

322

G.R.S. Form #114-B

To The A. G. O.

8160

JUN 1 - 1923

FULL NAME COX, Marshall ✓

RANK Pvt. ✓ SERIAL 1893695 ✓

DIVISION & ORGANIZATION Co. G., 167th Inf. ✓ ✓ 42nd Div ✓

DATE OF DEATH Nov. 7, 1918 ✓

STATE FROM WHICH HE CAME North Carolina ✓

MEDALS OR DECORATIONS AWARDED none ✓

FINAL GRAVE LOCATION 40 20 E
Date Grave Row Block

Meuse-Argonne, #1232

Cemetery

Robert O. Davis,
Major General,
The Adjutant General.

By *RD* JUN 10 1923

Rec'd World War Div.

23/306/ARK 5 APR 2 1923

JUN 9 A. G. O. 1923
WORLD WAR DIV.

ADC 4-7-28

RECEIVED
MAY 2 1928

RECEIVED

RECEIVED

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9 10 11
▲
Received
JUN 12 28
M & R. BRANCH
O. Q. M. G.

RECEIVED

RECEIVED

RECEIVED

RECEIVED

CC 331 2m
11/30

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Cox, 1093685 Marshall
(Surname) (Number) (First Name and Initials).

Prvt. 167 Inf Co. 8
(Rank) (Organization).

PLACE OF DEATH:

CAUSE OF DEATH: Killed in Action,

DATE OF BURIAL: Nov. 7th 1918.

PLACE OF BURIAL: Mill 88-18 B. Reziars.
(Give Cemetery, Town and Department). Map reference must specify clearly what map is used.

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:

NEAREST RELATIVE:

ADDRESS:

RELATIONSHIP:

REPORTED BY: *Chas Gunn*
(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	<i>Co. Marshall</i>	3	<i>3 0 12</i> <i>3 5 4</i>
BURIED	CEMETERY <i>1232</i>	1	<i>1</i>
	GRAVE <i>40</i>	2	<i>40</i>
	ROW <i>20</i>	2	<i>20</i>
	BLOCK <i>E.</i>	1	<i>5</i>
STATE	<i>N. Car.</i>	2	<i>38</i>
RANK	<i>Put</i>	1	<i>2</i>
DIVISION	<i>42</i>	2	<i>42</i>
ORGANIZATION	<i>167</i>	3	<i>167</i>
ARM	<i>Inf</i>	1	<i>1</i>
MARITAL	<i>No</i>	1	<i>2</i>
NAME	<i>Purvis</i>	3	
RESIDENCE	<i>Mrs. Ada So Fairwalk Dairy, Columbia, S. C.</i>	2	
		2	
		3	
RELATION	<i>Mother</i>	1	<i>1</i>
OTHER		1	
ELIGIBILITY	<i>Dead</i>	1	<i>6</i>
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE		1	

Sister

Checked
APR 21 1932
MS

29/514
ACCEPTANCE
29/514

MS

June 8, 1932.

QM 293 A-M
Cox, Marshall (MA)

Mrs. T. E. Cox,
Hendersonville, N. C.

Dear Madam:

Receipt is acknowledged of your letter of May 30, 1932, relative to the pilgrimage of mothers and widows to the cemeteries of Europe, authorized by the Act of Congress of March 2, 1929, as amended May 15, 1930.

In order that it may be determined whether or not you are eligible to make a pilgrimage to the grave of the late Private Marshall Cox, it is requested you furnish the following information:

- (1) What is your relationship to the late Private Cox?
- (2) If you are his stepmother, furnish the date of your marriage to his father.
- (3) If his father is deceased, furnish the date of his death.
- (4) Did you provide the late Private Cox with food, clothing and shelter for a period of five years at any time prior to his reaching the age of eighteen?
- (5) Did his father contribute to his support at any time during that period? v

In the event you are eligible to make a pilgrimage to the grave of this veteran at the expense of the Government, your attention is invited to the fact that under the law governing the pilgrimage the Government can bear no part of the expense of relatives or friends accompanying pilgrims on their journey, nor can it make any arrangements for them. Should you desire your maid to accompany you at personal expense arrangements will be made for you to occupy the same hotel rooms in New York and Europe and the same cabin aboard ship.

