

Dup.

Davis,

Lauren E.

2,780,886

(Surname.)

(Christian name in full.)

(Army serial number.)

Pvt.

Co. M, 363rd Inf.

(Rank and organization.)

State your relationship to the deceased.....

Do you desire the remains brought to the United States? .....

(Yes or no.)

If remains are brought to the United States, do you wish them interred in a national cemetery? }

(Yes or no.)

If you desire the remains interred at the home of the deceased, give full information below as to where they should be sent:

(Name of person to receive remains.)

(Express office.)

(Telegraph office.)

(Number and street.)

(City or town.)

(State.)

(Sign here) .....

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

RETURNED  
UNCLAIMED

Mother dead. No wife

420

G.R.S. Form #114-B

CAUSE OF DEATH

*Died of wounds*

FULL NAME ..... DAVIS, Lauren E. *OK.*

RANK ..... Private *OK.* SERIAL ..... 2780886 *OK.*

DIVISION & ORGANIZATION ..... Co. M, 363rd Inf. *OK. 91 Div*

DATE OF DEATH ..... 10-8-18 *OK.*

STATE FROM WHICH HE CAME ..... *Calif*

MEDALS OR DECORATIONS AWARDED ..... *none found*

FINAL GRAVE LOCATION .....  
Date ..... 7 ..... 7 ..... B  
Grave Row Block

A. G. O.  
MAY 9 1927  
WORLD WAR DIV.

..... 1764 .....  
Cemetery

*61471-406  
AUDITED BY*

*9766-3*

# GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Davis ..... 2780886 ..... Lauren E. ....  
(Surname.) (Number.) (First Name and Initials.)

Pvt. .... Co. M. 363rd Inf. ....  
(Rank.) (Organization.)

DATE OF BURIAL... October 10th 1918. ....

PLACE OF BURIAL U. S. Cemetery. ....

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

U.S. Cemetery, Chatel Guyon, Fuy de Dome,  
..... France. ....

GRAVE NUMBER #28 ..... Section #1. ....

HOW MARKED: Name Peg? ... Yes. ... Cross? ... Yes. ...  
Headboard? ..... Bottle? .....

IDENTIFICATION TAGS: Yes.

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:

*[Signature]*  
(Signature and Rank of Reporting Officer.)

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

Co M., 363rd Infantry  
91st Div.

DAVIS, Laurin, E. - Pvt 2780886  
Home, Courtland, Calif.

Informant was not an eye witness at the time Pvt DAVIS Laurin was hit with a shrapnel on September 28th 1918, but seen him severly wounded shortly afterward.

Death was not instantaneous, but he died of wounds in hospital as per official report received from hospital.

Informant knows Pvt DAVIS by his Christian name and initials.

An other man of same surname was in company, but was not wounded at all.

Statements of Informant can be relied upon to be correct.

Informant : CLARK, Clarence C. - Cpl 2265305  
Co M, 363rd Infantry.

Home : Sausalito, California.

Searcher : ACKBY, Ward M. - Captain  
363rd Infantry

Emergency adress :  
Frank DAVIS  
Courtland, California.

H.P.



CODE SLIP

HEADING	SUB HEADING	NO. OF COLS	CODE
NAME <i>Davis, Laurence</i>	<i>D A V</i>	3	<i>41<sup>12</sup>2</i>
BURIED	CEMETERY <i>1764</i>	1	<i>4</i>
	GRAVE <i>7</i>	2	<i>07</i>
	ROW <i>7</i>	2	<i>07</i>
	BLOCK <i>B</i>	1	<i>2</i>
STATE	<i>Calif</i>	2	<i>04</i>
RANK	<i>Prst.</i>	1	<i>2</i>
DIVISION	<i>91</i>	2	<i>91</i>
ORGANIZATION	<i>363</i>	3	<i>363</i>
ARM	<i>Inf</i>	1	<i>1</i>
MARITAL <i>(Father)</i>	<i>No</i>	1	<i>2</i>
NAME <i>Davis</i>	<i>D A V</i>	3	<i>41<sup>12</sup>2</i>
<i>Frank A.</i>	STATE <i>Calif</i>	2	<i>04</i>
	COUNTY <i>Sacramento</i>	2	<i>24</i>
	CITY <i>Sacramento</i>	3	<i>270</i>
RESIDENCE <i>2025 Castro Way</i>			
RELATION <i>Sacramento, Calif.</i>	<i>Mother</i>	1	<i>1</i>
OTHER <i>no dm</i>		1	<i>2a</i>
ELIGIBILITY <i>no low</i>	<i>Read 1-12-19</i>	1	<i>6</i>
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	<b>AUG 18 1992</b>
DATE OF TRIP	NO.	1	<i>RS</i>
ACCEPTANCE	YR.	1	
<i>29/514/EAB</i>		1	<i>3</i>

**AUDITED**

*McF*

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Davis, Lauren E. 1764 F

July 9, 1930

*L*

Mr. Frank A. Davis  
2025 Castro Way  
Sacramento, Calif.

