section 4 of the enclosed Act, give her name, address, and relationship in the space opposite.

No

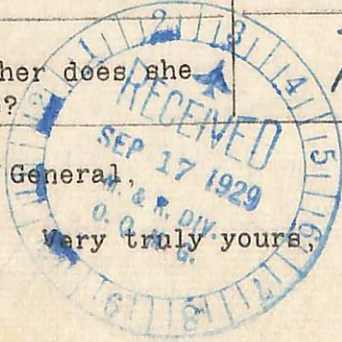
3. If survived by a widow or mother does she desire to make the pilgrimage?

No

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  
Colling, Mathias H.

June 12 1929.

Mr. Mathias Colling,  
Indianola, Nebr.

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 Private Mathias H. Colling, Co. F, 4th 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 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

Colling, Mathias H. - 1764 F

July 8, 1930

Mr. Mathias Colling  
Indianola, Nebr.

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

Colling, Mathias H.  
1764

Aug. 22, 1929.

Mr. Mathias Colling,  
Indianola, Nebr.

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated **June 12, 1929** making inquiry concerning the name and address of the mother and widow of the deceased service man above named. These addresses are desired with a view to ascertaining the number of mothers and widows who desire to make a pilgrimage to the cemeteries of Europe in which the remains of their sons and husbands are interred.

Will you please fill in the answers to the following questions in the space provided on this letter, and return the letter to this office in the enclosed envelope which requires no postage?

Write answers in space below

1. Is the deceased survived by a widow who has not since remarried? If so, give her complete address:

2. If he is survived by a mother, stepmother, mother thru adoption, or any other woman who stood in loco parentis to him, according to the terms of Section 4 of the enclosed Act, give her name, address, and relationship in the space opposite.

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

For The Quartermaster General,

Very truly yours,

2 Incls.  
Act of Congress  
Envelope

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

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C  
Colling, Mathias H.

June 12 1929.

Mr. Mathias Colling,  
Indianola, Nebr.

O. Q. M. G. M. & R. DIV.

1929 JUN 12 PM 2 03

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 Private Mathias H. Colling, Co. F, 4th 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 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.

Gr.

G.R.S. Form #114-B

DATE \_\_\_\_\_

1. NAME COLLING, Mathias H. SERIAL No. 2213860

RANK Pvt. ORGANIZATION Co. F, 4th Inf.

GRAVE LOCATION Amer. E. F. Cty., JOUY-sur-MORIN (S-et-M) 769  
CTY. NAME NUMBER

35

GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION \_\_\_\_\_

GRAVE COMMUNE DEPT.

COORDINATES \_\_\_\_\_

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.

(No data available)

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 Dec. 16, 1922 58 8 Block B

DATE GRAVE ROW PLOT

Aisne Marne American Cemetery #1764, Belleau Aisne.

CEMETERY

ADMITTED BY

## 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.

Colling, Mathias H

2 213 860 ✓

(Surname)  
Pvt

(Christian name in full.)  
Co F 4th Inf

(Army serial number.)

(Rank and organization.)

State your relationship to the deceased **Father**

Do you desire the remains brought to the United States? **Yes.**

(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)

*Mathias Colling*  
*Indianola Neb*

(Number and street or rural route.)

(City, town, or post office.)

(State.)

**Read carefully the letter accompanying this card.**

Unconf 716

Gr.

G.R.S. FORM #114-A.

STATION JOUY sur Morin

To be prepared in triplicate.

DATE November 21-21

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name COLLING, <sup>Mathias</sup> Mathias H.

2. No. 2213860

3. Rank Pvt.

4. Org. Co.F, 4th Inf.

5. D.D. 7.28.18

6. C.D. DOWRIA

10. Name \_\_\_\_\_

11. No. \_\_\_\_\_

12. Rank \_\_\_\_\_

13. Org. \_\_\_\_\_

14. (a) D.D. \_\_\_\_\_

(b) D.B. \_\_\_\_\_

Discrepancy found upon disinterment

7. Grave No. 35 Sec. \_\_\_\_\_

8. Plot \_\_\_\_\_ Row \_\_\_\_\_

9. \_\_\_\_\_

15. Grave No. \_\_\_\_\_ Sec. \_\_\_\_\_

16. Plot \_\_\_\_\_ Row \_\_\_\_\_

17. None.

18. Cemetery American E.F.

20. Dept. or County S-et-M

22. G.R.S. Hdqrs. Code No. 769

19. Commune or town Jouy-sur-Morin

21. Country France

23. Disinterred (Date) Nov 21-21

By D. Bachman

24. Inscription on grave marker:

Name Mathias H. COLLING

Rank Pvt.

