

G.R.S. Form #114 B

MAY 14 1926

6256

DATE Oct. 18th 1921.

1. NAME DAVIS, Loren W. SERIAL No. 102522

RANK Pvt. 1/c ORGANIZATION Co. M, 168th Inf.
& DIVISION 42

GRAVE LOCATION Argonne Amer. Romagne/s/Montfaucon 1232 sec81

CTY. NAME NUMBER

120 sec81 3

GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION Les Islettes (Meuse).

GRAVE COMMUNE DEPT.

COORDINATES 260.88-N. 300.55-E.

CONCENTRATED TO 6.2.19. 120. 81. 3.

DATE GRAVE ROW PLOT

Meuse Argonne Cemetery 1232.

CEMETERY CTY. NUMBER

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

Tag on body and on cross.

DATE OF DEATH Oct 20, 1918

STATE FROM WHICH HE CAME Iowa

MEDALS OR DECORATIONS AWARDED none

Data form 1.

SUBSEQUENT REBURIALS

DATE	GRAVE	ROW	PLOT	CEMETERY

Robert O. Davis,
Major General,
The Adjutant General.
By R.O.
MAY 18 1926

SIGNATURE, AREA SUPERVISOR M. B. Birdseye

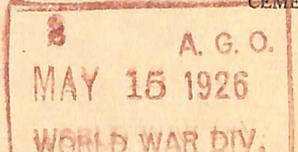
3. FINAL GRAVE LOCATION Oct. 18th 1921 16 19 D

DATE GRAVE ROW PLOT

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

CEMETERY

AUDITED BY L.M.C.
4-23-23



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.



7A 1248 RW
GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Sans: 102522 Loren W
.....
(Surname.) (Number.) (First Name and Initials.)

Pvt. C. M. 168 Inf.
.....
(Rank.) (Organization.)

DATE OF BURIAL..... *Oct 21/18*

PLACE OF BURIAL..... *Les Isles*

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

American Cemetery
.....
.....

GRAVE NUMBER..... *60*

HOW MARKED: Name Peg? *yes* Cross? *—*
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:

REPORTED BY: *E. H. #14*
Chas. J. Nourse Chaplain
.....
(Signature and Rank of Reporting Officer.)

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

CODE SLIP



HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	<i>Louis Loren</i>	3	<i>41 12 2</i>
BURIED	CEMETERY <i>1232</i>	1	<i>1</i>
	GRAVE <i>16</i>	2	<i>16</i>
	ROW <i>19</i>	2	<i>19</i>
	BLOCK <i>49</i>	1	<i>4</i>
STATE	<i>Iowa</i>	2	<i>16</i>
RANK	<i>Priv 1/1st</i>	1	<i>2</i>
DIVISION	<i>42</i>	2	<i>42</i>
ORGANIZATION	<i>168</i>	3	<i>168</i>
ARM	<i>Inf</i>	1	<i>1</i>
MARTIAL	<i>(Father)</i>	1	<i>2</i>
NAME	<i>R. N. Davis</i>	3	<i>41 12 2</i>
RESIDENCE	<i>Libertyville, Iowa.</i>	2	
no SM	STATE	2	
	COUNTY	2	
	CITY	3	
RELATION	<i>no Lov</i> <i>mother</i>	1	<i>1</i>
OTHER		1	
ELIGIBILITY	<i>Dead 1-27-29</i>	1	<i>6</i>
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	<i>RB</i>
DATE OF TRIP	MO. YR.	1 1	
ACCEPTANCE		1	

AUDITED

APR 22 1932

RB

RM

PGB

29/514/PJ

S

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Davis, Loren W. 1232 F

July 9, 1930

Mr. R. W. Davis
Libertyville, Iowa

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?

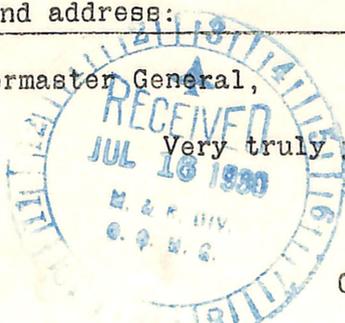
If so, give her name and address:

No.

