

G.R.S. Form #114-B

APR 27 1926

DATE November 11, 1921

1. NAME COWAN, Clarence E SERIAL No. 1455513

RANK Pvt. 1c1 ORGANIZATION Hqrs. Co. 139th Inf DIVISION 35

GRAVE LOCATION Meuse-Argonne Amer. Romagne/s/Montfaucon 1232 sec 41 CTY. NAME NUMBER

7 sec 41 1 GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION 16 Charpentry (Meuse). GRAVE COMMUNE DEPT.

COORDINATES 35SE 276.65N 302.65E.

CONCENTRATED TO 4.25.19. 7. 41 1. DATE GRAVE ROW PLOT

Meuse Argonne 1232. CEMETERY CTY. NUMBER

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

Tag on cross and body.

DATE OF DEATH Sept 27, 1918

STATE FROM WHICH HE CAME Mo.

MEDALS OR DECORATIONS AWARDED none

hb SUBSEQUENT REBURIALS DATE GRAVE ROW PLOT CEMETERY

DATE GRAVE ROW PLOT CEMETERY

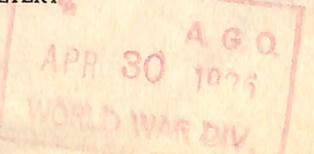
SIGNATURE, AREA SUPERVISOR M. B. BIRDSEYE 1st Lt., Q.M. Corps, U.S. Army

3. FINAL GRAVE LOCATION 11/11/21 6 46 Block C DATE GRAVE ROW PLOT

Robert C. Davis, Major General, The Adjutant General, By

MAY 8 1926

Meuse-Argonne Amer. Cty #1232- Romagne-sous-Montfaucon (Meuse) CEMETERY



# INSTRUCTIONS FOR PREPARATION OF FORM 114 B

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

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

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

4. If data is entered on Form 114-B from Form 1, Form 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 R

Cowan 145519 Clarence

(Surname.) (Number.) (First Name and Initials.)

Unknown

(Rank.)

(Organization.)

DATE OF BURIAL..... Oct. 6, 1918

PLACE OF BURIAL..... R78.8 - ~~302.5~~ 302.5

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

Map Voussiers 1:50,000 28th. Engrs. 1918

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:

Chaplain Walsh

(Signature and Rank of Reporting Officer.)

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

# GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

*Cowan* *15518* *Clarence*  
(Surname.) (Number.) (First Name and Initials.)

(Rank.)

(Organization.)

DATE OF BURIAL

*Oct 6 1918*

PLACE OF BURIAL

*302.5 x 76.8*

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

GRAVE NUMBER

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

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

IDENTIFICATION TAGS:

Was one buried with body? *yes* .....

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

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

REPORTED BY:

*Thomas H. Chaplain*  
(Signature and Rank of Reporting Officer.)

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

# GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

*Cowan* *1455518* *Clarence*  
(Surname.) (Number.) (First Name and Initials.)

(Rank.)

(Organization.)

DATE OF BURIAL. *Oct 6 1918*

PLACE OF BURIAL. *302.5 x 768*

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

*Map Montfaucon*

GRAVE NUMBER.

HOW MARKED: Name Peg? *yes* Cross?

Headboard? Bottle?

IDENTIFICATION TAGS:

Was one buried with body? *yes*

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

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

REPORTED BY:

*Thomas Stone Charlain*

(Signature and Rank of Reporting Officer.)

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

77

89

Co Hq., 139th Infantry  
35th Div.

COWAN, Clarence E. - Pvt Icl. I455518  
Home : H A L E ( Mo. )

Private Clarence COWAN, and I were about 50 feet apart in shell holes, about 400 yards up the Baulny branch of the spot, where the Varennes-Charpentry road branches off to Baulny, and we were about 150 yards to the right of the road. The area where we were was being shelled heavily by the Germans, (time 11:00 A.M. September 27th 1918.) The first knowledge I had that private COWAN was injured, was when he came running over to the hole that I was in saying "Bob, I'm hit." He stumbled, staggered and fell and I caught him as he fell. A fragment of high explosive shell had pierced his neck from left to right and had undoubtedly severed the jugular vein. He lives about four minutes after he came to me and told me to "Tell his Father Goodbye" for him and also told me to leave the I pound gun and get a rifle and go to them, (The enemy). I have been told by one who was seen his grave, that he was buried in almost the identical spot where he fell.

