

Cowing

Lawrence

(Surname.)

(Christian name in full.)

(Army serial number.)

2nd Lt

Batty C, 144 FA

(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*

(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)

*Rufus A. Cowing  
Springfield Pike Wyanon, Ill*

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

APR 15 4 21 PM '13

X

Am. Dy.

# 25-

Cancelled by you  
10-18-27

PF PF  
Branan by  
25-103d  
10-8

FULL NAME ..... COWING, Lawrence

RANK ..... 2nd Lt SERIAL.....

DIVISION & ORGANIZATION ..... Bty C, 144th F.A. 40 Div.

DATE OF DEATH..... Sept. 29, 1918

STATE FROM WHICH HE CAME..... Ohio

MEDALS OR DECORATIONS AWARDED. none

FINAL GRAVE LOCATION.....  
Date Grave Row Block

Suresnes, #34  
Cemetery

REC'D WORLD WAR DIV.  
1 SEP 15 1924

# GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

R

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

..... 2nd Lt. ..... Co. C, ..... 144th F. A. .....  
(Rank.) (Organization.)

DATE OF BURIAL..... October 1, 1918......

PLACE OF BURIAL.....

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

..... American Expeditionary Forces.....

..... Cemetery No 25, Talence, France......

..... Section A.....

GRAVE NUMBER..... 12.....

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

Headboard? yes ..... 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:

G. W. Everberg

..... 2nd Lieut. G. W. Everberg, Q. M., U. S......

(Signature and Rank of Reporting Officer.)

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

# GRAVE LOC

LOCATION OF THE GRAVE OF

**Cowing----- Lawrence**

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

**2nd Lt. Co. C, 144th F. A.**

(Rank.) (Organization.)

DATE OF BURIAL **October 1, 1918.**

PLACE OF BURIAL.....

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

**American Expeditionary Forces**

**Cemetery No. 25. Talence, France.**

**Section A**

GRAVE NUMBER **12**

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

Headboard? **yes**..... 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:

*G. W. Everberg*  
**2nd Lieut. G. W. Everberg, Q.M., U.S.**  
(Signature and Rank of Reporting Officer.)

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

6 OCT 1918

Name *Lewis*

Rank *2nd Lieut* Co. *4* { Corps } *144 T. U.*  
Regt. }

Date of Death *Sept - 29 - 1918*

Place .....

Cause .....

Date of Burial *Oct - 1 - 1918*

Grave No. *12, Section A*

Cemetery *A. E. F. # 25*

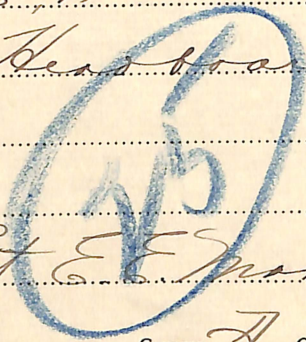
Identified by { Tag  
Papers } *Headboard*  
Clothing }

List of Effects .....

Field Record Made by *Sgt E. E. Morris*

Company *7* Graves Registration Service

For additional data use reverse side



907B



File

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY  
September 22, 1922.  
WASHINGTON

#33435

FILE: 293.8 C-R

SUBJECT: Permanent Grave Location of **2nd Lt. Lawrence Cowing,**  
**Battery B, 144th F. A.**

TO: **Mr. Rufus A. Cowing, 423 Springfield Pike, Wyoming, Ohio.**

1. The permanent grave of this **officer** **4** **18,**  
is No. **Row**  
**A, Suresnes American Cemetery at Suresnes, Department of Seine,**  
Block  
France.

2. This is one of the permanent American military cemeteries to be maintained by this Government in Europe. Each grave will be marked by a headstone of white marble, of suitable design, with name, rank, organization and date of soldier's death. 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.

3. 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.

For the Quartermaster General:

GEORGE H. PENROSE,  
Assistant.

MAILED

SEP 22 1922

G.R.S.

DATE 10/19/21

1. NAME Cowing, Lawrence SERIAL No. \_\_\_\_\_

RANK 2nd Lt ORGANIZATION Batt. C. 144th Fld. Art.

GRAVE LOCATION Talence (Gironde) CTY. NAME Talence NUMBER 25

12 - Sec. A GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION 12 Sect. A GRAVE Talence COMMUNE Gironde DEPT.