For The Quartermaster General,

Very truly yours,

Enclosures:
Envelope
Act
Amendment



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

July 8. 19.29

War Department
Quarters Master general

Washington

Co. M 293 A B

I have just Received your
notice Regards to the gold
star mothers trip to Europe

I will just say that my
Wife Passed away the 27 of
January she was the only
Mother of Looren W. Davis

Co. M 168th I N F

yours Truly

R W Davis

219 = 43 st Moline Ill

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Davis, Loren W.

June 29, 1929.

Mr. R. W. Davis,
Libertyville, Iowa.

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 Loren W. Davis, Co. M., 168th 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.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

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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.

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For The Quartermaster General,

Very truly yours,

2 incls.
Act of Congress.
Envelope.

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

Davis,

(Surname.)

Loren W.

(Christian name in full.)

102 522

(Army serial number)

Pvt 1 cl

Co. M, 168th 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.)

(Number and street.)

(City or town.)

(State.)

(Sign here)

R. W. Davis
Libertyville

Iowa

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

Drawn by P.F.

4-21-21

1232 - Sec 81 - 38

Checked
4/21/21
JH

QM 293 C-R

September 20, 1923.

Mr. R. W. Davis,
Libertyville,
Iowa.

Dear Sir:

~~The Quartermaster General desires you to be informed that the~~
~~160th Infantry is Grave 16, Row 19, Block D, Meuse-Argonne American~~
~~Cemetery, Romagne-sous-Montfaucon (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, division, organization, date of soldier's death and State from which he came. 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.

You are assured in effecting removal of the remains, the utmost care and reverence were exercised and more than willingly accorded by those who performed 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,

O. Q. M. G.
Central Mail & Files Branch

H. H. CHEAL

Assistant.



SEP 20 1923

23/592/ARK

WPK

59965

REPORT OF DISINTERMENT AND REBURIAL

Remains of:

Name: DAVIS, Loren W.

Number 102522

Rank: Pvt. Co. M 168 Inf. Organization

Disinterment and Reburial made by Group:

Unit

Disinterred (Date)

From (Give complete location)

6 2 JUNE 1919

Grave 45 Sec E Plot 1 AEF CTY.

LES ISLETTES MEUSE

35 SE E300.55 N260.88

Reburied (Date)

In: (Give complete location)

1232

2 JUNE 1919

Grave 120 Sec 81 Plot 3

ARGONNE AMERICAN CEMETERY #1232

ROMAGNE MEUSE

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

Body buried in blanket, badly decomposed. Burial good.

Was any identification tag found upon the body? Yes

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

CONFIRMED No. D..... 10655

Note:

If upon disinterment, effects are found on bodies, they will be promptly sent to the Effects Dept direct as is required by G.S. 170, G.H. 2, 1918., after being carefully examined for clues of identity in doubtful cases, notation whereof will be made and reported to Chief, Graves Registration Service.

Supervised by: Lt. Goldsbury

R. H. ROSENTHAL

2nd Lieut. O.M.C.U.S.A.

C.O. Group

1918

1919

RECEIVED

1919

1919

1919

1919

1919

1919

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1919

1919

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1919

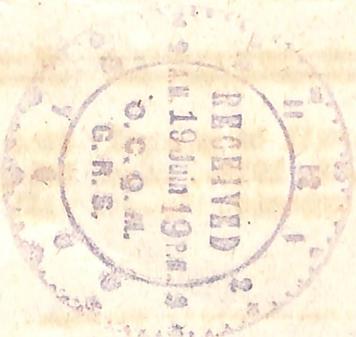
1919

1919

1919

1919

1919



1919

COMPILATION OF DISPOSITION OF REMAINS DATA File #59965

I. LOCATION INDEX CARD:

(a) Name DAVIS, Loren W. Ser. No. 102522 } TYP. aew
 (b) Rank Pvt. 1/c Organization Co., M, 168th Inf. } CKR. CP
 (c) Date of death 10-20-18 (d) Cause of death DWRIA

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

(a) Grave No. 120 Row - Plot 3 Sec. 81 TYP. aew
 (b) Emerg. Address Mr. R. W. Davis, Father, Libertyville, Iowa.