Competent personnel will be provided to care for the comfort and needs of the women making the journey from the time they arrive in

QM 293 A-M
Cox, Marshall (MA)

- 2 -

New York City until they return thereto, and doctors and nurses will be available.

There is enclosed herewith for your convenience in replying a self-addressed envelope which requires no postage.

For The Quartermaster General.

Very truly yours,

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

Enclosures:
Act- Amend.
Env.

mf

BT

Hendersonville N.C.
May 19 1932

The Quartermaster General,
Washington, D. C.

Dear sir :-

By an act of Congress
approved March 2, 1929 to
enable mothers or any one
who stood in loco parentis
to the decedent, is entitled
to make a pilgrimage, when
they are interred in the
Cemeteries of Europe, I received
a copy of the act, June 29, 1929
but have not replied,
I would like to make the
trip now, and I'm entitled
to it as I was Marshall
Cox Foster Parent, QM 293A-C.

Please write me full particulars, about the trip, and if I could take my girls ^{with} to help me as I can't get about alone. I don't understand the copy very clearly, and I've lost some of my papers concerning the voyage.

Hoping to hear from you soon, I am,

yours Truly
(Mrs.) J. E. Cox

Pvt. Marshall Cox,
Co. (G) 167th Inf.)



WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Cox Marshall 1232 S

July 8, 1930.

Mrs. Ada Purvis,
c/o Fairwald Dairy,
Columbia, S. C.

Dear Madam:

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

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

1. Is the deceased survived by a mother?

If so, give her name and address:

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

DATE January 17, 1930

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
Cox, Marshall	Pvt.	1893695	Co. G. 167th Inf.	Nov 7, 1918

STATE North Carolina	CTY. NO.	1232	GRAVE 40	ROW	20	BLOCK	E
----------------------	----------	------	----------	-----	----	-------	---

	<u>Check relationship</u>	<u>Living</u>	<u>-</u>	<u>Deceased</u>	
	MOTHER	:	:	✓	:
	STEPMOTHER (For the year prior to commencement of service)	:	:	:	:
NAME	MOTHER THRU ADOPTION	:	:	:	:
AND	(For the year prior to commencement of service)	:	:	:	:
ADDRESS	MOTHER IN LOCO PARENTIS	:	:	:	_____
	(For the year prior to commencement of service)	:	:	:	_____
	WIDOW <i>Single man</i>	:	:	:	_____
	(Who has not remarried)	:	:	:	5- Mrs. Ada Purvis
		:	:	:	40 Fairwood Dairy
		:	:	:	Columbia, S.C.

Veterans Bureau Claim Number XC - 105707
29/156/

20 1/21 30

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
(Cox, Marshall)

June 29 1929.

Mr. Thomas E. Cox,
Hendersonville, N.Car.

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 Pvt. Marshall Cox, Co. G, 167th 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.

7

QM 293 A-M
Cox, Marshall (MA)

- 2 -

New York City until they return thereto, and doctors and nurses will be available.

There is enclosed herewith for your convenience in replying a self-addressed envelope which requires no postage.

For The Quartermaster General.

Very truly yours,

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

0933

Enclosures:
Act Amend.
Env.

mf

1932 JAN - 9 - PM

QQMG M&R BR

June 8, 1932.

QM 293 A-M
Cox, Marshall (MA)

Mrs. T. E. Cox,
Hendersonville, N. C.

Dear Madam:

Receipt is acknowledged of your letter of May 30, 1932, relative to the pilgrimage of mothers and widows to the cemeteries of Europe, authorized by the Act of Congress of March 2, 1929, as amended May 15, 1930.

In order that it may be determined whether or not you are eligible to make a pilgrimage to the grave of the late Private Marshall Cox, it is requested you furnish the following information:

- (1) What is your relationship to the late Private Cox?
- (2) If you are his stepmother, furnish the date of your marriage to his father.
- (3) If his father is deceased, furnish the date of his death.
- (4) Did you provide the late Private Cox with food, clothing and shelter for a period of five years at any time prior to his reaching the age of eighteen?
- (5) Did his father contribute to his support at any time during that period?