Informant : STAFFORD, Robbins - Sgt I455397  
Co Hq., 139th Infantry.  
Home : I919 N. 2nd St. St Joseph (Mo.)

Emergency address :  
Mr R.M. COWAN, (Father)  
H A L E ( Mo.- )

H.P.

REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Name: COWAN, Clarence E.

Number: 1455518

Rank: Pvt.

Organization: Unkn

Disinterment and Reburial made by Group

Unit

Disinterred (Date)

From: (Give complete location)

4/25/19

Grave #16 B.A.Cty., CHARPENTRY, MEUSE

Map 35 S.E. E 302.65 N 276.65

Reburied (Date)

in: (Give complete location)

4/25/19

Grave #7 Section #41 Plot #1

ARGONNE AMERICAN CEMETERY, #1232

ROMAGNE, MEUSE

1232

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

Burial good. Body buried in uniform. Body badly decomposed.

Was one identification tag found upon the body? Yes

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

12373

Note:

CONFIRMED NO. 12373

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

Supervised by: Lt. J.C. Hanes

ABB.

G.O. Group \_\_\_\_\_ Unit \_\_\_\_\_

Number of copies: \_\_\_\_\_

It is hereby certified that the above named person is a member of the \_\_\_\_\_



Name: \_\_\_\_\_

That the above named person is a member of the \_\_\_\_\_

and is entitled to the same rights and privileges as other members of the \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (Date)

\_\_\_\_\_ (Date)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (Date)

\_\_\_\_\_ (Date)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MEMBER OF DISTRICT NO. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	Cowan	3	3-5-12
	Clarence E.		
BURIED	CEMETERY 1232	1	1
	GRAVE 6	2	06
	ROW 46	2	46
	BLOCK C	1	3
STATE	MO.	2	29
RANK	Port 1st	1	2
DIVISION	35	2	35
ORGANIZATION	139	3	139
AFM	Inf.	1	1
MARTIAL	MO	1	2
NAME	Cowan	3	
	Mr. R.M.		
RESIDENCE	STATE	2	
	COUNTY	2	
	CITY	3	
RELATION	Mother	1	1
OTHER		1	
ELIGIBILITY	Dead 1906	1	6
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF TRIP	MO.	1	
	YR.	1	
ACCEPTANCE		1	

Father

(no loco or S.M.)

Audited  
APR 21 1982  
MB

44.2.21. 29/514/PJ.

pm

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

July 8, 1930.

Cowan, Clarence E. 1232 F

Mr. R. M. Cowan,  
Hale, Mo.

Dear Sir:

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

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

1. Is the deceased survived by a mother?

If so, give her name and address:

No.

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

If so, give her name and address:

No.

3. Is the deceased survived by any woman who stood in loco parentis to him according to the terms of Section 4 (a) of the enclosed Act as amended?

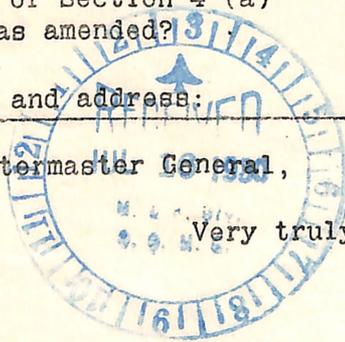
If so, give her name and address:

No.

For The Quartermaster General,

Very truly yours,

Enclosures:  
Envelope  
Act  
Amendment

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

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

July 12, 1930

IN REPLY REFER TO QM 293 A-C

COWAN, CLARENCE E. 1232 F

Dear sir:

In reply to your letter QM 293-A-C, in  
reference to Clarence E. Cowan 1232 F who  
died in the service of the world war had no  
mother, she being deceased July, 1906.

