

Dale,

(Surname.)

Helge

(Christian name in full.)

110-73
47371
(Army serial number)

Pvt

Co G 18th 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.)

Ole H. Dale

(Number and street.)

(City or town.)

(State.)

(Sign here) Ole Helgesen Dale

Framfjord Post, Sogn, via Bergen, Norway

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

Dance

Dale, Helge.

Pvt Co G 18th Inf.

Died May 30, 1918, wounds received
in action

EA--Finnebott Brothers (friends)
Grandview, Wash.

A.G.O. August 1, 1918.

RECD.

AUG 2 1918

O. O. M. G.

Write nothing above this line.

G.R.S. Form #114 B

To The A. G. O.

1385

FEB 10 1926

DATE

1. NAME DALE, Helge SERIAL No. - 47371
 RANK Pvt. ORGANIZATION Co. G. 18th Inf.
 GRAVE LOCATION Amer. Cemetery, Bonvillers, Oise & DIVISION 1st Div
 CTY. NAME 120 NUMBER B
 GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION Gr. 120, American Cemetery, Bonvillers (Oise)
 (Form 1-a, dated Mar. 4th. 1919), GRAVE COMMUNE DEPT.

COORDINATES 21 SE. E. 111.55, North 325, 7

CONCENTRATED TO Jan. 6th. 1921. GRAVE ROW PLOT
120 B.

American Cemetery, Bonvillers (Oise) 170
 CEMETERY CTY. NUMBER

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

Form 16-a, dated Jan. 6th. 1921. Signed by A. B. Proctor, 1st. Lt., QMC., shows the above information in addition to no tag buried with body. Paper found in bottle reads (47371 Hedge Dale, Pvt. Co. G. 18th Inf. May 31, 1918. Chaplain Dickson in charge. Apparently hospital case. Skull badly fractured. Disinterred fr Gr.120, Pl. A. Form 16-A gives Plot A - Physical check June 7/21 - Plot B.

B. auth Form 16-A on concentration r 30,000 1 A.

SUBSEQUENT REBURIALS DATE OF DEATH May 30, 1918
 DATE GRAVE ROW PLOT CEMETERY
 STATE FROM WHICH HE CAME Werkh.

DATE MEDALS OR DECORATIONS AWARDED
1st 10 in date Jan 1, 1920

SIGNATURE, AREA SUPERVISOR LOUIS R. DICE, Major C.A.C. djm

3. FINAL GRAVE LOCATION October 20, 1922 11 18 Block C
 DATE GRAVE ROW PLOT

Somme American Cemetery #636, Bony Aisne.

4
 FEB 10 1926
 WORLD WAR DIV.
 US
 3/28/28

Rec'd World War Div.
 5 MAR 24 1928

AUDITED BY

INSTRUCTIONS FOR PREPARATION OF FORM 114 B

1. Forms 114-B are to be prepared by Registration Branch in quadruplicate, three copies to be forwarded to Area Supervisor who will accomplish paragraph 2 and return all three copies to Headquarters, American Graves Registration Service.
2. Paragraphs 1 and 3 will be accomplished by Registration Branch, Headquarters, American Graves Registration Service, Q.M.C., in Europe.
3. Paragraph 2 will be accomplished by Area Supervisor from data on file in his office.
4. If data is entered on Form 114-B from Form 1, Form 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.



Co G 18th Inf.
1st Division

DALE, Helge - Pvt. 47371

No information available.

Informant : none.

Signed : Thomas G. Pool,
1st Lieut. 18th Inf.
Commanding

A/A/

CODE SLIP



HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME Dale	Dal	3	412 ⁰
BURIED	CEMETERY 636	1	5
	GRAVE 10	2	10
	ROW 18	2	18
	BLOCK C	1	3
STATE	Wash.	2	56
RANK	Priv.	1	2
DIVISION	1	2	01
ORGANIZATION	18	3	018
ARM	Inf.	1	1
MARITAL	no	1	2
NAME Dale	Dal	3	412
Ohna Johnsdatter	STATE	2	
RESIDENCE	COUNTY	2	
all rel. foreign	CITY	3	
RELATION	Mother	1	1
OTHER		1	
ELIGIBILITY	Foreign	1	4
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE 29/514/	Norway	1	09