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?

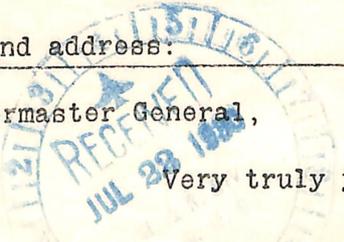
If so, give her name and address:

*No.*

For The Quartermaster General,

Very truly yours

Enclosures:  
Envelope  
Act  
Amendment



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

Sacramento, Calif. June 18<sup>th</sup> 1929

D. M. 293 a.c.

Davis, Lauren E.,

Dear Sir, My Wife.

Lauren E. Davis's Mother died January 12<sup>th</sup> 1919 and he was never married.

Frank R. Davis  
2025 Castro Way  
Sacramento,



WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C  
Davis, Lauren E.

June 13, 1929.

Mr. Frank A. Davis,  
2025 Castro Way,  
Sacramento, Calif.

Dear Sir:

Your attention is invited to the enclosed copy of an Act of Congress approved March 2, 1929, entitled an Act "To enable the mothers and widows of the deceased soldiers, sailors and marines of the American forces now interred in the cemeteries of Europe to make a pilgrimage to these cemeteries".

The records of this office show that you are the father of the late Private Lauren E. Davis, Co. M, 343rd Inf. whose remains are now interred in the Aisne-Marne American Cemetery, Belleau, Aisne, 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.

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Davis, Lauren E. 1764 F

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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

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June 13, 1929.

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For The Quartermaster General,

Very truly yours,

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

2 incls.  
Act of Congress.  
Envelope.

G.M.G.M. & R.D.V.

29 JUN 13 PM 2

DISPATCHED

DATE \_\_\_\_\_

1. NAME **DAVIS, Lauren E.** SERIAL No. **2780886**

RANK **Pvt.** ORGANIZATION **Co.M. 363rd Inf.**

ml GRAVE LOCATION **Amer.Mil.Cty., CHATEL-GUYON (Puy de Dome) # 406**  
CTY. NAME NUMBER

**28**

GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION \_\_\_\_\_

GRAVE COMMUNE DEPT.

COORDINATES \_\_\_\_\_

CONCENTRATED TO **Remains are in original grave.**

DATE GRAVE ROW PLOT

CEMETERY CTY. NUMBER

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

**None**

SUBSEQUENT REBURIALS **Has not been exhumed.**

DATE GRAVE ROW PLOT CEMETERY

DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR **Tom Ward, Captain, Q.M.Corps.**

3. FINAL GRAVE LOCATION **Dec.19,1922** **7** **7** **Block B**

DATE GRAVE ROW PLOT

**Aisne Marne American No.1764**

CEMETERY

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.

To be prepared in triplicate.

DATE 7 October 1921

REPORT OF ~~DISINTERMENT~~, PREPARATION, SHIPMENT AND REBURIAL OF BODY

m1 DISINTERMENT

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

- 1. Name DAVIS, Lauren E.
- 2. No. 2780886
- 3. Rank Pvt
- 4. Org. Co.M. 363rd Inf.
- 5. D.D. 10-8-18
- 6. C.D. DOWRIA
- 10. Name \_\_\_\_\_
- 11. No. \_\_\_\_\_
- 12. Rank \_\_\_\_\_
- 13. Org. \_\_\_\_\_
- 14. (a) D.D. \_\_\_\_\_
- (b) D.B. None