Respectfully

R M Cowan

This office has no record of any person entitled under the Act mentioned to make a pilgrimage to the cemetery in Europe as the mother or widow of the above deceased service man. To complete the list of names of those entitled to make a pilgrimage the above named man is survived by a mother or widow entitled to make a pilgrimage she receive an invitation to do so, if 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.

No.	1. Is the deceased survived by a mother? If so, give her name and address:
No.	2. Is the deceased survived by a widow who has not remarried? If so, give her name and address:
No.	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:



Very truly yours,  
A. D. HUGHES  
Captain, U. S. Army  
Assistant

Enclosure:  
Envelope  
Act  
Amendment

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Cowan, Clarence E.  
1232

September 3, 1929

Mr. R. M. Cowan  
Hale  
Mo.

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated **June 28, 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 the deceased is survived by a widow or mother does she desire to make the pilgrimage?

*No*



For The Quartermaster General,

Very truly yours,

*J. T. Harris*  
JOHN T. HARRIS,  
Major, Q. M. Corps,  
Assistant.

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

June 28, 1929.

(Cowan, Clarence E.)

Mr. R.M. Cowan,  
Hale, Mo.

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 Clarence E. Cowan, Hdq. Co. 139th Inf., whose remains are now interred in the Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon, Meuse, France.

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

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

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

For The Quartermaster General,

Very truly yours,

2 incls.  
Act of Congress.  
Envelope.

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

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

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If so, give her name and address:

For The Quartermaster General,

Very truly yours,

Enclosures:  
Envelope  
Act  
Amendment

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

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C  
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1232

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

Write answers in space below

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

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

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

For The Quartermaster General,

Very truly yours,

2 Incls.  
Act of Congress  
Envelope

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

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

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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.

Cowan,

(Surname.)

Clarence E.

(Christian name in full.)

1,455,518

(Army serial number.)

Pvt 1st Cl

Hq Co 139th 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?

(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)

Richard M Lowrey

Hale - Ma (MS)

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

Checked  
M-4-19-21

drawn by ~~MMK~~  
1232 - Sep 4 - 39  
4-19-21

in reply refer to:  
QM - 293 C-R

July 18, 1923.

Mr. R.M. Cowan,  
Hale,  
Mo.

Dear Sir:

The Quartermaster General desires that you be informed that the permanent grave of Private 1/c Clarence E. Cowan, Headquarters Company, 159th Infantry, is Grave 6, Row 46, Block C, Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon (Meuse), France.

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

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

Very truly yours,

H. J. Connor,  
Assistant.



JUL 18 1923  
C.E.H.

RD  
L

COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

File # 33426

(a) Name COWAN, Clarence E. Ser. No. 145518
(b) Rank Pvt. 1/C Organization Hq. Co. 139th Inf.
(c) Date of death 9-27-18 (d) Cause of death k/a

TYP. hmp
CKR. 30

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

(a) Grave No. 7 Row ----- Plot 1 Sec. 41 TYP. hmp
(b) Emerg. Address R. M. Cowan (Father) Hale Mo.

III. Files of soldiers dying from contagious diseases/

CKR. 30

IV. A. G. O. DISPOSITION CARD:

Date of receipt

(a) Name Richard M. Cowan (b) Relationship Father
(c) Address P. F. W. C. Hale, Mo.
(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 MTH Date 4/19, 1920

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

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

Examiner's Initials Date, 1920

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

No request for disposition

(a) Cancellation memos referred to?

Examiner's Initials MTH Date 4/19, 1920

COUNTRY FRANCE

CEMETERY No. 1232 Sec. 41

SHEET No. 39

MAY 2 1921
ATP

checked 4-21-21



To be prepared in triplicate.

