

106259

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF
Civilian.

Davidson, (Asst. Steward.) William.
(Surname) (Number) (First Name and Initials).

Asst. Steward. Army Transport Service.
(Rank) (Organization).

PLACE OF DEATH: Base Hospital #106.

CAUSE OF DEATH: Tuberculosis, Pulmonary Chr.

DATE OF BURIAL: April 3rd, 1919.

PLACE OF BURIAL: A. E. F. #27.

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

Mexignac, Gironde.

GRAVE NUMBER: 250.

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: W. William Davidson.

ADDRESS: 24 John St., Hollensburg, Scotland.

RELATIONSHIP: Father.

REPORTED BY:

Chaplain.
(Signature and Rank of Reporting Officer).

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

FILE

FILE

27

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D-1893

LIST OF PAPERS

File under No. 293

*William Davidson
Asst. Steward Civilian*

GOVERNMENT PRINTING OFFICE 3-6788

SERIAL NUMBER	FROM—	DATE	TO—	SYNOPSIS
	<i>Ft. Myer, Va.</i>	<i>3-13-26</i>	<i>Mr. McCreight for Mrs. Ruth</i>	

Records from
European Claims Unit
Ft. Myer, Va. No. 14
DO NOT DETACH
THESE PAPERS

1280

323

G.R.S. Form #114-B

FULL NAME DAVIDSON, William

RANK Asst. Steward (Civ) SERIAL

DIVISION & ORGANIZATION Civ. Army. Trspt. Serv.

DATE OF DEATH 4-3-1919

STATE FROM WHICH HE CAME Scotland

MEDALS OR DECORATIONS AWARDED.

FINAL GRAVE LOCATION 2 18 B

Date

Grave

Row

Block

Suresnes, #34

Cemetery

REC'D WORLD WAR DIV
SEP 25 24

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
WASHINGTON

FILE: 293.8 C-R #106259-

September 13, 1922.

SUBJECT: Permanent Grave Location of Asst. Stewart William Davidson,
Civilian Employee Army Transport Corps.

TO: Mr. William Davidson, 24 John St., Hellensburg, Scotland.

File

1. The permanent grave of this soldier is No. 2 Row 18 Block B, Suresnes American cemetery at Suresnes, Department of Seine, 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.

EUROPEAN CLAIMS UNIT
Fort Myer, Va

MAILED

SEP 13 1922

C.R.S.

D 1893

AS

DATE Oct 28th, 1921.

1. NAME DAVIDSON, William SERIAL No. -----

RANK Asst. Steward ORGANIZATION Civilian Army Transport Service.

GRAVE LOCATION American Cemetery MERIGNAC (Gironde) CTY. NAME NUMBER 27

250
GRAVE ROW PLOT

2. ORIGINAL ~~BATTLE AREA~~ GRAVE LOCATION 250 Merignac, (Gironde)
GRAVE COMMUNE DEPT.

COORDINATES None.

CONCENTRATED TO April 3, 1919. 250
DATE GRAVE ROW PLOT
Merignac, (Gironde) 27
CEMETERY 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 *W. R. Nichols*
W. R. Nichols, Major, C.A.C.

3. FINAL GRAVE LOCATION OCT. 28th, 1921 2 Block B. 18
DATE GRAVE ROW PLOT

SURESNES AMERICAN CEMETERY # 34 (Seine).
CEMETERY

80

AUDITED BY
SAB 8/3/22

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.

REPORT OF DISINTERMENT AND REBURIAL

1. REMAINS OF DAVIDSON, William SERIAL NUMBER --

RANK Asst. Steward ORGANIZATION Civilian Army Transport Service

2. Disinterred (date): Sept. 26th, 1921 From (give complete location): Gr. 250, Cem. 27

By: Group 2 Unit Sec. 7

3. Reburied (date): October 28th, 1921 In (give complete location): Suresnes Cemetery, - Block B - Row 18 - Grave 2.

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

4. Report as to nature of original burial and condition of body upon disinterment:
Wooden box, Civilian suit of clothes. Badly decomposed, features not recognizable.

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

(b) Other means of identification found upon disinterment, and general remarks:
Identified explanation indicate
Body one side identified. Body other side previously identified. Regular
row - 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

Quantity

Characteristics

(d) Hair on face—Color None

Location

Quantity

(e) Permanent marks on body (old scars, peculiarities, or missing parts) None

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

Indiscernable due to decomposition.

Geo. S. Parker, checker.

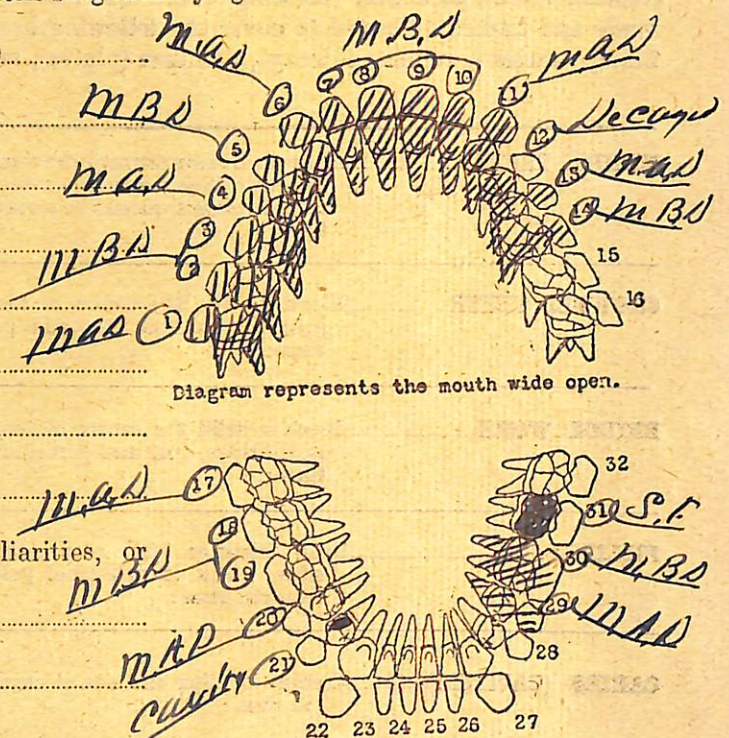
7. Disinterment supervised by A. J. Harvey