Discrepancy found upon disinterment

- 7. Grave No. 28 Sec. \_\_\_\_\_
- 8. Plot \_\_\_\_\_ Row \_\_\_\_\_
- 9. \_\_\_\_\_
- 15. Grave No. \_\_\_\_\_ Sec. \_\_\_\_\_
- 16. Plot \_\_\_\_\_ Row \_\_\_\_\_
- 17. None
- 18. Cemetery American Military
- 19. Commune or town Chatel-Cuyon
- 20. Dept. or County Puy de Dome
- 21. Country France
- 22. G.R.S. Hdqrs. Code No. 406
- 23. Disinterred (Date) 7 October 1921 By Frank group
- 24. Inscription on grave marker: \_\_\_\_\_
- Name Lauren E. Davis Serial No. \_\_\_\_\_
- Rank Pvt Organization Co M, 363rd Inf
- 25. Was identification disc found on grave marker? Yes On body? Yes

Jack W. Carter  
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).  
None
- 27. Condition of body Badly decomposed
- 28. Nature of burial Uniform and 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 7 October 1921 By Frank group

31. Casket sealed by Frank group

Signature of Embalmer, (Supervisor)

E. J. Frank  
E. J. Frank

SHIPMENT. (Show actual marking of box.) Box No. C-11504

32. Designation of body:

Name DAVIS, Lauren E. Serial No. 2780886

R nk Pvt Organization Co.M.363rd Inf.

33. Consigned to:

Name of Permanent Cemetery Aisne-Marne.Amer.Cty.#1764. Belleau (Aisne)

34. Casket boxed and marked (Date) 7 October 1921 By Frank group

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 F.Overheiser  
F.Overheiser, 1st Lieut, QMC

36. Remarks None

37. Shipped from point of Operation: (Date) \_\_\_\_\_

To point of Concentration \_\_\_\_\_ (Name)  
Convoyer \_\_\_\_\_ Signature Shipping Officer \_\_\_\_\_

38. Received at Railhead or Point of Concentration: Date \_\_\_\_\_

By G.R.S. Representative \_\_\_\_\_

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

To Permanent Cemetery Aisne-Marne.Amer.Cty.1764. Belleau(Aisne) (Name)  
Convoyer A.F. Tebeau Signature Shipping Officer F.Overheiser  
F.Overheiser, 1st Lt. QMC

40. Received: Date October 19, 1921.

G.R.S. Representative G.P. Waugh  
G.P. WAUGH, Major, Infantry.

41. Reinterred Dec. 19, 1922. Aisne-Marne Cem.1764.  
(Date)

42. Grave No. 7 Section \_\_\_\_\_

43. Plot BLOCK B Row 7

G.R.S. Representative W.D. Cleary  
W.D. CLEARY, Lt. Chaplain USA

Place Chatel Guyon

# REPORT OF DISINTERMENT AND REBURIAL

Date October 7, 1921.

1. REMAINS OF Davis, Lauren E. SERIAL NUMBER 2780886  
 RANK Pvt ORGANIZATION Co M 363rd Inf

2. Disinterred (date): October 7, 1921. From (give complete location): Gr. 28 Cemetery 406  
 By: Group 2 Unit Sec 5

3. Reburied (date): Dec. 19, 1922. In (give complete location): Grave 7, Row 7, Block B, Cem. 1764, Belleau (Aisne)  
 By: Group re-burial group Unit \_\_\_\_\_ Nature of reburial lined casket

4. Report as to nature of original burial and condition of body upon disinterment:  
uniform and wooden box. Badly decomposed.

5. (a) Identification tags: Buried with body? yes On grave marker? yes  
 (b) Other means of identification found upon disinterment, and general remarks:

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

(a) Height (actual measurement) impossible to determine

(b) Weight (estimated) -do

(c) Hair—Color -do

Quantity -do

Characteristics -do

(d) Hair on face—Color -do

Location -do

Quantity -do

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

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

skull posted

Checker Jack Carter

7. Disinterment supervised by E. Frank  
E. Frank, Supervising Embalmer

Approved: F. Overheiser  
 (Title) 1st Lieut QMC

8. Reburial supervised by L. D. Hays  
L. D. HAYS

Approved: W. D. Cleary  
 (Title) W. D. CLEARY, Lt. Chaplain USA.