Serial No. \_\_\_\_\_

Organization Co.F, 4th Inf.

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

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).

None

27. Condition of body Badly decomposed recognition impossible.

28. Nature of burial sheet 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 November 21-21 By D. Bachman

31. Casket sealed by \_\_\_\_\_

Signature of Embalmer, (Supervisor) D. Bachman

D. Bachman

4/11/21  
808

728  
11/14/22

SHIPMENT. (Show actual marking of box.) Box No. **C-17111**

32. Designation of body:

Name **Mathais H. COLLING** Serial No. **2213860**

Rank **Pvt.** Organization **Co.F, 4th Inf.**

33. Consigned to:

**Officer in Charge**

Name of Permanent Cemetery **Aisne-Marne American Cty. #1764**

34. Casket boxed and marked (Date) **BELLEAU (Aisne)** By **D. Sachse**  
**Nov 21-21**

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 **B.L. Maloney Capt. QMC.**

36. Remarks

37. Shipped from point of Operation: (Date) **Nov 21-21**

To point of Concentration **Aisne-Marne Cty # 1764 Belleau Aisne** (Name)

Convoyer **James Flynn** Signature Shipping Officer **B.L. Maloney Capt. 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 **Nov 27/21**

G.R.S. Representative **Ed. Hauss Major Supr.**

41. Reinterred **Dec. 16, 1922.** **Aisne-Marne Cem. 1764.**  
(Date)

42. Grave No. **58** Section

43. Plot **Block B** Row **8**

G.R.S. Representative **W.D. Cleary**

**W.D. CLEARY, Lt. Chaplain USA**

Place JOUY-sur-MORIN, (S. et M.)

REPORT OF DISINTERMENT AND REBURIAL

Date November 21st, 1921.

1. REMAINS OF COLLING, <sup>Mathias</sup> Mathais H. SERIAL NUMBER 2213860  
RANK Pvt. ORGANIZATION Co. F., 4th Inf.

2. Disinterred (date): Nov. 21, 21 From (give complete location):  
Grave 35, Cemetery 769  
By: Group 3 Unit Field Section 3

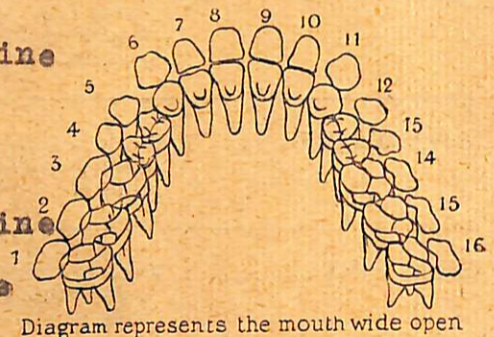
3. Reburied (date): Dec. 16, 1922. In (give complete location):  
Grave 58, Row 8, Block B, Cem. 1764, Belleau (Aisne)  
By: Group re-burial group Unit \_\_\_\_\_ Nature of reburial lined casket

4. Report as to nature of original burial and condition of body upon disinterment:  
In sheet.  
Badly decomposed; recognition impossible

5. (a) Identification tags: Buried with body? Yes On grave marker? No  
(b) Other means of identification found upon disinterment, and general remarks:  
Found under cross. None.

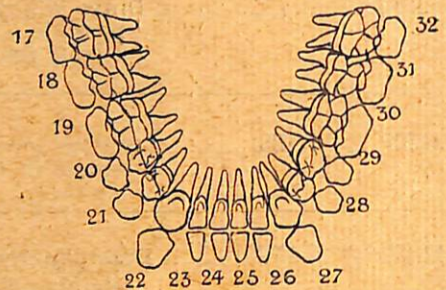
6. What does examination of body show as regards the following identifying items?  
(a) Height (actual measurement) Impossible to determine 7, 8 MAD.