In the event you are eligible to make a pilgrimage to the grave of this veteran at the expense of the Government, your attention is invited to the fact that under the law governing the pilgrimage the Government can bear no part of the expense of relatives or friends accompanying pilgrims on their journey, nor can it make any arrangements for them. Should you desire your maid to accompany you at personal expense arrangements will be made for you to occupy the same hotel rooms in New York and Europe and the same cabin aboard ship.

Competent personnel will be provided to care for the comfort and needs of the women making the journey from the time they arrive in

0632

JUN 4 11

PH 4:11

JUN 8 1932

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

July 8, 1930.

Cox Marshall. 1232 S

Mrs. Ada Purvis,
c/o Fairwald Dairy,
Columbia, S. C.

Dear Madam:

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

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

1. Is the deceased survived by a mother?

If so, give her name and address:

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

Cox, Marshall
1232.

Sept. 6, 1929

Mr. Thomas E. Cox,
Hendersonville, N. Carolina

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated June 29, 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,

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
(Cox, Marshall)

June 29 1929.

Mr. Thomas E. Cox,
Hendersonville, N.Car.

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 Pvt. Marshall Cox, Co. G, 167th 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.

In reply refer to:
293.8 C-R # 60113

File

January 4, 1923.

Mr. Thomas E. Cox,
Hendersonville
N.C.

Dear Sir:

The Quartermaster General desires that you be informed that the permanent grave of Private Marshall Cox, Company G, 167th Infantry is Grave 40, Block E, Row 20, Meuse-Argonne American Cemetery at Romagne-sous-Montfaucon, Department of 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 a headstone of white marble, of suitable design, with name, rank, 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,

JAN 4 - 1923

G.R.S.

H. J. CONNER
Assistant.

22/1281/ARK

BW
707

DATE 11/5/21

1. NAME Cox, Marshall

SERIAL No. 1893695

RANK Pvt

ORGANIZATION Co G 167th Inf.

GRAVE LOCATION Sedan Amer. Cem. Letanne - Ardennes

1203

CTY. NAME

NUMBER

148 - Sec. 2

3

GRAVE

ROW

PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION 1 R.C. SK #9. Nism Iscl. Cem., Noyers, Pont

GRAVE

COMMUNE

Maugis Ardennes

DEPT.

COORDINATES Mezieres No. 24 Nw. 208.1E - 321.35 N.

CONCENTRATED TO 3/31/19

77

Sec 2

2

DATE

GRAVE

ROW

PLOT

American B. A. C. #1203

Letanne Ardennes

CEMETERY

CTY. NUMBER

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

Mezieres

#24 SE

308.42 N 307.45 E.

SUBSEQUENT REBURIALS 1/29/21.

148
~~77n~~

Sec 2

3

~~2~~

1203

DATE

GRAVE

ROW

PLOT

CEMETERY

data taken from form 16-A.

DATE

GRAVE

ROW

PLOT

CEMETERY

SIGNATURE, AREA SUPERVISOR

Wm M. Cline

Wm M. CLINE

Captain Q.M.C.

3. FINAL GRAVE LOCATION 11/5/21

40

20

E

DATE

GRAVE

ROW

PLOT
Block

Meuse-Argonne Amer. Cty #1232, Romagne-sous-Montfaucon, Meuse.

CEMETERY

AUDITED BY
SERB 12/2/22

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 Beaumont Letame

REPORT OF DISINTERMENT AND REBURIAL

Date September 2, 1921

1. REMAINS OF COX, Marshall SERIAL NUMBER 1893695

RANK Pvt ORGANIZATION Co. G. 167th Inf

2. Disinterred (date) : From (give complete location) :

Sept. 2, 1921. Grave 148, Section 2, Plot 3, Cemetery 1203

By : Group 3 Unit Field Section 3

3. Reburied (date) : In (give complete location) :

Nov. 5th 1921 Meuse Argonne Cemetery # 1232 Gr 40 block E row 20

By : Group re-burial 3 Unit Nature of reburial unlined casket

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

Blanket reburial box. Badly decomposed. Recognition impossible

5. (a) Identification tags : Buried with body ? no On grave marker ? yes

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

Reburial bottle record on body dated Jan. 29, 1921 signed James W. Younger 2nd Lt. QMC rebottled replaced. GRS plaque on body reads "-167-1895-" tag on cross agree with form 114, placed on body. No effects

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

(a) Height (actual measurement) Package intact, body not

(b) Weight (estimated) disturbed re letter Aug. 29, 1921

(c) Hair—Color Operations Division AGRS QMC in E.