AUDITED

JAN 20 1933

RAM

WAR DEPARTMENT
 OFFICE OF THE QUARTERMASTER GENERAL
 WASHINGTON

DATE 8-26-31

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
Dale, Helge	Pvt.	47371	Co. G, 18th Inf.	5-30-18

STATE	CTY. NO.	GRAVE	ROW	BLOCK
	636	11	18	C

NAME AND ADDRESS	Check relationship	Living - Deceased		
		Living	Deceased	
	MOTHER	✓		us to Father
	STEMOTHER (For the year prior to commencement of service)			in Norway - no claim for comp
	MOTHER THRU ADOPTION (For the year prior to commencement of service)			Mother 1918 ad.
	MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)			Olma Johndatter Dale Frankford Post Sogn, Norway
	<u>WIDOW</u> (Who has not remarried)			
	Single man			

Veterans Bureau Claim Number XC 24649
 29/156

all ad. foreign
 9/1/31 2/14
 17-6-35

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

DATE XC 24 649
5-31-29

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
DALE, Helge	Pvt.	47371	Co. G, 18th Inf.	5-30-18

STATE	CTY. NO.	GRAVE	ROW	BLOCK
	636	11	18	C

	<u>Check relationship</u>	<u>Living</u>	<u>-</u>	<u>Deceased</u>
NAME AND ADDRESS	MOTHER	:	:	Mother: Olma Johnsdatter Dale Franfjord Post Sogn Norway
	STEPMOTHER (For the year prior to com- mencement of service)	:	:	
	MOTHER THRU ADOPTION (For the year prior to commencement of service)	:	:	
	MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	:	:	
	WIDOW (Who has not remarried)	:	:	

C-24049
6-3-29

Veterans Bureau Claim Number _____
29/156/

Dale, Helge .QM 293 A-C

March 15, 1927.

Mr. Ole H. Dale,
Framfjord Post,
Sogn, via Bergen, Norway.

Forward

Dear Sir:

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

This American overseas military cemetery is to be maintained by the United States for all time. The graves will be permanently marked by white headstones inscribed with the name, rank, division, organization, date of soldier's death and State from which he came. Headstones will be placed at all graves, as soon as possible, and without necessity for special action or request on the part of relatives.

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

Very truly yours,

1 Incl.
Record card.

K. J. HAMPTON,
Lt. Col., Q.M.G.,
Assistant.

25/560/EYS



COMPILATION OF DISPOSITION OF REMAINS DATA File # 5273

*Examined 9/30/22
J. Concentration
Somme 636 att
4/17/25*

1. LOCATION INDEX CARD:

(a) Name DALE, Helge Ser. No. 47371) TYP QB
 (b) Rank Pvt. Organization Co. G, 18th Inf.)
 (c) Date of death 5-30-18 of death DWRIA) CKR LS

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

(a) Grave No. 167 Row - Plot - Sect. -) TYP LS
 (b) Emerg. Address FINNEBOTT BROS. (Friends) Grand View Wash, Wash.

111. Files of soldiers dying from contagious diseases; NO CARD) CKR LS

IV. A.G.O. DISPOSITION CARD:

Date of receipt None

(a) Name Olav Helgesen Dale (b) Relationship Father) OK
 (c) Address Framjord Post, Logn, via Bergen, Norway) AH
 (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 A.E.S. Date 8-20-1920

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

Grand View, Wash., dated Aug 27-1919, confirmed request in Par. IV. item -, above, or requesting that as he is only a cousin, the boys parents live in Norway. He has sent them the card to fill out

Examiner's Initials ah Date 8-20-1920

VI. G.R.S. Files - Correspondence - shows as follows:

no request for disposition

(a) Cancellation memos referred to? Yes M.H.

Examiner's Initials M.H. Date 8/20/1920

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

STATION Bonvillers (Oise)

To be prepared in triplicate.

DATE Nov. 8, 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 DALE, Helge

10. Name No disc on body.

2. No. - - 47371

11. No. _____

3. Rank Pvt.

12. Rank _____

4. Org. Co. G. 18th Inf. 17

13. Org. _____

5. D.D. May 30th 1918

14. (a) D.D. _____

6. C.D. D.V.R.I.A. 1354

(b) D.B. _____

Discrepancy found upon disinterment

7. Grave No. 120 Sec. -

15. Grave No. _____ Sec. _____

8. Plot B Row _____

16. Plot _____ Row _____

9. _____

17. No discrepancy.

18. Cemetery Amer.

19. Commune or town Bonvillers

20. Dept. or County Oise

21. Country France

22. G.R.S. Hdqrs. Code No. 170

23. Disinterred (Date) Nov. 8, 1921

By E.L.Reid, Sup. Emb.