DATE Nov 10 1921

## 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 <u>COWAN, Clarence E</u>	10. Name
2. No. <u>1455513 8</u>	11. No.
3. Rank <u>Pvt. 1c1</u>	12. Rank
4. Org. <u>Hqs. Co. 139th Inf</u>	13. Org.
5. D.D. <u>Sept. 27 - 18</u>	14. (a) D.D.
6. C.D. <u>KIA</u>	(b) D.B. <u>None</u>

Discrepancy found upon disinterment

7. Grave No. <u>7</u> Sec. <u>41</u>	15. Grave No.	Sec.
8. Plot <u>1</u> Row	16. Plot	Row
9.	17.	<u>None</u>

18. Cemetery Meuse-Argonne Amer.19. Commune or town Romagne/s/Montfaucon20. Dept. or County Meuse21. Country France22. G.R.S. Hdqrs. Code No. 1232 sec 4123. Disinterred (Date) Nov 10 1921 By P. P. Kierce

24. Inscription on grave marker:

Name Clarence E Cowan Serial No. 1455513Rank PFC Organization Hq Co 139 Inf25. Was identification disc found on grave marker? Yes On body? YesSignature J L White Junior Technical Assistant

J L White

## 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).

None27. Condition of body Badly decomposed, features unrecognizable28. Nature of burial U S Uniform, burlap box,

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above?

None30. Body prepared and placed in casket: Date Nov 10 1921 By P P Kierce31. Casket sealed by PP KierceSignature of Embalmer, (Supervisor) P. P. Kierce

SHIPMENT. (Show actual marking of box.) Box No. C-16128

32. Designation of body:

Name Clarence E. COWAN Serial No. 1455513

Rank Pvt. 1c1 Organization Hqrs. Co. 139th Inf.

33. Consigned to:

Name of Permanent Cemetery Meuse-Argonne Am. Romagne/s/Montfaucon 1232

34. Casket boxed and marked (Date) Nov 10 1921 By P P Kierce

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

R C Worthington Lt QMC

36. Remarks

37. Shipped from point of Operation: (Date) Nov 10 1921 CC

To point of Concentration Morgue Romagne

Convoyer W J Royed Signature Shipping Officer (Name J. Gerald Cole)

J. GERALD COLE  
Captain, C. A. C.

38. Received at Railhead or Point of Concentration: Date

By G.R.S. Representative

39. Shipped from Railhead or Point of Concentration: Date

To Permanent Cemetery

Convoyer Signature Shipping Officer (Name)

40. Received: Date

G.R.S. Representative

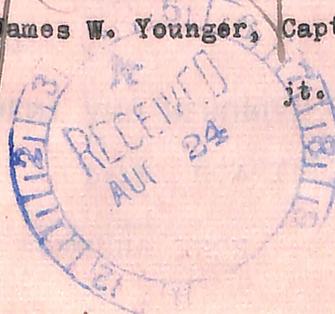
41. Reinterred Meuse Argonne Cemetery # 1232 Nov 11th 1921

42. Grave No. 6 (Date) Section

43. ~~Box~~ Block C Row 46

hw

G.R.S. Representative James W. Younger, Capt QMC



Place Argonne - Sous Montfaucon

REPORT OF DISINTERMENT AND REBURIAL

Date Nov. 10, 1921.