Quantity

Characteristics

(d) Hair on face—Color

Location

Quantity

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

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

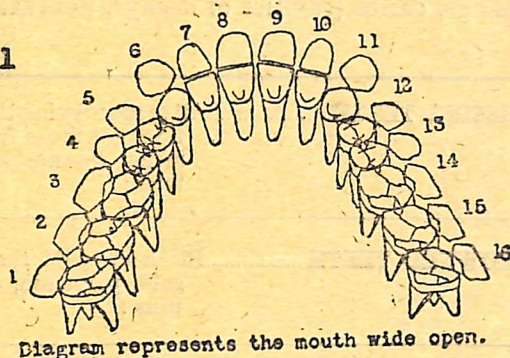
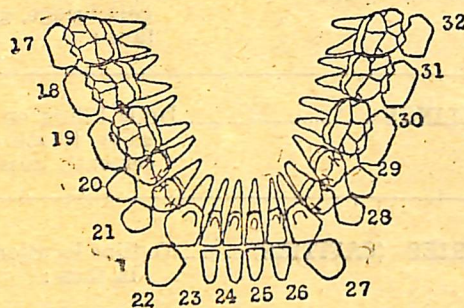


Diagram represents the mouth wide open.



7. Disinterment supervised by D. Bachman

Approved : J. S. Robinson
(Title) 1st Lt. CAC

8. Reburial supervised by A. U. Dufault

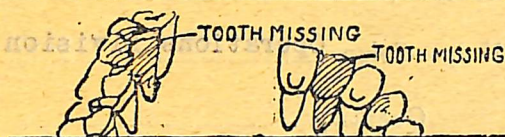
Approved : Geo. C. Bland
(Title) 1st Lt. QMC

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), bicuspid (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 2nd 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 Cox, Marshall
 2. No. 1893695
 3. Rank Pvt.
 4. Org. Co. G, 167th Inf.
 5. D.D. 11-7
 6. C.D. KIA

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

Discrepancy found upon disinterment

7. Grave No. 148 Sec. 2
 8. Plot 3 Row _____
 9. _____

15. Grave No. _____ Sec. _____
 16. Plot _____ Row _____
 17. None.

18. Cemetery Sedan Amer.
 20. Dept. or County Ardennes
 22. G.R.S. Hdqrs. Code No. 1203

19. Commune or town Letanne
 21. Country France

23. Disinterred (Date) Sept 2nd 1921.

By D. Bachman

24. Inscription on grave marker:

Name Marshall L. Cox
 Rank Pvt.

Serial No. _____
 Organization Co. G, 167th Inf.

25. Was identification disc found on grave marker?

Yes On body? No

Raymond A. Philibert
 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).

See Par. 36.

27. Condition of body See Par. 36.

28. Nature of burial Blanket and reburial box

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 2nd 1921 By D. Bachman

31. Casket sealed by D. Bachman

Signature of Embalmer, (Supervisor)

D. Bachman
 D. Bachman

SHIPMENT. (Show actual marking of box.) Box No. C-4428

32. Designation of body:

Name Cox, Marshall Serial No. 1893695

Rank Pvt Organization Co.G 167th Inf.

33. Consigned to:

Name of Permanent Cemetery Officer in Charge Operations, Argonne Emer.Cem.#1232 - Romagne-sous-Montfaucon

34. Casket boxed and marked (Date) Sept 2nd 1921. By D.Bachman

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 J.S. Robinson, 1st Lt. C.A.C.