(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) Impossible to determine



(f) Wounds or missing parts (received at time of casualty)  
None visible

7. Disinterment supervised by D. Bachman  
D. Bachman.

Approved: B.L. Maloney  
B.L. Maloney, Capt. QMC.  
(Title)

8. Reburial supervised by L.D. Hays  
L.D. HAYS

Approved: W.D. Cleary  
(Title) W.D. CLEARY, 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 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 :	
<b>CROWNED TEETH</b>	Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus :	
<b>BRIDGE WORK</b>	Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge) thus :	
<b>FILLINGS</b>	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus :	
<b>CARIES (CAVITIES)</b>	Outline location and size of cavity, shade in thus :	
<b>DENTURES (PLATES)</b>	Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"	

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

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

# COMPILATION OF DISPOSITION OF REMAINS DATA

**I. LOCATION INDEX CARD:**

File #19485

(a) Name COLLING, Mathais N. Ser. No. 2213860  
 (b) Rank Pvt. Organization Co. F, 4th Inf.  
 (c) Date of death 7/28/18 (d) Cause of death W/A

TYP. AES  
 CKR. DB

4/22/22  
 22-22  
 Concentration  
 For  
 Jansen - Marine  
 at 5/19/22  
 1764

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

(a) Grave No. 35 Row --- Plot --- Sec. --- TYP. AES  
 (b) Emerg. Address Mathais Colling, Father, Indianola, Nebr.

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

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

Date of receipt no card in file

(a) Name \_\_\_\_\_ (b) Relationship \_\_\_\_\_  
 (c) Address \_\_\_\_\_  
 (d) Remains to be brought to U. S.? \_\_\_\_\_  
 (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 \_\_\_\_\_ Date \_\_\_\_\_, 192

**V. A. G. O. CORRESPONDENCE shows communication from**

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

Examiner's Initials \_\_\_\_\_ Date \_\_\_\_\_, 192

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

no request for disposition  
 (a) Cancellation memos referred to? \_\_\_\_\_

Examiner's Initials mrj Date 10/4/21, 192

COUNTRY FRANCE CEMETERY No. 769 SHEET No. 59

11/16/21  
 L

VII. G. R. S. Form No. 114 made \_\_\_\_\_, 192

Typed by \_\_\_\_\_, Checked by \_\_\_\_\_, 192

VIII. FINAL ACTION:

Following advice forwarded to Europe by { cable on \_\_\_\_\_, 192  
letter on \_\_\_\_\_, 192

*10/19/21 Add advice not to be returned. 10-19-21  
1119*

IX.

REMARKS

WRITE NOTHING BELOW THIS LINE.

# COMPILATION OF DISPOSITION OF REMAINS DATA

File #19485

See Form 115  
att 5/7/22

I. LOCATION INDEX CARD:

(a) Name COLLING, ~~Mathias~~ <sup>Mathias</sup> N. Ser. No. 2213860

(b) Rank Pvt. Organization Co. F, 4th Inf. } TYP. AES

(c) Date of death 7/28/18 (d) Cause of death W/A } B3

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

(a) Grave No. 35 Row --- Plot --- Sec. --- TYP. AES

(b) Emerg. Address Mathias Colling, Father, Indianola, Mo.

III. Files of soldiers dying from contagious diseases --- CKR. B3

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 \_\_\_\_\_, 192

10/19/21. Old advice - not to be returned. 10-19-21  
1119

VI. Form 115 forwarded to G. R. S., Hoboken, N. J., \_\_\_\_\_, 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. \_\_\_\_\_, 192

COUNTRY \_\_\_\_\_ CEMETERY No. \_\_\_\_\_ SHEET No. 59

G.R.S. FORM NO. 23.

19485

NAME Colling, Mathias H.

FILE NUMBER 19485

RANK Private

ORGANIZATION Co.F. 4th Inf.

SERIAL NUMBER

NO.	QUESTION	REPLY
1.	Do particulars of soldier given above agree with records?	E. COLLING, Mathias. N. 2213860. Pvt. Co F. 4th. Inf.
2.	Date of death?	2.- 7/28/18.
3.	Cause and place of death?	W/a
4.	Has this been reported on Casualty Cablegram, if so, give reference,	4.- C.C. # 259. 9/21/18.
5.	Date of burial?	5.- 7/28/18.
6.	Grave Location:	6.- Grave No 75. Cty.Amer. B/A Consenvoye Meuse.
7.	Who reported burial?	Cty. No 716
8.	Confirmed by G.R.S.?	
9.	How is grave marked?	
10.	Identification Tags: (a) Buried with body? (b) Attached to grave marker?	10. No record tags.
11.	Emergency address:	11. Mathias. Colling. ( Father) Indianola, Nebr.
12.	Has above been notified? (Give date)	14 Jan . 1919.