24. Inscription on grave marker:

Name DALE, Helge

Serial No. _____

Rank Pvt.

Organization Co.G, 18th Inf.

25. Was identification disc found on grave marker? Yes

On body? No.

E.L. Reid, Jr.
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 previously reburied by Field Section. Bottle record and metal strips agree with form 114-A.

27. Condition of body Badly decomposed. Features unrecognizable.

28. Nature of burial Hospital shroud, blanket and in wooden 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 Nov. 8, 1921 By E.L.Reid

31. Casket sealed by E.L.Reid

Signature of Embalmer, (Supervisor) E.L.Reid
E.L.Reid

ADDITED BY
1921 11-10-25

SHIPMENT. (Show actual marking of box.) Box No. C - 1475

32. Designation of body:

Name DALE, Helge Serial No. _____

Rank Pvt. Organization Co. G. 18th Inf.

33. Consigned to:

Name of Permanent Cemetery Amer. Cemetery #636 - BONY, Aisne.

34. Casket boxed and marked (Date) Nov. 8, 1921 By E.L. Bid

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.S. Williams

36. Remarks Disc on grave marker read: "Pvt. Helge Dale, Co.G, 18 Inf.U.S.A., 47371"
R.S. Williams, 1st Lt. QMC

37. Shipped from point of Operation: (Date) Nov. 8, 1921

To point of Concentration Amiens (Somme)

Convoyer Charles Homback Signature Shipping Officer R.S. Williams, 1st Lt. QMC

38. Received at Railhead or Point of Concentration: Date Nov. 8, 1921

By G.R.S. Representative Hubert W. Beyette, Capt. QMC

39. Shipped from Railhead or Point of Concentration: Date 21 NOV. 1921

To Permanent Cemetery #636, Bony (Aisne)

Convoyer S.C. Stewart Signature Shipping Officer Hubert W. Beyette, Capt. QMC
26 NOV 1921

40. Received: Date _____

G.R.S. Representative [Signature]

41. Reinterred Oct. 20, 1922

42. Grave No. ii (Date) _____ Section _____

43. Plot - Block C Row 18

G.R.S. Representative D.E. Lowry
D.E. LOWRY, 1st Lt. QMC..

Place Bonvillers (Oise)

REPORT OF DISINTERMENT AND REBURIAL

Date Nov. 8, 1921.

1. REMAINS OF DALE Helge SERIAL NUMBER 47371

RANK Pvt. ORGANIZATION Co. D, 18th Inf.

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

Nov. 8, 1921, Gr. 120, Plot B, American Cemetery #170, Bonvillers (Oise), France.

By: Group 4 Unit F.S. 8

3. Reburied (date): Oct. 20, 1922 In (give complete location): _____

Grave no. 11, Row 18, Block C, Somme Am. Cty. 636, Bony (Aisne)

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

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

Badly decomposed. Features unrecognizable. Hospital shroud and blanket in wooden box.

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

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

Body previously reburied by Field Section. Bottle record and metal strips agree with form 114-A.