COORDINATES \_\_\_\_\_

CONCENTRATED TO Oct. 1st, 1918 DATE 12 Sect. A GRAVE ROW PLOT

Talence CEMETERY 25-B CTY. NUMBER

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

SUBSEQUENT REBURIALS DATE GRAVE ROW PLOT CEMETERY

DATE GRAVE ROW PLOT CEMETERY

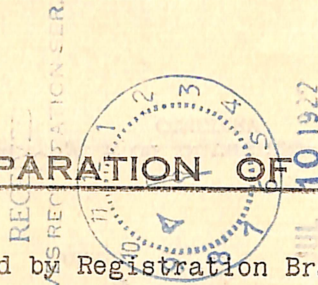
SIGNATURE, AREA SUPERVISOR [Signature] W. R. NICHOLS  
Major, C. A. C.

3. FINAL GRAVE LOCATION 10/19/21 DATE 4 GRAVE 18 ROW Block PLOT A

AUDITED BY  
S&B 8/31/22

Suresnes American Cty # 34 Suresnes Seine 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 I6, 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.

Place Talence # 25,

# REPORT OF DISINTERMENT AND REBURIAL

Date Sept. 14, 1921.

1. REMAINS OF COWING, Lawrence SERIAL NUMBER -----

RANK 2nd Lt. ORGANIZATION Batt. C, 144th Fld. Art.

2. Disinterred (date): Sept. 14, 1921. From (give complete location): Grave 12. Sect. A, Talence # 25.

By: Group 4 Unit Sect. 7.

3. Reburied (date): October 19th, 1921. In (give complete location): Suresnes Cemetery, - Block A - Row 18 - Grave 4.

By: Group Field Operations Branch Unit ----- Nature of reburial Metal Casket and Blanket.

4. Report as to nature of original burial and condition of body upon disinterment:  
Badly decomposed. Features not recognizable.  
Wooden box. Uniform.

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 corroded, illegible, Bodies either side previously exhumed.  
Identified exhumations indicate regular row. Officer's uniform.  
No evidence to disprove identity.

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

(a) Height (actual measurement) Indiscernable

(b) Weight (estimated) due to decomposition.

(c) Hair—Color None left

Quantity None.

Characteristics None.

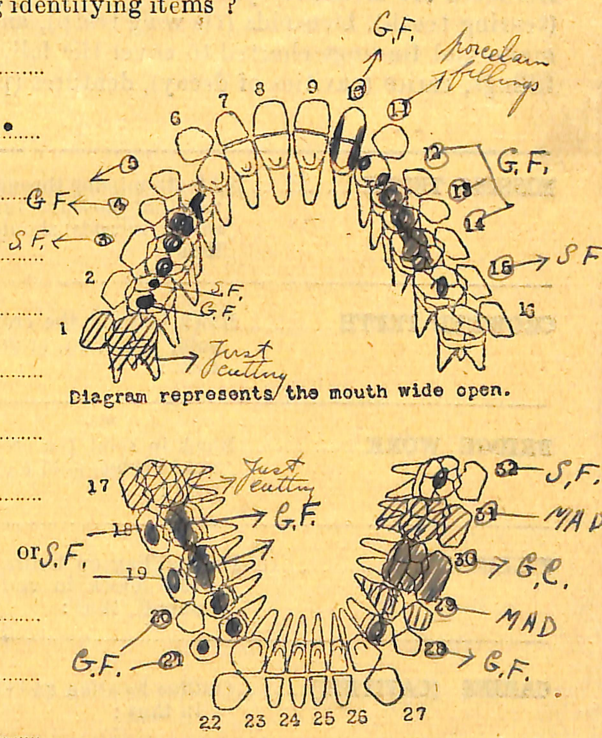
(d) Hair on face—Color None appearing.

Location None.

Quantity None.

(e) Permanent marks on body (old scars, peculiarities, or missing parts) Indiscernable due to decomposition.

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



F.C. Stark, Checker.

60384

7. Disinterment supervised by Frank L. Kaelin Approved: O.E. Davis  
llw FRANK L. KAELIN, Sup.Emb. (Title) O.E. DAVIS,

8. Reburial supervised by R. G. Richards Approved: R. P. Harbold  
1st Lieut. Q.M.C. (Title) Major, 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:



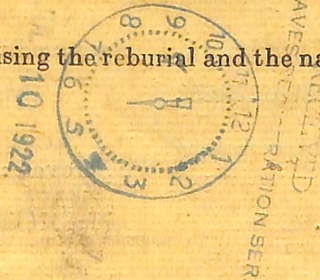
**CARIES (CAVITIES)**.....Outline location and size of cavity, shade in thus:



**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.



To be prepared in triplicate.