A. J. Harvey, Sup. Emb.

8. Reburial supervised by R. G. RICHARDS,
1st Lieut. Q.M.C.

Approved: J. E. Davis
(Title) Davis, 1st Lt., Q.M.C.

Approved: R. P. HARBOLD,
(Title) Major, Q.M.C.








A-60323

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

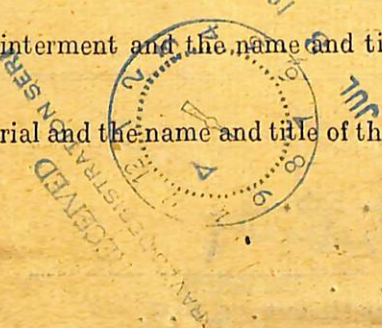
Enter information, as noted below, on reverse side of sheet in the *corresponding numbered space*. This form is supplemental to and is to be forwarded with G. R. S. Form 1-a, reporting reburial locations. To be used in answer to Question 26, Form 114, in case no means of identification on body.

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.

<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.



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

STATION Merignac, Cem. 27

To be prepared in triplicate.

DATE Sept. 26th, 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 DAVIDSON, William

10. Name _____

2. No. _____

11. No. _____

3. Rank Asst. Steward

12. Rank _____

4. Org. Civilian Army Transport Service.

13. Org. _____

5. D.D. 1-2-19

14. (a) D.D. _____

6. C.D. _____

(b) D.B. _____

Discrepancy found upon disinterment

7. Grave No. 250 Sec. _____

15. Grave No. _____ Sec. _____

8. Plot _____ Row _____

16. Plot _____ Row _____

9. _____

17. No discrep.

18. Cemetery American Cemetery

19. Commune or town MERIGNAC

20. Dept. or County Gironde

21. Country France.

22. G.R.S. Hdqrs. Code No. 27

23. Disinterred (Date) Sept. 26th, 1921

By A. J. Harvey

24. Inscription on grave marker:

Name William Davidson

Serial No. _____

Rank Asst. Steward

Organization Civilian Army Transport Service

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

A. J. Harvey
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 one side identified. Body other side previously exhumed. Identified exhumations indicate regular row. No evidence to disprove identity.~~

27. Condition of body Body decomposed, features not recognizable.

28. Nature of burial Wooden box and civilian suit of clothes.

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? No discrep.

30. Body prepared and placed in casket: Date Sept. 26th, 1921 By A. J. Harvey

31. Casket sealed by A. J. Harvey

Signature of Embalmer, (Supervisor) A. J. Harvey

SHIPMENT. (Show actual marking of box.) Box No. C-2143

32. Designation of body:

Name DAVIDSON, William Serial No. _____

Rank Asst. Steward Organization Civilian Army Transport Service.

33. Consigned to:

Name of Permanent Cemetery SURESNES AMERICAN CEMETERY #34

34. Casket boxed and marked (Date) Sept. 26th, 1921 By A. J. Harvey

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.

37. Shipped from point of Operation: (Date) Sept. 26th, 1921

To point of Concentration Bassens (Gironde) (Name)

Convoyer [Signature] Signature Shipping Officer [Signature]
F. L. Heron, Capt. Q.M.C.

38. Received at Railhead or Point of Concentration: Date 27 SEP 1921

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

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

39 (a) Received at Paris Morgue, October 17, 1921.

[Signature]
H. L. WARD,
Major, Q.M.C.

39 (b) Shipped from Paris Morgue, Oct. 28th 1921. To Permanent Cemetery No. 34, American, Suresnes (Seine) by Shipping Officer, Convoysed by:

[Signature]
H. L. WARD,
Major, Q.M.C.

42. Grave NO. 2. Section _____

43. Plot ~~Block~~ B. Row 18.

G.R.S. Representative

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

SHIPMENT. (Show actual marking of box.) Box No. C-2143

32. Designation of body:

Name DAVIDSON, William Serial No. _____
Rank Asst. Steward Organization Civilian Army Transport Service.

33. Consigned to:

Name of Permanent Cemetery SURESNES AMERICAN CEMETERY #34

34. Casket boxed and marked (Date) Sept. 26th, 1921 By A. J. Harvey

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.

37. Shipped from point of Operation: (Date) Sept. 26th, 1921

To point of Concentration Bassens (Gironde)
Convoyer [Signature] Signature Shipping Officer [Signature]
F. L. Heron, Capt. Q.M.C.

38. Received at Railhead or Point of Concentration: Date 27 SEP 1921
By G.R.S. Representative W. R. NICHOLS
Major G. A. G.

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

Permanent Cemetery Paris Morgue
Jack Roberts (Name)
Signature Shipping Officer [Signature]

Date October 28th 1921
Representative [Signature]
R. G. RICHARDS, 1st Lieut. Q.M.C.

Suresnes Cemetery. (Date) October 28 th, 1921.

42. Grave No. 2. Section _____

43. Plot Block B. Row 18.

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