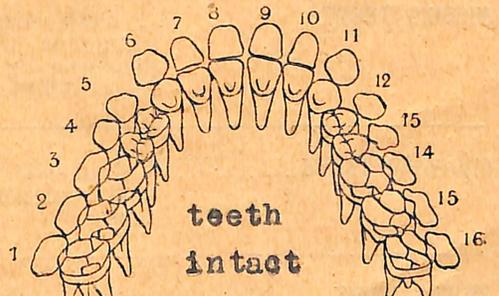
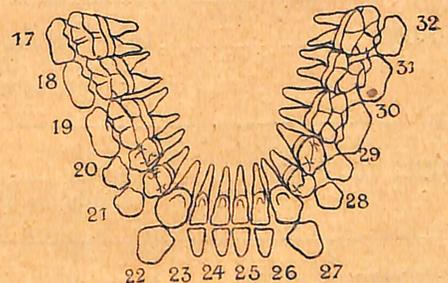


Diagram represents the mouth wide open



## 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.

*W. J. ...*

*W. J. ...*

COMPILED OF DISPOSITION OF REMAINS DATA

File # 31649

I. LOCATION INDEX CARD:

(a) Name DAVIS, Lauren E. Ser. No. 2780886
(b) Rank Pvt. Organization Co. M, 363rd Inf.
(c) Date of death 10-8-18 (d) Cause of death DWRIA
TYP. DB
CKR. J.B.M.

att 2/4/22

Returned for 1-10-22 Concentration Avenue - Warm 1964

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

(a) Grave No. 28 Row -- Plot -- Sec. -- TYP. DB
(b) Emerg. Address Mr. Frank A. Davis, (Father) Courtland, Calif.

III. Files of soldiers dying from contagious diseases -- CKR. KB

no card in file 11-10-20 MKS

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.

see suspension

Examiner's Initials Date, 1920.

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

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

no request

Examiner's Initials MKS Date 11-10, 1920.

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

Ret. 4/14/19 Home Communication Section Red Cross, requests location of grave of abn.
7x

(a) Cancellation memos referred to? Yes JW.

Examiner's Initials JW Date 11-11, 1920.

COUNTRY FRANCE

CEMETERY No. 406

SHEET No. 14

G. R. S. Form No. 115 Amended April 6, 1920

3-7729

Make Form No. 114

FORM 115 - A COMPLETED

841124-20

checked app 11-12-20

Reviewed 4/4/21 EP

VII. G. R. S. Form No. 114 made \_\_\_\_\_, 1920.

Typed by \_\_\_\_\_, Checked by \_\_\_\_\_, 1920.

VIII. FINAL ACTION:

Following advice forwarded to Europe by { cable on \_\_\_\_\_, 1920  
letter on \_\_\_\_\_, 1920

PARAGRAPH 2 - NOT TO BE RETURNED #7

IX.

CORRECTIONS

CHANGE OF ADVICE.	ACTION TAKEN.
Desires body be _____	
Body to be shipped to _____	

X. SUSPENSION REMARKS:

*12-28-20 #120 Fratheron k  
Frank A Davis changes address to  
2025 Castor Way, Sacramento Calif Mich  
body left in Europe 1-12-21 ECL*

FORM 115 RETURNED BY HOBOKEN BODY  
TO REMAIN IN EUROPE.

*1-22-21*

COMPILATION OF DISPOSITION OF REMAINS DATA

See Form 115  
3/4/22  
D.H.

I. LOCATION INDEX CARD:

File # 31649

(a) Name DAVIS, Lauren E. Ser. No. 2780886  
 (b) Rank Pvt. Organization Co. M, 363rd Inf. } TYP DB  
 (c) Date of death 10-8-18 Cause of death DWRIA } J.E.M.

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

(a) Grave No. 28 Row      Plot      Sect.      TYP DB  
 (b) Emerg. Address Mr. Frank A. Davis, (Father) Courtland, Calif.

III. Files of soldiers dying from contagious diseases CKR 10/13

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

No A.G.O Card  
No request for disposition (A) 1/27/00

V. Following advice forwarded to Europe by (cable on 192V 18-1920  
 Letter of transmittal on 192)

**PARAGRAPH 2. NOT TO BE RETURNED**

VI. Form 115 forwarded to G.R.S. Hoboken, N.J. NOV 27 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. JAN 22 1921 192

WAR DEPARTMENT  
 QUARTERMASTER GENERAL  
 CEMETERY DIVISION, GRAVES REGISTRATION SERVICE, Q.M.C.  
 Room 357, Pier #2, Hoboken, New Jersey.

Jan. 20th, 1921.

File No. 293.8 Cem. Div., Cor. Branch.  
 (Davis, Lauren E.)

Mr. Frank A. Davis,  
 2025 Castro Way,  
 Sacramento, Calif.