DATE Sept. 14, 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 Cowing, Lawrence  
 2. No. \_\_\_\_\_  
 3. Rank 2nd Lt.  
 4. Org. Batt.C.144th Fld Art.  
 5. D.D. 9.29.18  
 6. C.D. DOD

10. Name \_\_\_\_\_  
 11. No. \_\_\_\_\_  
 12. Rank \_\_\_\_\_  
 13. Org. \_\_\_\_\_  
 14. (a) D.D. \_\_\_\_\_  
 (b) D.B. No discrepancy.

Discrepancy found upon disinterment

7. Grave No. 12 Sec. A  
 8. Plot \_\_\_\_\_ Row \_\_\_\_\_  
 9. \_\_\_\_\_

15. Grave No. \_\_\_\_\_ Sec. \_\_\_\_\_  
 16. Plot \_\_\_\_\_ Row \_\_\_\_\_  
 17. No discrepancy.

18. Cemetery American  
 20. Dept. or County Gironde  
 22. G.R.S. Hdqrs. Code No. 25

19. Commune or town Talence  
 21. Country \_\_\_\_\_

23. Disinterred (Date) Sept. 14, 1921

By FRANK L. KAELIN.

24. Inscription on grave marker:

Name COWING, Lawrence  
 Rank 2nd Lt.

Serial No. \_\_\_\_\_  
 Organization Batt. C, 144th Fld. Art.

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

F. C. STARK  
 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).  
Body tag corroded, illegible. Bodies either side previously exhumed. Identified exhumations indicate regular row. Officer's uniform. No evidence to disprove identity.

27. Condition of body Badly decomposed. Features not recognizable.

28. Nature of burial Wooden box, Uniform.

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 Sept. 14, 1921. By FRANK L. KAELIN

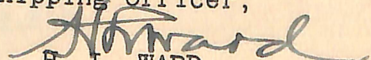
31. Casket sealed by FRANK L. KAELIN.

Signature of Embalmer, (Supervisor) Frank L. Kaelin  
FRANK L. KAELIN

39 (a) Received <sup>at</sup> ~~from~~ Paris Morgue, October 17, 1921.

  
H. L. WARD,  
Major, Q.M.C.

39 (b) Shipped from Paris Morgue, Oct. 17th 1921. To Permanent  
Cemetery No. 34, American, Suresnes (Seine) by Shipping Officer,  
Convoysed by:

  
H. L. WARD,  
Major, Q.M.C.

SHIPMENT. (Show actual marking of box.) Box No. **C-1870**

32. Designation of body:

Name **Cowing, Lawrence** Serial No. \_\_\_\_\_

Rank **2nd Lt** Organization **Batt.C.144th Fld Art.**

33. Consigned to:

Name of Permanent Cemetery **SURESNES CAN CEMETERY**

34. Casket boxed and marked (Date) **Sept. 14, 1921** By **FRANK L. KAELIN**

35. I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

Signature of G.R.S. Inspector *[Signature]*

36. Remarks **O.E.DAVIS, 1st Lt/Q.M.C.**

**None.**

37. Shipped from point of Operation: (Date) **Sept. 14, 1921.**

To point of Concentration **Bassens, (Gironde)**

Convoyer **Charles F. Schiller** Signature Shipping Officer *[Signature]*

38. Received at Railhead or Point of Concentration: **Sept. 14 1921** Date **S.D. CAMPBELL, Capt., Q.M.C.**

By G.R.S. Representative **W. R. NICHOLS**  
**Major C. A. C.**

Shipped from Railhead or Point of Concentration: Date **Oct 14 1921**

To Permanent Cemetery **Paris Morgue**

Convoyer **Jack Roberts** Signature Shipping Officer *[Signature]*

Received: Date **October 19th, 1921.**

G.R.S. Representative **R. G. RICHARDS, 1st Lieut. Q.M.C.**

Reinterred **Suresnes Cemetery.** **October 19th, 1921.**  
(Date)

2. Grave No. **4.** Section \_\_\_\_\_

43. ~~Plot~~ Block **A.** Row **18.**

G.R.S. Representative *[Signature]*  
**R. G. RICHARDS,**  
**1st Lieut. Q.M.C.**

COMPILATION N/R REQUESTS

*3/16/22 Examined  
22 Exhumation  
for Concentration  
Survives "34"  
att 3/31/22*

I. DATA COMPILATION

A. Location Index Card:-

(1) Name Cowing, Lawrence Ser. No. --- ) TYP. ESW  
(2) Rank 2d Lt. Organization Bty C, 144th F. A. ) CKR. 98  
(3) Date of death 9-29-18 )

B. Registration Card:- (Check Reg. Card Inf. against Loc. Ind. Inf.)

(4) Cause of death Jaundice Epidemic, Weils Disease ) TYP. HDP  
(5) Grave No. 12 Row -- Plot -- Sect. "A" ) CKR. [Signature]

II. FILES EXAMINATION

A. Files of soldiers dying from contagious diseases; Card agrees with No. 4

B. A. G. O. DISPOSITION CARD Date of receipt none

(6) Relationship Father  
(7) Name Rufus A Cowing  
(8) Address 423 Springfield Pike, Wyoming, Ohio.  
(9) Desires remains brought to U. S.? no  
(10) Desires remains brought to U. S. and interred in National Cemetery at 7.B 4-24-20  
(11) If brought back, what shipping instructions?