1. REMAINS OF COWAN CLARENCE E. SERIAL NUMBER 1455518  
RANK Pvt. 1/c ORGANIZATION Hq. Co., 139th Inf.

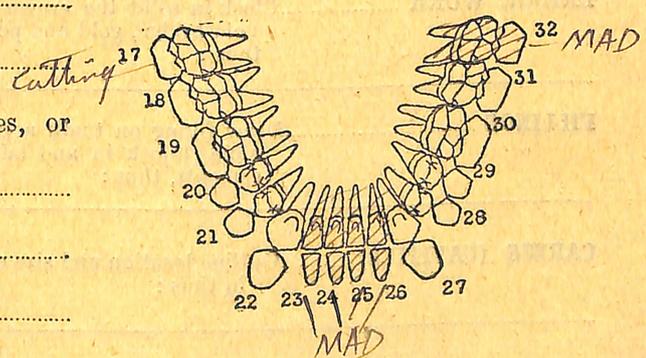
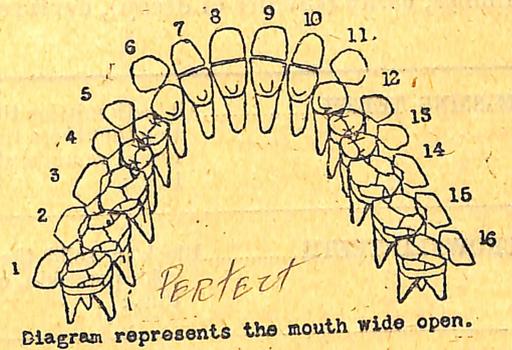
2. Disinterred (date): Nov, 10, 1921. From (give complete location):  
Gr. 7 sec 41 pt 1 Cem., #1232.  
By: Group 4 Unit sec. 1

3. Reburied (date): Nov 11th 1921 In (give complete location):  
MeuseArgonne Cemetery # 1232 Gr 6 block C row 46  
By: Group re-burial 5 Unit re-burial 5 Nature of reburial unlined casket

4. Report as to nature of original burial and condition of body upon disinterment:  
Uniform, burlap and a wooden box, body decomposed 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:  
body tag checks with records.

6. What does examination of body show as regards the following identifying items?  
(a) Height (actual measurement) Imp to det.  
(b) Weight (estimated) do  
(c) Hair—Color do  
Quantity do  
Characteristics do  
(d) Hair on face—Color do  
Location do  
Quantity do  
(e) Permanent marks on body (old scars, peculiarities, or missing parts) Imp to det.  
(f) Wounds or missing parts (received at time of casualty) Imp to det.



1455518 - belongs to discharged man Frank Collins

7. Disinterment supervised by P. P. Klerce S. E. Approved: R. C. Northington 1st Lt. QMC

8. Reburial supervised by A. U. Dufault Approved: Thos W. Younger, Capt QMC

RECEIVED stamp with date 24 and initials jt.

## 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

I. LOCATION INDEX CARD:

File # 33426

(a) Name COWAN, Clarence H. Ser. No. 1455518  
 (b) Rank Pvt. 1/C Organization Hq. Co. 139th Inf.  
 (c) Date of death 9-27-18 (d) Cause of death k/a

TYP. hnp  
*hnp*

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

(a) Grave No. 7 Row ----- Plot 1 Sec. 41 TYP. hnp  
 (b) Emerg. Address R. M. Cowan (Father) Hale Mo.

CKR. *hnp*

III. Files of soldiers dying from contagious diseases / -----

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

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V. Following advice forwarded to Europe by { cable on -----, 192  
*Sec. 41* { letter of transmittal on APR 27 1921, 192  
 Par. #2, Not To Be Returned *(EW)*

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.
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VIII. Form 115 received from G. R. S., Hoboken, N. J., -----, 192

COUNTRY ----- CEMETERY No. ----- SHEET No. -----

G. R. S. Form 115-A  
August, 1920

MAY 2 - 1921 FRANCE  
 - a P

1232 Sec. 41

1 G.R.S. form no 11

2 no 1455518

3 COWAN CLARENCE

4 Pict. — — —

5 — — —

6 A.E.F. Cemetery no 12

7 Charpentry mensel

8 Grave no 16 Plot no 1

9 Cross.

10 yes — yes

11  $\frac{1}{2}$  kilo S. Charpentry Baulmy  
road.  $\frac{1}{2}$  kilo S.W. Charpentry

1 kilo S.E. Baulmy.

12 map 35 SE. 276.8 N. x 302.8 E.

13 Sketch no 78

Group 4 unit 306 G.R.S.  
Gorge Diehoff

1 B.A.S. form no 1  
2 no 148718  
3 COWAN CLARENCE  
4 Pat



5 A.F.F. Embroidery  
6 Embroidery  
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