Dear Sir:-

Receipt of shipping inquiry dated December 28th, 1920, relative to the remains of your son, the late Lauren E. Davis, Private, Serial No. 2780886, Co. M, 363rd Infantry, is acknowledged.

You are advised that your request that the remains of your son be left in France for burial in a permanent American Cemetery will be complied with. The Department desires to assure you that the grave site will always be maintained as a fitting memorial of the late soldier's sacrifice.

The Department desires to convey renewed assurance of its sympathy in your bereavement.

By authority of the Quartermaster General:

*SH*  
 191-C.P.D.  
 JAN 21 1921

R.E. SHANNON,  
 Captain, Q.M. Corps,  
 Officer in Charge.

By:

*JK* J.F. BUTLER,  
 1st Lieut., Infantry.

ff/hk

*E. H.*

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

GRAVES REGISTRATION SERVICE

WASHINGTON HOBOKEN, N. J. DEC 4 1920

FROM: Chief, Graves Registration Service, Q. M. C.

To: Mr. Frank A. Davis, ~~Courtland, Calif.~~ *2025 Castor Way, Sacramento Calif.*

SUBJECT: Remains of Pvt. Lauren E. Davis, Ser. No. 2870886,  
Co. M, 363rd Inf.

The records of this office show that you have requested that his body ~~no request has been made for the disposition of his remains.~~

*Remain in Europe*

*Note change in address*

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

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

By authority of the Quartermaster General.

CHARLES C. PIERCE,  
Major, U. S. A.

If all blank spaces below are not filled out, it will necessitate a return of this paper and a SERIOUS DELAY in the shipment of this body. State in each case WHETHER these relatives are STILL LIVING.

NAME OF—	NO. AND STREET.	TOWN.	STATE.
Was soldier married? <i>no</i>			
Soldier's widow			
Soldier's children. (Name oldest first.)			
1. <i>None</i>			
2.			
3.			
Father <i>Frank A. Davis</i>	<i>2025 Castro Way</i>	<i>Sacramento, Calif.</i>	
Mother <i>not living</i>			
Brothers. (Name oldest first.)			
1. <i>Elmer E. Davis</i>	<i>2025 Castro Way</i>	<i>Sacramento, California.</i>	
2.			
3.			
Sisters. (Name oldest first.)			
1. <i>Evelyn D. Jones.</i>	<i>2025 Castro Way</i>	<i>Sacramento, Calif.</i>	
2.			
3.			

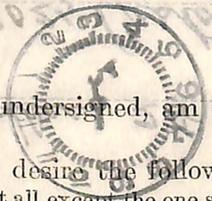
Date *Dec. 28 - 1920*

Signature *Frank A. Davis*

Address *2025 Castor Way Sac. Calif.*

Relationship *Father*

....., 1920.



JAN 3 1920

I, the undersigned, am the Father (Relationship.) and nearest living relative of the within-named soldier, and desire the following disposition of his remains, viz: (Strike out all except the one showing the disposition desired.)

- 1. ~~As stated on first page of this sheet.~~
- 2. To be returned to the U. S. and shipped to ..... (Name.)  
..... (R. R. station.) ..... (State.)
- 3. ~~To be returned to the U. S. and buried in ..... National Cemetery.~~
- 4. To remain in Europe, for burial in a permanent American Cemetery. yes.

Signature Frank A. Davis

**INSTRUCTIONS FOR FILLING OUT.**

- 1. If definite instruction as to the disposition of a body are not received from the nearest relative within two weeks of its arrival at New York, burial will be made without further notice in the World War Section of Arlington National Cemetery.
- 2. The transfer of bodies will be made ENTIRELY at Government expense.
- 3. This paper MUST BE SIGNED BY THE PERSON WHO IS THE NEXT of kin IN THE ORDER shown in the square on the other side of this sheet.
- 4. 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.
- 5. 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.
- 6. If YOU are not the nearest relative, please ask the nearest relative, if living near you, to fill out this paper.
- 7. 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.
- 8. You are requested to return this paper AT ONCE in order to avoid delay in the case of this body.
- 9. Use the inclosed envelope—pay no postage.

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

Refer to this

31649  
(Office)

No. \_\_\_\_\_

## INQUIRY

Request by Mr. Davis,European address Hotel Lutetia.  
Courtland, Calif.Relationship to dec'd Father  
For location grave of:-Davis, 2780886, Lauren E.Last name Serial No. First name  
Pvt. Co.M, 363rd Inft.Rank Org. Date of death  
8/16/21.