36. Remarks Package intact body not disturbed Authority Letter Operations Div. Dated Aug 29th 1921. Reburial bottle record on body dated Jan 29th 21. signed James W. Younger 2nd Lt. Q.M.C. rebottled replaced.

37. Shipped from point of Operation: (Date) Sept 2nd 1921.

To point of Concentration Romagne sous Montfaucon (Name)

Convoyer J.P. Glandon Signature Shipping Officer J.P. Glandon, Capt. Q.M.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 (Name)

Convoyer Signature Shipping Officer

40. Received: Date Sept 3, 1921

G.R.S. Representative Disinterred Romagne post

41. Reinterred Meuse Argonne Cemetery # 1232 Nov 5th 1921 (Date)

42. Grave No. 40 Section

43. ~~Plot~~ block E Row 20

G.R.S. Representative Geo. C. Bland, 1st Lt. QMC.

jt.

REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Name: COX Marshall

Number: 1893695

Rank: Unknown

Organization: Co G 167th Inf.

Disinterment and Reburial made by Group

Unit

Disinterred (Date)

From: (Give complete location)

31st March 1919.

Grave #1 Isolated

NOYERS-PONT MAUGIS, ARDENNES 24 NW 298.1 E 321.35 N

Reburied (Date)

in: (Give complete location)

31st March 1919.

Grave #77 Sec #2 Plot #2.

Amer. B/A Cemetery #1203

LETANNE, ARDENNES 24 SE 307.45 E 308.42 N

1203

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

Burial good, body clothed.

Was one identification tag found upon the body? No.

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

CONFIRMED 11349

Note:

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.

R. H. ROSENTHAL

Supervised by: Lt. Grimm

2nd Lieut. R. H. G. U. S. A.

cmf.

C.O. Group _____ Unit _____

DATE

NO.

DATE

RECEIVED BY: _____

AMOUNT PAID TO: _____



NOTE:

THIS CHECK IS VALID ONLY IF THE SIGNATURE OF THE ISSUER IS PRESENT

AND THE CHECK IS NOT CANCELLED BY THE ISSUER

ISSUED BY: _____

FOR THE PURPOSE OF _____

ISSUED TO: _____

DATE: _____

(DATE OF ISSUANCE)

ISSUED TO: _____

DATE: _____

(DATE OF ISSUANCE)

ISSUED TO: _____

NAME: _____

ADDRESS: _____

NO. _____

NAME: _____

NO. _____

ISSUED TO: _____

RECEIVED BY: _____

DATE: _____

ISSUED TO: _____

(Effects)

77

Place Letanne, Ardennes

REPORT OF DISINTERMENT AND REBURIAL

Date Jan 29, 1921

1. REMAINS OF COX, MARSHALL

SERIAL NUMBER 189 3695

RANK Pvt. ORGANIZATION Co. G, 167th Inf.

2. Disinterred (date): Jan 29, 1921 From (give complete location):

Sedan Amer. Cty. Letanne, Ardennes, #1203, Gr. 77, Sec. 2, Pl. 2

By: Group Jones Unit _____

3. Reburied (date): Same date In (give complete location): Gr. 148, Sec. 2, Pl. 3

By: Group Jones Unit _____ Nature of reburial Box + blanket

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

5ft. earthen grave, Box, Burial S. Uniform
Body badly disintegrated, features unrecognizable

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

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

G.R.S. metal marker partly corroded read:
" - 167 - , 189.3 " Pearl heart found
in pocket

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

(a) Height (actual measurement) estimated 5ft. 10 in.