III. Files of soldiers dying from contagious diseases CKR. CP

IV. A. G. O. DISPOSITION CARD:

Date of receipt _____

(a) Name R. W. Davis (b) Relationship Father
 (c) Address Libertyville, Iowa
 (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 PF Date 4-21, 1920.

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

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

Examiner's Initials PF Date 4-21, 1920.

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

No request for disposition

(a) Cancellation memos referred to? Yes PF

Examiner's Initials PF Date 4-21, 1920.

COUNTRY France CEMETERY No. 1232, Sec. 81 SHEET No. 38

Checked 11/21/21

TRIPPLICATE

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

STATION Romagne, Cemetery #1232.

To be prepared in triplicate.

DATE Oct. 17, 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 Davis, Loren W
 2. No. 102522
 3. Rank Pvt. 1st. cl
 4. Org. Co. M. 168th Inf
 5. D.D. 10.20
 6. C.D. DOW

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

Discrepancy found upon disinterment

7. Grave No. 120 Sec. 81
 8. Plot 3 Row _____
 9. _____

15. Grave No. _____ Sec. _____
 16. Plot _____ Row _____
 17. No discrepancies

18. Cemetery Argonne Amer

19. Commune or town Romagne-sous-Montfaucon

20. Dept. or County Meuse

21. Country France

22. G. R. S. Hdqrs. Code No. 1232- Sec. 81

23. Disinterred (Date) Oct. 17, 1921.

By E. G. Howell.

24. Inscription on grave marker:

Name Loren W. Davis.
 Rank Pvt. 1/c

Serial No. 102522
 Organization Co. ^M 168th Inf.

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

J. C. Annabel
 Signature Junior Technical Assistant
J. C. Annabel

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).

Tag on body and tag on peg over body agree with form 114-A

27. Condition of body Badly decomposed; features unrecognizable.

28. Nature of burial Wooden box, blanket and burlap.

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 Oct. 17, 1921 By E. G. Howell

31. Casket sealed by E. G. Howell

Signature of Embalmer, (Supervisor)

E. G. Howell
E. G. Howell

EDITED BY

SHIPMENT. (Show actual marking of box.) Box No. C-7897

32. Designation of body:

Name Davis, Loren W Serial No. 102522

Rank Pvt. 1st. cl Organization Co. M. 168th Inf

33. Consigned to:

Name of Permanent Cemetery Argonne Amer. Romagne-sous-Montfaucan #1232

34. Casket boxed and marked (Date) Oct. 17, 1921. By E.G. Howell

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. B. Daniel, Captain, QMC.

36. Remarks None.

37. Shipped from point of Operation: (Date) October 17th, 1921. d

To point of Concentration Morgue, Romagne.

(Name

Convoyer W. J. Royed. Signature Shipping Officer G. F. Spann,

Captain, QMC.

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 _____

G.R.S. Representative _____

41. Reinterred Meuse Argonne Cem. 1232, Oct, 18, 1921.

(Date

42. Grave No. Row 19 Bl. D. Gr. 16. Section _____

43. Plot _____ Row _____

G.R.S. Representative James W. Younger

JAMES W. YOUNGER
CAPT. QMC.

eaj.

MMB



Place Romagne 1232.....

REPORT OF DISINTERMENT AND REBURIAL

Date..... Oct. 17, 1921.....

1. REMAINS OF..... DAVIS, Loren W..... SERIAL NUMBER..... 102522.....

RANK..... Pvt. 1/c..... ORGANIZATION..... Co. M, 168th Inf.....

2. Disinterred (date): Oct. 17, 1921..... From (give complete location): gr 120, sec 81, plot 3.....

By: Group..... 3..... Unit..... sec 1.....

3. Reburied (date): Oct. 18, 1921..... In (give complete location): Meuse Argonne Cem. 1232, Row 19 Bl. D. Gr. 16.....

By: Group..... Reburial Sec..... Unit..... Nature of reburial..... unlined casket

4. Report as to nature of original burial and condition of body upon disinterment :
..... wooden box and blanket and burlap, badly decomposed, features not recognizable.....