ANALYSIS OF INQUIRY

Flowers, flags, etc. (Par. #5, Bul. 10-B)	Effects (G.R.S. Form No. 7&7-A)
Monuments (Par. #6, Bul. 10-B)	Accrued Pay (G.R.S. Forms Nos. 19 & 22)
Disinterments (Par. #8, Bul. 10-B)	Liberty Bonds (G.R.S. Forms Nos. 21 & 22)
Circumstances of death (G.R.S. Form No. 6)	War Risk Insurance (G.R.S. Forms Nos. 20 & 22)
Photographs requested (File 004.5)	Disposition of Remains (a) Return to U.S. (Form 25)
Grave Location	(b) Remain in France (Form 24)
	(c) Miscellaneous (Letter)

Remarks:

Ref. No. 8878

AMERICAN RED CROSS

Paris, May 24, 1919.....

Name of Soldier: Mathias H. Colling

Rank: Private

Company: F

Regiment: 4th Inf.

Forward Burial Report to  
"Bureau of Communication" for

Mathias Colling, Indianola,  
Nebraska, U. S. A.

Burial report required for Paris.



JUN 10 1919

NAME Colling, Mathias H.

FILE NUMBER

RANK

ORGANIZATION Co.H. 4th Inf SERIAL NUMBER

NO.	QUESTION	REPLY
1.	Do particulars of soldier given above agree with records?	
2.	Date of death?	
3.	Cause and place of death?	
4.	Has this been reported on Casualty Cablegram, if so, give reference.	
5.	Date of burial?	
6.	Grave Location:	
7.	Who reported burial?	
8.	Confirmed by G.R.S.?	
9.	How is grave marked?	
10.	Identification Tags: (a) Buried with body? (b) Attached to grave marker?	
11.	Emergency address:	
12.	Has above been notified? (Give date)	

## ANALYSIS OF INQUIRY

Flowers, flags, etc. (Par. #5, Bul. 10-B)	Effects (G.R.S. Form No. 7&7-A)
Monuments (Par. #6, Bul. 10-B)	Accrued Pay (G.R.S. Forms Nos. 19 & 22)
Disinterments (Par. #8, Bul. 10-B)	Liberty Bonds (G.R.S. Forms Nos. 21 & 22)
Circumstances of death (G.R.S. Form No. 6)	War Risk Insurance (G.R.S. Forms Nos. 20 & 22)
Photographs requested (File 004.5)	Disposition of Remains (a) Return to U.S. (Form 25)
Grave Location	(b) Remain in France (Form 24)
	(c) Miscellaneous (Letter)

Remarks:

October 19, 1921.

769 Reg. Br., Cem. Div.

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

Chief, American Graves Registration Service, A.M.C., in Europe.

Additional advise on American Cemetery, #769, Jouy-sur-Morin,  
Seine-et-Marne, France.

1. The remains of the deceased soldiers named below, interred in  
American Cemetery, #769, Jouy-sur-Morin, Seine-et-Marne, France, are not to  
be returned to the United States.

Cable

Ref. No.

58. Cleary, John J., Pvt., 66870, Company H, 102nd Infantry.  
59. Colling, Mathias H. Pvt., 2213660, Company F, 4th Infantry.

By authority of the Acting Quartermaster General:

CHARLES J. WYNN,  
Captain, A.M. Corps.

**FILE**

19485

CEMETERIAL DIVISION  
REGISTRATION SECTION

September 13th, 1921.

MEMO FOR: Cards Department.

1. CASE OF:

Co. F. 4th Inf.  
ORGANIZATION (Old)

Colling 2213860 Mathais N. Pvt.  
(Name)

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

ORGANIZATION (New)

FILE NO.

SURNAME

SERIAL NUMBER

FIRST NAME AND INITIALS

RANK

DATE OF DEATH

CAUSE OF DEATH

	Date	Place	F-1A No.
Orig.			D-
1st Reb.			D-
2nd Reb.	7/28/18	769	D- 40127
3rd Reb.			D-

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

BY: Miss Lannon

Card.

(Department)

5 x 8 card was sent to file.

Corrections made  
on Organization  
File Card:

By *[Signature]*

19485  
AMERICAN EXPEDITIONARY FORCES  
HEADQUARTERS SERVICES OF SUPPLY  
OFFICE OF THE CHIEF QUARTERMASTER, A.E.F.  
GRAVES REGISTRATION SERVICE

FROM : Chief, Graves Registration Service,  
A.P.O. 717, American E. F.

TO : C.O.