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

(a) Height (actual measurement) Impossible to determine

(b) Weight, (estimated) Impossible to estimate

(c) Hair—Color None visible

Quantity _____

Characteristics _____

(d) Hair on face—Color None visible

Location _____

Quantity _____

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

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

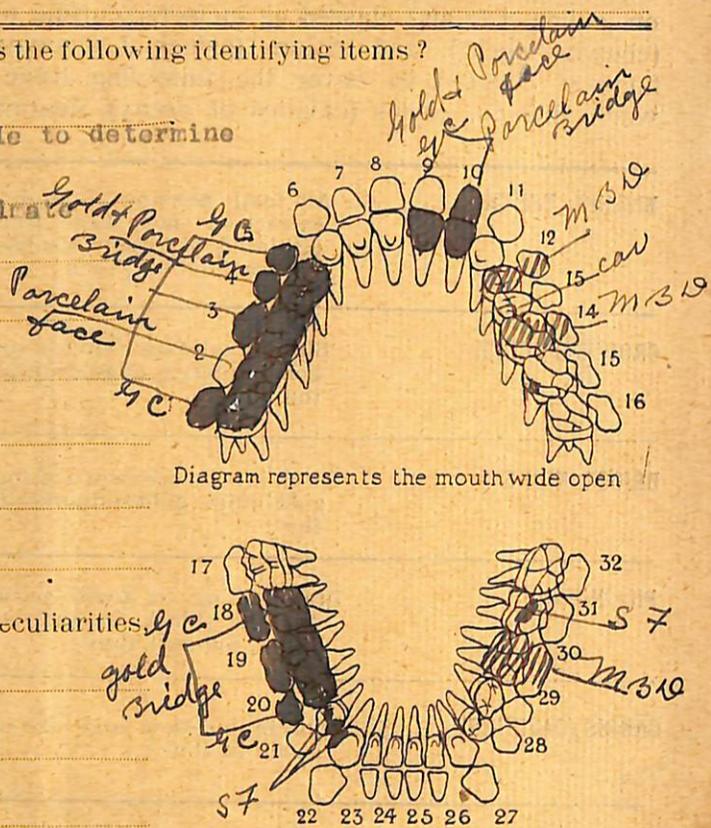
None visible.

7. Disinterment supervised by E. Z. Reice Approved: R. Williams

(Title) R. Williams, 1st Lt., CMC

8. Reburial supervised by Ben. A. Bradford Approved: D. E. Lowry

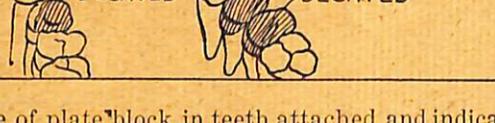
(Title) Ben. A. Bradford, Sup. Emb. (Title) D. E. Lowry, 1st Lt. CMC.



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 Questions 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.

REPORT OF DISINTERMENT AND REBURIAL

1. REMAINS OF DALE, Hedge SERIAL NUMBER 47371

RANK Pvt. ORGANIZATION Co G 18 Inf. trans Tr Co C 164 Inf

2. Disinterred (date): Jan. 6, 1921 From (give complete location):

Grave 167, Plot C, Bonvillers Oise Amer. Cem #170

By: Group 1 Unit 1

3. Reburied (date): Jan. 6, 1921 In (give complete location):

Grave 120, Plot A Bonvillers Oise Amer. Cem 170
B. Arch 50, 001 + concentration 16-A

By: Group 1 Unit 1 Nature of reburial in blanket in pine box

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

In underwear and pine box

badly decomposed unrecognizable

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

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

Paper found in bottle reads 47371 Hedge Dale Pvt. Co G 18 Inf May 31, 1918

Chaplain Dickson in charge. Apparently hospital case

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

(a) Height (actual measurement) impossible to determine

(b) Weight (estimated) impossible to estimate

(c) Hair—Color no hair on skull

Quantity none

Characteristics none

(d) Hair on face—Color none on face

Location none

Quantity none

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

missing parts) impossible to determine

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

skull badly fractured

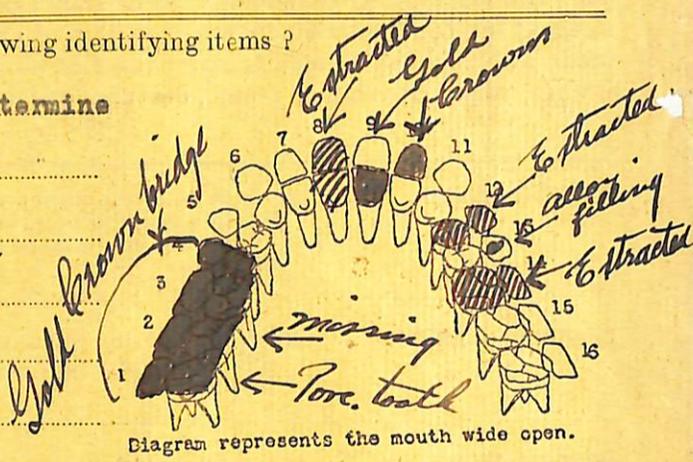
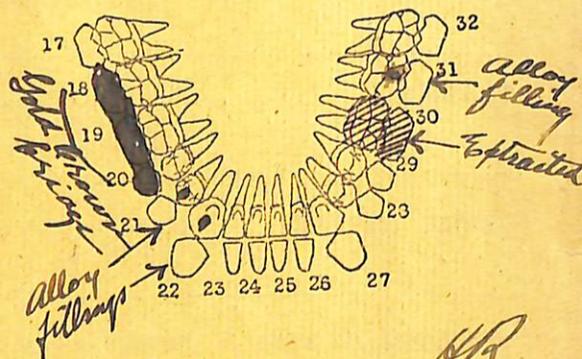