C. A. G. O. CORRESPONDENCE Date of communication

(12) Does correspondence Change or qualify request as made on A.G.O. card? If so, specify such information.

(13) A. G. O. Files EXAMINED by [Signature] (Date) 4-26-20

D. (14) G. R. S. Files Correspondence. (Has reference been made to File No. Cancellation memos.? yes att Does such correspondence, if containing request for disposition, reconcile with that of A. G. O.? att (Specify "Yes or "No".) If "No", give date of communication, the name, address, and relationship and substance of request.

No request for disposition

(15) G. R. S. Files EXAMINED by att (Date) 4-26-20

LITER EXAMINED PA

DATE

III. FINAL ACTION

A. MEMORANDUM to D. M. O. in E. made (Date) \_\_\_\_\_

(16) Removal of Remains (within custody of G.R.S.) to \_\_\_\_\_

(17) Instructions that remains be left undisturbed \_\_\_\_\_

(18) Typed by \_\_\_\_\_ Checked by \_\_\_\_\_ (Date) \_\_\_\_\_

B. G. R. S. FORM NO. 114 made (Date) \_\_\_\_\_

(19) Typed by \_\_\_\_\_ Checked by \_\_\_\_\_ (Date) \_\_\_\_\_

C. SUSPENSION REMARKS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Dispatched (Date) **MAY 7** (Let. Trans. No. \_\_\_\_\_)

*Par. # 2 Not to be returned. MB 10-19-20*

Approved by \_\_\_\_\_

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

*7.120 - No change in instructions - 10-18-20 - JCL*

LITER EXAMINATION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMBINATION OF THE

ENTER NO

DATE

COMBINATION

You have failed to furnish this office the names and addresses of those persons indicated by the blue arrow on the enclosed form.

You are requested to furnish this office at the earliest practicable moment the name and address of each of those persons indicated by the blue arrow. If those persons are not living you should so state on the attached form and return the same at once to this office, otherwise there will be an endless and unnecessary delay in the handling of this case. Prompt action is necessary.

NS-8794/L

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

25-103  
JUL 9 - 1920

FROM: Chief, Graves Registration Service, Q.M.C.  
TO: Rufus A. Cowing, 423-Springfield Pike, Wyoming, Ohio  
SUBJECT: Remains of 2nd Lt. Lawrence Cowing

*Rush Answer*

The records of this office show that you have requested that his body be not returned to U.S.

*no change*

If these are not the correct instructions, please change them. Make changes on reverse side of this sheet.

The nearest living relative may choose between, (1) return of the body to any address in the United States; (2) interment in Arlington, Va., National cemetery; or (3) remain in France.

By authority of the Quartermaster General:

CHARLES C. PIERCE,  
Colonel, U.S. Army.

NAME OF	NO. & STREET	TOWN	STATE
Soldier's Widow	<i>None, unmarried</i>		
Soldier's Children (Name oldest first)	1. 2. 3.		
Father	<i>Refus A Cowing</i>	<i>Wyoming</i>	<i>Ohio</i>
Mother	<i>Amelia G. Cowing</i>	<i>Wyoming</i>	<i>Ohio</i>
Brothers (Name oldest first)	1. <i>Geo A Cowing</i> 2.	<i>"</i>	
Sisters	<i>Mrs Geo T. Scott</i> <i>Mrs Amy L. Redfield</i> <i>Mrs W. H. Hanks</i>	<i>Upper Meriden N.Y.</i> <i>Brookville N.Y.</i> <i>Wyoming</i>	<i>Ohio</i> <i>Ohio</i> <i>Ohio</i>
Date		Signature	<i>Refus A Cowing</i>
Address	<i>Wyoming Ohio</i>	Relationship	<i>Father</i>

Note: - Instructions on the reverse side of this sheet should be carefully read before filling out this paper.

jdb

(OVER)

The transfer of bodies will be made entirely at government expense.

RECEIVED



JUL 14 1920  
G. R. S.