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

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

..... tag on body and tag on peg over body agree with form 114-a.....
..... 9, 10, 11, 25, 27, broken off.....

6. What does examination of body show as regards the following identifying items 30 decayed, 31 S.F.
(a) Height (actual measurement) impossible to determine, 20 MBD, 19 G.C. 18 cavity, 18, 16, N.C.

(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)..... do

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

..... right tibia and fibia missing from contex.....

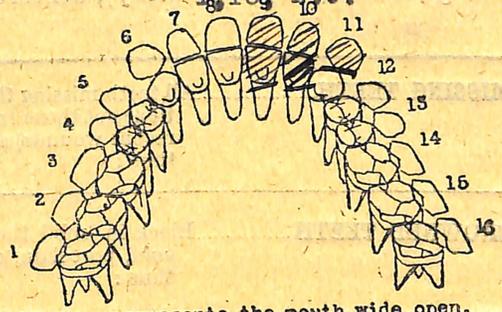
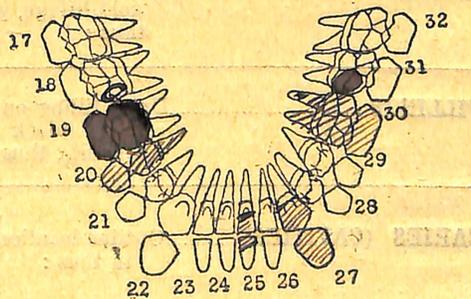


Diagram represents the mouth wide open.



7. Disinterment supervised by..... E. G. Howell.....

Approved:..... F. B. Daniel..... (Title)..... F. B. Daniel, Capt. Q.M.C.

8. Reburial supervised by..... W. B. SHELL.....

Approved:..... JAMES W. YOUNGER..... (Title)..... JAMES W. YOUNGER, Capt. Q.M.C.



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

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

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.
2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
3. Give date and accurate information as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.
5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".
 (b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6.
6. Give all information as to body description and dental chart as nearly correctly as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

MISSING TEETHAll teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus :	
CROWNED TEETHBlock in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus :	
BRIDGE WORKBlock in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :	
FILLINGSDraw 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.

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Davis 102522 Loren W

(Surname.)

(Number.)

(First Name and Initials.)

Plt. C.M. 168 Inf.

(Rank.)

(Organization.)

DATE OF BURIAL

Oct 21 / 18

PLACE OF BURIAL

Les Islettes

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

American Cemetery

GRAVE NUMBER

60

HOW MARKED: Name Peg? *yes* Cross? *—*

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:

28 OCT 1918

REPORTED BY:

E.H. #14

Chas. L. Nourse Chaplain

(Signature and Rank of Reporting Officer.)

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

Soldier's No. 10252 07965

Name DAVIS LOREN W.

Rank Pvt Co. M (Regt.) 1st INF
(Corps) 168

OCT. 20 1918 WOUNDS.
Date of Death Cause

OCT. 21. 1918 AMERICAN.
Date of Burial Cemetery

LES ISLETTES MEUSE
Town or Commune Dept.

Grave No. 164 Plot 4 Sec. L

TAG buried with body

TAG attached to PEG

CHARLES L. NOURSE E H 14
Chaplain - Burial Officer (which?)

GALLEN M WILLIS CPL 2 MC
Signature Rank

Group 4 Unit 310 G.R.S.

Soldier's No. _____

Name _____

Regt. _____
Co. _____
Rank _____

Date of Death _____
Cause _____

Date of Burial _____
Cemetery _____

Town or Command _____
Dept. _____

Grave No. _____ Plot _____ Sec. _____

buried with body _____

attached to _____



FILE

4/21/21

(Date)

FORM 115 has been compiled on the following case:-

CEMETERY NO. 1232 SECTION 81

FORM 115 Sheet No. 38

SH
(Initials)

CSP-SS
Form No. 1011.

S/2053/LML