(b) Weight (estimated) impossible to determine

(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) do

(f) Wounds or missing parts (received at time of casualty) D-30155

Upper jaw detached, Lower jaw missing

7. Disinterment supervised by _____

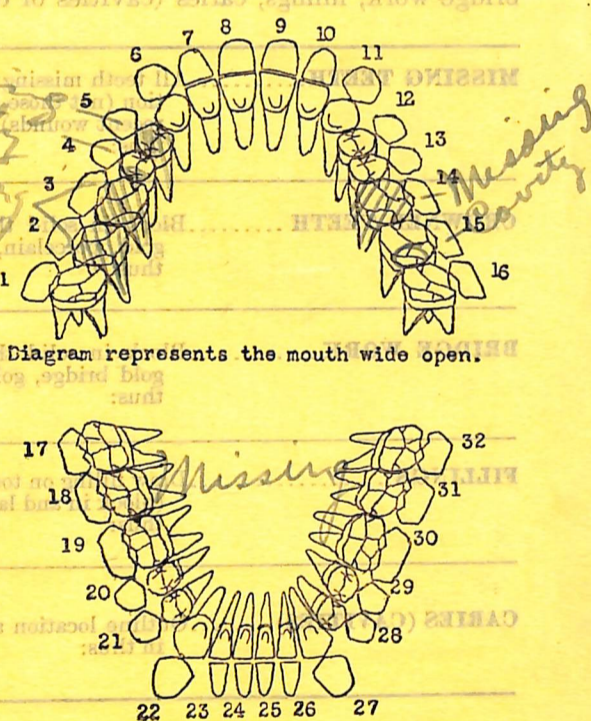
Approved: _____

(Title) _____

8. Reburial supervised by _____

Approved: _____

(Title) _____








*James W. G...
and R. J. G...
C.*

*M. J. G...
MADEIRA*

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.

<p>MISSING TEETH.....All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:</p>	
<p>CROWNED TEETH.....Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus:</p>	
<p>BRIDGE WORK.....Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:</p>	
<p>FILLINGS.....Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:</p>	
<p>CARIES (CAVITIES).....Outline location and size of cavity, shade in thus:</p>	

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 File # 60113

I. LOCATION INDEX CARD:

(a) Name COX, Marshall Ser. No. 1893695
(b) Rank Pvt. Organization Co. G, 167th Inf.
(c) Date of death 11-7-18 (d) Cause of death K/A

TYP. DB
CKR.

*DB
10/18/21 - In Account to
Previous Appraisal 1232
F9W-10/17/21*

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

(a) Grave No. 77 Row - Plot 2 Sec. 2 TYP. DB
(b) Emerg. Address Mr. Thomas E. Cox, (Father) Hendersonville, N.Car.

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

IV. A. G. O. DISPOSITION CARD:

Date of receipt

(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. _____

No card in file

AB 7-28-2

Examiner's Initials _____ Date _____, 1920.

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

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

No Correspondence

Examiner's Initials *OJB* Date *9-28-*, 1920.

VI. G. R. S. FILES, CORRESPONDENCE—shows as follows: *Letter Tom E. Cox, Hendersonville,*

N.B. (without date) requests photograph of grave

(a) Cancellation memos referred to? *yes* *NB*

Examiner's Initials *NB* Date *9-28-*, 1920.

COUNTRY FRANCE CEMETERY No. 1203 SHEET No. 161

FORM 115 - A COMPLETED

11-11-20

*OJB
NB 9-28-20*

C

201/18
296-10272

I. LOCATION INDEX CARD:

COX, Marshall
 (a) Name Ser. No. 1893695
 Pvt. Co. G, 167th Inf. } TYP DB
 (b) Rank Organization }
 11-7-18 Cause of death K/A }
 (c) Date of death death

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

(a) Grave No. Row ... Plot ... Sect. ... TYP DB
 Mr. Thomas E. Cox, (Father) Hendersonville, N. Car.
 (b) Emerg. Address

III. Files of soldiers dying from contagious diseases CKR

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

No request for disposition R.E. 11-4-20

V. Following advice forwarded to Europe by (cable on 192
 (letter of transmittal on 11-4-1920)

Par. 2 not to be returned

VI. Form 115 forwarded to G.R.S. Hoboken, N.J. NOV 15 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. 192

COUNTRY FRANCE CEMETERY NO. 1203 SHEET NO. 161
 G.R.S. FORM 115-A August, 1920

6041 ~~84634~~

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Cox, 1893695 Marshall
(Surname) (Number) (First Name and Initials)

Prvt. 167 Inf Co. G
(Rank) (Organization)

PLACE OF DEATH:

CAUSE OF DEATH: Killed in Action,

DATE OF BURIAL: Nov. 7th 1918.