Date of request \_\_\_\_\_

Recd. by LCS

(Initials) Other information:

Died 10/8/18.

## INFORMATION FURNISHED

Location of grave Country

#406, Chatelguyon. American.

Cemetery Commune (town) Dept.

Cty. Puy-de-Dome.Grave No. 28 Section \_\_\_\_\_

Plot \_\_\_\_\_ Row \_\_\_\_\_

Furnished by \_\_\_\_\_ Date \_\_\_\_\_  
(Initials)



# GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

**Davis** ..... **2780886** ..... **Lauren E.**  
(Surname.) (Number.) (First Name and Initials.)

**Pvt.** ..... **Co. M. 363rd Inf.**  
(Rank.) (Organization.)

DATE OF BURIAL **October 10th 1918.**

PLACE OF BURIAL **U. S. Cemetery.**

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

**U.S. Cemetery, Chatel Guyon, Fuy de Dome,**  
**France.**

GRAVE NUMBER **#28** ..... **Section #1.**

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

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

IDENTIFICATION TAGS: **Yes.**

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:

**406**

NOV 17 1918

REPORTED BY:

*W. J. ...*

(Signature and Rank of Reporting Officer.)

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

31649

AMERICAN EXPEDITIONARY FORCES  
HEADQUARTERS SERVICES OF SUPPLY  
OFFICE OF THE CHIEF QUARTERMASTER, A. E. F.  
GRAVES REGISTRATION SERVICE  
FRANCE

April 23rd 1918

Burial information for the American Red Cross.  
- - - - -

Soldier's name : DAVIS, Lauren E.

Rank : Private

Organization : Co., M. 363rd Infantry

Date of Death : October 8th 1918.

Place of Burial : American Cemetery at CHATEL-GUYON,  
Department of PUY-de-DOME.

**UNCONFIRMED Burial information**

Reference number : 31649.

(All communications regarding this Grave location should quote the above reference number and be addressed to : -

Chief, Graves Registration Service  
Headquarters Service of Supply  
Office of the Chief Quartermaster  
American E. F.  
France.)

FILE

CHARLES C. PIERCE  
Lieut. Colonel. Q.M.C., U.S.A.

Copy sent to Washington and Paris.

MBD-cb

✓

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

FILE NUMBER 51649

FROM:- A.P.C.

DATE: 1/30/19.

Please furnish information as indicated below regarding the following soldier:

NAME: DAVIS, LAUREN E.

NUMBER:

RANK

PVT.

ORGANIZATION

Co. M. 363<sup>RD</sup> INF.

NO.	QUESTION	REPLY
1.	Do particulars of soldier given above agree with Records?	1. Yes.
✓ 2.	Date of Death	2. Oct 8, 1918.
✓ 3.	Cause and place of death	3. W.A.
✓ 4.	Number of Casualty Cablegram	4. CC287
✓ 5.	Date buried	5. Oct 10, 1918.
✓ 6.	Grave Location (a) Complete record required (b) Name of Cemetery or Commune only required	6. Cem. #406, Amer., Chatel-Guyon, Puy-de-Dome.
7.	Who reported burial	
✓ 8.	Has report been confirmed by G.R.S.	8. No
✓ 9.	Report as to Grave Marker	
10.	Report as to Identification Tags	9. NP and Cross.
11.	Who is nearest relative?	
✓ 12.	Has N/R been notified? (Give Date)	12. Yes . Dec 16, 1918.
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.?	

N.B. All Proper names to be Printed in PLAIN BLOCK LETTERS

FILE

FILE

R.P.  
2/2/19

Handwritten signature and date 2/1/19

31649  
~~31051~~

1/30/19

# AMERICAN RED CROSS

## INTER-OFFICE LETTER

*From* Bureau Home & Hospital Service *Date* 18, January 1919  
*To* Captain M. B. Dix, Graves Registration Bureau  
*Subject* Pvt. Lauren E. Davis, Company M, 363rd Infantry

Please send the location of grave of the above named soldier who died October 8th in B. H. 20, to the American Red Cross, Home Communication Section, Washington, D. C.