Diagram represents the mouth wide open.



HR

D-30186

7. Disinterment supervised by M. B. S.
NEIL B. SIMS
2nd Lieut. QMC Inspector

Approved: A. B. PROCTOR
(Title) 1st Lieut. QMC
Acting Mas. of Sec #1

8. Reburial supervised by M. B. S.
NEIL B. SIMS
2nd Lieut. QMC Inspector

Approved: A. B. PROCTOR
(Title) 1st Lieut. QMC
Acting Mas. of Sec #1

INSTRUCTIONS FOR THE PROPER COMPLETION OF G. R. S. FORM NO. 16-A

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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:



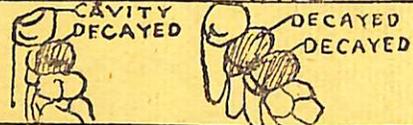
BRIDGE WORK.....Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



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.



COMPILATION OF DISPOSITION OF REMAINS DATA

File # 5273

See Form 115
att 4/17/22

I. LOCATION INDEX CARD:

(a) Name DALE, Holge^e Ser. No. 47371 } TYP DB
 (b) Rank Pvt. Organization Co. G, 18th Inf. } EL
 (c) Date of death 5-30-18 Cause of death DWRIA

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

(a) Grave No. 167 Row - Plot - Sect. - TYP LS
 (b) Emerg. Address Finnbott Bros. (friends), Grand View (Wash), Wash.

III. Files of soldiers dying from contagious diseases. No. Card CKR JCW

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

All Disposition Card: Ole Helgeson Dale (Father) Framjord Post, Sogn, via Bergen, Norway, requests body be not returned - ED 9-9-20

V. Following advice forwarded to Europe by (cable on 192 (letter of transmittal on 8/26, 1920

Par. # 2, Not to be returned.

VI. Form 115 forwarded to G.R.S. Hoboken, N.J. ~~SEP 5 1920~~ SEP 18 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. 6-29 1921

COUNTRY France CEMETERY NO. 170 SHEET NO. 73
 G.R.S. FORM 115-A
 August, 1920

S-666/MB

RETURN TO OSP-SS

GRAVE LOCATION BLANK.

LOCATION OF THE GRAVE OF

ITALE-47371-13
.....
(Surname.) (Number.) (First Name and Initials.)
Pr Co G. I. Inf
.....
(Rank.) (Organization.)

DATE OF BURIAL **May 31-18**.....

PLACE OF BURIAL **Barristers Circle**.....

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

**US Cemetery with
mil honors**

GRAVE NUMBER **167**.....

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 Dickson
.....
(Signature and Rank of Reporting Officer.)

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

678: JUN 8

Mr

Jeff

CEMETERIAL DIVISION
REGISTRATION SECTION

FILE

September 16, 1921

MEMO FOR:
Cards Department.

1.
CASE OF:

Co. G 18th Inf.
ORGANIZATION (Old)
DALE 47371 Helge Pvt.
(Name)

FILE

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

ORGANIZATION (New)

FILE NO.

SURNAME

SERIAL NUMBER

FIRST NAME AND INITIALS

RANK

DATE OF DEATH

CAUSE OF DEATH

	Date	Place	F-1A No.
Orig.			D-
1st Reb.			D-
2nd Reb.	1/6/21	170	D- 30186
3rd Reb.			D-

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

BY: Miss Iannon

Card.
(Department)

5 x 8 card was sent to file.

Corrections made
on Organization
File Card:

By JLB.

5273

Please
Push

OFFICE OF THE QUARTERMASTER GENERAL
CEMETERIAL DIVISION
OVERSEAS PROJECT SUB-SECTION

HOBOKEN, N.J.