PLACE OF BURIAL: Hill 88-18 Map Meziers.

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

GRAVE NUMBER:

HOW MARKED: Name Peg? 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:

NEAREST RELATIVE: Vendresse (Aidenus)

ADDRESS: 701 1st St. 2d Sw. E. 288 2318

RELATIONSHIP:

REPORTED BY: Chas Gunn, 1st St.

(Signature and Rank of Reporting Officer)
Chaplain USA



936

701-936

Communal List No. _____
Daily Report No. _____

12/23/18 Sketch No. 60113

1. G. R. Form No. 1. Hq. G. R. S. File

2. Soldier No. 1893695

Cox Marshall

3. Surname (in block letters) First Name and Initials

4. Rank G Company 167 Inf Regt. or Corps

5. Date of Death KIA Cause, if known

6. Date of Burial Isolated Cemetery

7. Near Noyers-Pont-Maugis Ardennes Town or Commune (in block letters) Department

8. Grave No. I 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.

NOYERS-PONT-MAUGIS (ARDENNES) 606 24 NW E-298.05 N-321.25

12. Map reference, if interment is outside of cemetery

13. Give name of Chaplain or Burial Officer

Signed [Signature]

Group 1 Unit E 1st Lt. G. R. S.

RECEIVED
8 - JAN 1910
O. C. C. S. M.
C. R. S. M.

Address reply to
DIRECTOR OF PURCHASE & STORAGE
Munitions Building

WAR DEPARTMENT
OFFICE OF THE DIRECTOR OF PURCHASE AND STORAGE
WASHINGTON

April 6th, 1920

60113-Inquiry (Cox, Marshall Private)
The Quartermaster General, U. S. Army (Cemeterial Division)
Mr. Tom E. Cox, Hendersonville, N. C.
Private Marshall Cox.

1. In reply to your letter of recent date, concerning the photograph of the grave of your son, Private Marshall Cox. This office has been advised by the Photographic Section of the American Red Cross that these photographs have already been mailed to you.

2. Your letter is being forwarded to the Bureau of War Risk Insurance for reply to that part which concerns the insurance.

By authority of the Quartermaster General:

CHARLES C. PIERCE,
Colonel, U. S. Army,
Chief, Cemeterial Division.

By:

CHARLES J. WYNNE,
Captain, Q. M. C.

ACS:AAN

✓

G. E. E. MAILED
APR 8 1920

FILE

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

Date 3-27-20

FROM:- INQUIRY BRANCH.

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

NAME Cox, Marshall.

Serial Number _____

RANK Pvt ORGANIZATION

Co. A, 167 Inf.

NO	QUESTION	REPLY
1.	Do particulars of soldiers given above agree with Records?	(1) Yes except Co. G. #1893695
2.	Date of Death.	(2) 11-7-18.
3.	Cause and place of death	(3) K-A.
4.	Number of Casualty Cablegram	(4) #331.
5.	Date buried	(5) no record.
6.	Grave Location. (a) Complete record required. (b) Name of Cemetery or Commune only required. (c) Note reinterments.	(6) Grave #, Isolated grave, 666, Moyers-Pont-Maugis, Ardennes, ✓
7.	Who reported burial?	Reburied: 3-31-19. #
8.	Confirmed by G.R.S.?	Grave # 77, Sec. 2, Plot # 2, Sedan Amer. Cty. #1203, Letanne, Ardennes.
9.	Report as to Grave Marker.	
10.	Identification Tags: (a) Buried with body? (b) Attached to grave marker?	
11.	Complete Emergency Address?	
12.	Has above been notified? (Give date)	
13.	Report the exact position of your inquiry on this case. (Reply in all cases if no information on record)	4 of a no 6 yes (11) Mr. Thomas S. Cox (father) Stendersville, N. Car. #3046
14.	What is the Photograph No.?	(2) 2-23-19. 4-28-19. 1-3-20-107
15.	Inquiry made by?	Released by Information Control Dept. Directory Cards 5 x 8 ✓ Cards 4 x 6

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

J.H.W.L.