MG

*MG.*  
Home Communication Section  
Bureau Home & Hospital Service

31649

AMERICAN EXPEDITIONARY FORCES  
HEADQUARTERS SERVICES OF SUPPLY  
OFFICE OF THE CHIEF QUARTERMASTER, A. E. F.  
GRAVES REGISTRATION SERVICE  
FRANCE

May 7th 1919

Burial information for the American Red Cross.  
- - - - -

Soldier's name :     **DAVIS, Lauren E.**

Rank :                 **Private**

Organization :       **Co M. 363rd Infantry**

Date of Death :

Place of Burial :    **Grave #28, American Cemetery CHATEL-  
GUYON, department of PUY-DE-DOME.**

Reference number :   **31649**

(All communications regarding this Grave location should  
quote the above reference number and be addressed to : -  
Chief, Graves Registration Service  
Headquarters Service of Supply  
Office of the Chief Quartermaster  
American E. F.  
France.)

Copies sent to Washington and Paris.

CHARLES C. PIERCE  
Lieut. Colonel. Q.M.C., U.S.A.

NAME **Lauren E Davis**FILE NUMBER **31649**RANK \_\_\_\_\_ SERIAL NUMBER \_\_\_\_\_  
ORGANIZATION**Co.M 363rd Inf**

NO.	QUESTION	REPLY
1.	Do particulars of soldier given above agree with records?	① PVE (2780886)
2.	Date of Death	
3.	Grave Location:	③ CTY # 406 - GRAVE # 28 SEC # 1 AMER. CTY - CHATEL-GUYON, PHU-DE-LOME
4.	Who reported burial?	
5.	Confirmed by G.R.S.?	⑤ Yes
6.	How is grave marked?	
7.	Identification Tags:	
	(a) Buried with Body?	
	(b) Attached to grave Marker?	
8.	Emergency address:	
9.	Has above been notified? (Give Date)	

## ANALYSIS OF INQUIRY

_____ Flowers, flags, etc. (Par. #5, Bul. 10-B)	_____ Effects (G.R.S. Form Nos. 7&7-A)
_____ Monuments (Par. #6, Bul. 10-B)	_____ Accrued pay (G.R.S. Forms Nos. 19&22)
_____ Disinterments (Par. #8, Bul. 10-B)	_____ Liberty Bonds (G.R.S. Forms Nos. 21&22)
_____ Circumstances of death (G.R.S. Form No. 6)	_____ War Risk Insurance (G.R.S. Forms Nos. 20&22)
_____ Photograph requested (File OCM.5)	_____ Disposition of Remains
_____ Grave Location	(a) Return to U.S. (Form 23)
	(b) Remain in France (Form 24)
	(c) Miscellaneous (Letter)

Remarks:

# AMERICAN RED CROSS

24051. INTER-OFFICE LETTER

From Bureau Home & Hospital Service. Date April 14th, 1919.  
To Captain M.B. DIX, Graves Registration Service. A.P.O. 717.  
Subject Lauren E. DAVIS, C<sup>o</sup>M, 363 Inf.

Kindly send us location of grave of the above named soldier.  
Also forward this information to our Bureau in Washington.

MG/MR.

*A. G. Lee*

Home Communication Section.  
Bureau Home & Hospital Service.

WAR DEPARTMENT,  
THE ADJUTANT GENERAL'S OFFICE.  
OFFICIAL BUSINESS.

Penalty for private use, \$300.

*Davis, Frank*  
*2780886*

*Sup*  
RECEIVED  
AUG 19 1919

*File 31649*

Mr. Frank A. Davis,  
~~Courtland, Cal.~~

RECORDS DIVISION  
SEP 10 1919

WASHINGTON  
AUG 19 9 30 AM '19  
DANDY  
MILTON  
SEP 10 1919

*Milton Houghton*  
*Canada*

13 Received A G O, SEPI 9 1919

THRIVE by THRIFT  
Buy War Savings Stamps.

MILTON  
SP  
1910  
OCT 15

WAR DEPARTMENT,  
THE ADJUTANT GENERAL'S OFFICE,

WASHINGTON,  
Aug. 18, 1919

Dear Sir:

This is the second request for information concerning this matter that has been sent to you. Inasmuch as no reply has been received to the first request it is presumed you did not receive it, and as the information indicated on the inclosed card is necessary to complete the records it will be appreciated if you will fill in and return the card at the earliest practicable date.

P. C. HARRIS,  
*The Adjutant General.*

AGO CARD  
RETURNED  
UNCLAIMED