---

INSTRUCTIONS FOR FILLING OUT

1. This paper **MUST** be signed by the person who is the **NEXT** of kin in the order shown in the square on other side of this sheet.
2. 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.
3. If there are minor children of the deceased soldier and no widow, the legally appointed guardian of the children should ascertain their wishes and act for them in this matter.
4. If **YOU** are not the nearest relative, please ask the nearest relative, if living near you, to fill out this paper.
5. 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.
6. You are requested to return this paper **AT ONCE** in order to avoid delay in the case of this body.
7. Use the enclosed envelope - pay no postage.

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C  
Cowing, Lawrence 34 F

July 8, 1930.

Mr. Rufus A. Cowing,  
423 Springfield Pike,  
Wyoming, Ohio.

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

May 4, 1929.

IN REPLY REFER TO ~~QM 203 A-C~~  
Cowing, Lawrence

Mr. Rufus A. Cowing,  
423 Springfield Pike,  
Wyoming, Ohio.

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 Second Lieutenant Lawrence Cowing, Battery C, 144th Field Artillery, whose remains are now interred in the Suresnes American Cemetery, Suresnes, Seine, 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.  
5-18-29

CODE SLIP

HEADING	SUB HEADING	NO. OF COLS	CODE
NAME <i>Cowing Lawrence</i>	<i>COW</i>	3	<i>3 0 12</i> <i>5 3</i>
BURIED	CENTURY <i>34</i>	1	<i>6</i>
	GRAVE <i>4</i>	2	<i>04</i>
	ROW <i>18</i>	2	<i>18</i>
	BLOCK <i>A</i>	1	<i>1</i>
STATE	<i>Ohio</i>	2	<i>41</i>
RANK	<i>2d Lt</i>	1	<i>1</i>
DIVISION	<i>40</i>	2	<i>40</i>
ORGANIZATION	<i>144</i>	3	<i>144</i>
ARM	<i>F.A.</i>	1	<i>3</i>
MARITAL <i>(Father)</i>	<i>No</i>	1	<i>2</i>
NAME <i>Cowing Rufus W.</i>		3	
<i>423 Springfield Pike</i>	STATE	2	<i>41</i>
<i>Wyoming, Ohio</i>	COUNTY	2	<i>31</i>
RESIDENCE	CITY	3	
RELATION <i>no flow</i>	<i>Mother</i>	1	<i>1</i>
OTHER		1	
ELIGIBILITY <i>no</i>	<i>Dead</i>	1	<i>6</i>
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	<b>AUDITED</b>
NO. OF SONS		1	<i>RS</i>
DATE OF TRIP	MO.	1	
	YR.	1	
ACCEPTANCE		1	
<i>29/514/EAB</i>			

*29-403*

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

July 8, 1930.

Cowing, Lawrence 34 F

Mr. Rufus A. Cowing,  
423 Springfield Pike,  
Wyoming, Ohio.

*L*

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:

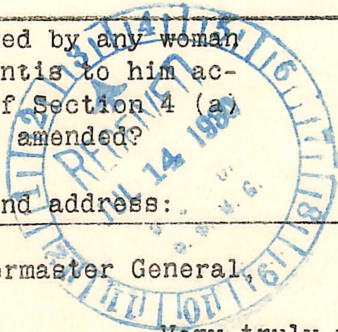
*No*

For The Quartermaster General,

Very truly yours,

Enclosures:  
Envelope  
Act  
Amendment

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



# The Harkness & Cowing Company

MANUFACTURERS  
OF

## Stearic Acid

SAPONIFICATION PROCESS  
RED OIL                      CRUDE GLYCERINE

CINCINNATI, OHIO, U.S.A.  
ST. BERNARD

CABLE ADDRESS:  
"HARKING"  
LIEBER'S CODE  
A.B.C. 5TH EDITION  
SIMPLEX, CROSS

ESTABLISHED 1855  
INCORPORATED 1892  
MEMBERS OF  
NATIONAL ASSOCIATION  
OF MANUFACTURERS

*Quartermaster General  
Washington*

*May 22 - 1929*

*With reference to Lawrence Cowing.*

*O.M. - 293 - A.C.*

*His mother is dead and there is no widow*

*Refus. A. Cowing*



WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

May 4, 1929.

IN REPLY REFER TO ~~QM 293 A-C~~  
Cowing, Lawrence

Mr. Rufus A. Cowing,  
423 Springfield Pike,  
Wynning, Ohio.

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 Second Lieutenant Lawrence Cowing, Battery C, 144th Field Artillery, whose remains are now interred in the Suresnes American Cemetery, Suresnes, Seine, 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.  
5-18-29

cj