SUBJECT: Query as to Identification Tag.

1. This office has received from  
Effects Depot.

identification tag as follows:

Name: COLLING (32 I3860) Mathias.

Rank: Organization:

2. It is possible that the wearer of this tag was killed in action. If so, will you please fill out, as far as possible, the enclosed Grave Location Blank, and furnish any other information available which will tend to establish the place of his death and burial, and mail same promptly to office, G.R.S., Hdqrs. S.O.S., with return of this paper.
3. If he was not killed in action please advise as to present status, by notation hereon.

CHARLES C. PIERCE  
Lieut. Colonel G.M.C., U.S.A.

one on body  
" " Mr. M.

19485  
AMERICAN EXPEDITIONARY FORCES  
HEADQUARTERS SERVICES OF SUPPLY  
OFFICE OF THE CHIEF QUARTERMASTER, A.E.F.  
GRAVES REGISTRATION SERVICE  
FRANCE

June 25th, 1918

Burial information for the American Red Cross.  
-----

Soldier's name : COLLING, Mathias H. #2313860.

Rank : Private.

Organization : Co. F. 4th Infantry.

Date of Death : 28th July, 1918.

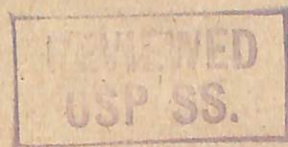
Place of Burial : Grave number 75, American Battle  
Area at CONSENVOYE, Commune of  
CONSENVOYE, department of the  
MEUSE.

Reference number : 19485.

(All communications regarding this Grave location should  
quote the above reference number and be addressed to : -

Chief, Graves Registration Service  
Headquarters Service of Supply  
Office of the Chief Quartermaster  
American E. F.  
France.)

Home Communication Section, For: Mathias Colling,  
American Red Cross, Indianola, Nebraska, U.S.A.  
Paris.  
GCE/GVC. CHARLES C. PIERCE  
Lieut. Colonel. Q.M.C., U.S.A.



1948

REVIEWED  
OSP SS.

Name. *Colling, Mathias H.*

Rank, *Pvt.* Co. *I.* (Corps) *4 Inf.*  
(Regt)

Date of Death. *July 28, 1918*

Place. *Hospital*

Cause.....

Date of Burial. *July 28, 1918*

Grave No. *75*

Cemetery. *Joury sur Merin*

Identified by (Tag) *Direct Merin*  
(Papers)  
(Clothing)

List of Effects. *R 284*  
*543*

Field Record Made by. **GROUP N° 2**

Company....Graves **Unit 303, G. R. S.** Registration Service

For additional data use reverse side

1 NOV 1948

160

19485  
**GRAVE LOCATION BLANK**

LOCATION OF THE GRAVE OF

Colling 2213860 Mathias H.  
(Surname) (Number) (First Name and Initials).

Pvt. Co F 4<sup>th</sup> Inf.  
(Rank) (Organization).

PLACE OF DEATH: ARC Hosp #107

CAUSE OF DEATH: wounds

DATE OF BURIAL: July 28 1918

PLACE OF BURIAL: Am Cem.

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

Jeu-y-sur-Morin

Seine-et-Marne

GRAVE NUMBER: 35

HOW MARKED: Name Peg? ..... Cross?

Headboard? ..... Bottle? .....

IDENTIFICATION TAGS:

Was one buried with body?  Yes

Was one fastened to name peg or stake used as a grave marker?  No

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

NEAREST RELATIVE

ADDRESS:

RELATIONSHIP:

REPORTED BY:

Way Campbell Chaplain ARC.  
(Signature and Rank of Reporting Officer).

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

29 SEP 1918

No \_\_\_\_\_

Rank Private

Surname Coll: \_\_\_\_\_

Regt. No \_\_\_\_\_

Christian name Mathias H.

Regiment Co. F, 4th Inf.

Enquirer \_\_\_\_\_

DATE OF REPORT	BY WHOM REPORTED	NATURE OF CASUALTY
	Officially	K. I. A. July 28, 1919

DATE  
OF REPORT

BY WHOM REPORTED

NATURE OF CASE



WAR DEPARTMENT.

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

OFFICIAL BUSINESS.

Mathias H. Collins

2213861



FILE  
1948-8761

RECORDED  
OSP SS.

WAR DEPARTMENT.

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

OFFICIAL BUSINESS.

*Mathias H. Collins*

2213861



FILE  
1948  
-8761