NAME OF DECEASED SOLDIER	C 24649	CEMETERY NO.	DATE
HELGE DALE		170-73	11/9/20
SERIAL NUMBER	ORGANIZATION		
47371	CO. G. 18th INF.		

Adjustment Made

NOV 23 1920

WAR RISK INSURANCE INFORMATION

File No.

~~47371~~
5273

DATE

NAME OF BENEFICIARY

Ole Helgeson Dale

Address

Vik Herred, Sogn
Norway

RELATIONSHIP

Husband

Cor. Sec.

54

24

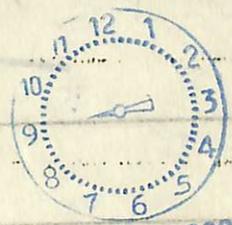
NOV 1920

CLASS

NAME OF BENEFICIARY

REGISTRATION

RECEIVED



NOV 12 1920
G. R. S.

THE HIGH COMMISSION

RECEIVED

NOV 12 1920

CLASS

REMITTANCE

DESCRIPTION

AMOUNT

130-12

11/12/20

NAME OF DEPOSITED FUNDING

ACCOUNT NO.

DATE

REMARKS

CURRENTS EXCHANGE AND-SECTION
COMMERCIAL DIVISION
OFFICE OF THE COMMISSIONER GENERAL

20/12

Handwritten signature and notes

OFFICE OF THE QUARTERMASTER GENERAL
CEMETERIAL DIVISION
OVERSEAS PROJECT SUB-SECTION

HOBOKEN, N.J.

NAME OF DECEASED SOLDIER
HELGE DALE

CEMETERY NO.
170-73

D/OB
11/9/20

SERIAL NUMBER
47371

ORGANIZATION
U.S. G. 18th INF.

WAR RISK INSURANCE INFORMATION

DATE _____

NAME OF BENEFICIARY _____

RELATIONSHIP _____

Address _____

Cor. Sec. _____

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

Date Oct. 21, 1919

FROM: - INQUIRY BRANCH.

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

NAME Dale, Helge

Serial Number 47371

RANK Pvt.

ORGANIZATION Co. G, 18th Inf.

NO.	QUESTION	REPLY
1.	Do particulars of soldiers given above agree with Records?	1. Yes.
2.	Date of Death.	
3.	Cause and place of death.	
4.	Number of Casualty VCablegram.	
5.	Date buried.	
6.	Grave Location. (a) Complete record required. (b) Name of Cemetery or Commune only required. (c) Note reinterments.	6. BURIED:- Grave 167, Amer. Cty. #170, Bonvillers. (Oise) ✓
7.	Who reported burial?	
8.	Confirmed by G.R.S.?	
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)	
14.	What is the Photograph No.?	
15.	Inquiry made by? Telephone Br. 1388, Miss Conahan Answered by ECH 10-21-19	Released by Information Control Dept. Directory X Cards 5 x 8 Cards 4 x 6
	N.B. All Proper names to be typewritten, or printed in PLAIN BLOCK LETTERS.	

G. R. S. MAILED

OCT 21 1919

EW

Grandview, Wash

Aug. 27, 1919

5273

FILE

The Adjutant General,

War Department, Washington D.C.

Honorable,

Private Hely Dale, who died from wounds received in action somewhere in France, was a Norwegian by birth. His father, mother and sisters live in Norway. We are only cousins to him. So we sent the first card, you sent us to his father and told him to see the American Consul at Bergen, Norway, and he would help them fill out the card according to their wish. But of course we know, they do not wish to have his body removed to U.S. They would want it back home in Norway, if they want it moved at all. And as I understand the question is only: U.S. or France.

Private Hely Dale's father's address is:
O. H. Dale, Arnefjord, Sogn, Norway.

Yours most respectfully

John Finnebatt.

W 2938

7/26

76

DISTRIBUTION SHEET

This sheet to be kept with papers while under action and returned to Mail and Files Division with file papers

If for Division or Section	Check here.		Check here	If for officer in charge.
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.....		ARCHIVES DIVISION.....		
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- Prior papers charged to, date,
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Indicate dates thus: 4-8-18.

THIS SPACE FOR OFFICE MEMORANDA.

