

367
1/27/23

To The A. G. O.

4615

G.R.S. Form #114-B

APR 27 1923

DATE Dec 30th, 1922.

1. NAME DAWN, John R. SERIAL No. 54852
 RANK Pvt. ORGANIZATION Co. L., 26th Inf.
 GRAVE LOCATION Meuse-Arg. Amer. Cty. Romagne-sous-Montfaucon (Meuse) 1232. Sec. 28
 CTY. NAME NUMBER
141 Sec. 28 3
 GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION Nothing of record Exermont, Ardennes.
 GRAVE COMMUNE DEPT.

COORDINATES 281.2N 301.9E Verdun NE35

CONCENTRATED TO 6-6-19 141 Sec. 28 3
 DATE GRAVE ROW PLOT
Meuse Argonne 1232
 CEMETERY CTY. NUMBER

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

DATE OF DEATH Dec 7, 1918

STATE FROM WHICH HE CAME Ohio

MEDALS OR DECORATIONS AWARDED Wtd on 501, 1st div

Data from Form 1

SUBSEQUENT REBURIALS dated Jan 1, 1920
DATE GRAVE ROW PLOT CEMETERY

ejr/tm DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR Wm M. CLINE Captain Q.M.C.

3. FINAL GRAVE LOCATION Dec 30th, 1922. 15 Block C. 24.
 DATE GRAVE ROW PLOT

AUDITED BY
 M.J.D. - 3/27/23
 MAY 1926

Meuse-Argonne Amer. Cty # 1232. Romagne-sous-Montfaucon (Meuse).
CEMETERY

APR 30 1926
 WORLD WAR DIV.

RECEIVED
AMERICAN GRAVES REGISTRATION SERVICE
JUL 10 1952

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 16, 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.



GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Rawn 54852 *John B*
(Surname) (Number) (First Name and Initials)

Co L. 26th Inf.
(Rank) (Organization)

PLACE OF DEATH:

CAUSE OF DEATH:

DATE OF BURIAL: *October 12, 1918*

PLACE OF BURIAL: *X 302-2004281600*

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

GRAVE NUMBER: *11*

HOW MARKED: Name Peg? Cross?

Headboard?

Bottle?

IDENTIFICATION TAGS: *Yes*

Was one buried with body?

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?

St. Shearer 53 P. Coy in

NEAREST RELATIVE: *charge of burial*

ADDRESS: *detail*

RELATIONSHIP:

REPORTED BY:

Oliver J. Hart, Chaplain 5FA
(Signature and Rank of Reporting Officer).

This portion to be forwarded to Central Records Office, A. G. O., A. E. F.

REPORT OF DISINTERMENT AND REBURIAL

Remains of:

Name: DAWN John R

Number 54852

Rank: Pvt.

Organization Co L 26th Inf.

Disinterment and Reburial made by Group: _____

Unit _____

Disinterred (Date) _____

From (Give complete location) _____

6 6th June 1919

Grave # 11 B:A:CTY: _____

EXERMONT ARDENNES 35NE 301.9E 281.2N

Reburied (Date) _____

In: (Give complete location) _____

1232

6th June 1919

Grave # 141 Sec 28 Plot 3

ARGONNE AMER.CTY:# 1232

ROMAGNE MEUSE.

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

Burial good, buried in Uniform, body badly decompose.d

Was one identification tag found upon the body? _____

No

What other means of identification were found on the body? _____

None

CONFIRMED No. D.....

11305

Notes:

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

Supervised by: Lt. Grant.

R/S

R. H. ROSENTHAL

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

G.O. Group _____ Unit _____

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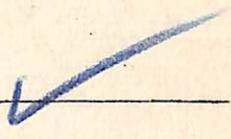
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1111

REC
 2
 O.C.G.
 G.R.S.

CODE SLIP



HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	Dawn	3	41 12 3
BURIED	CEMETERY 1232	1	1
	GRAVE 15	2	15
	ROW 24	2	24
	BLOCK C	1	3
STATE	Ohio	2	41
BANK	Pub.	1	2
DIVISION	1	2	01
ORGANIZATION	26	3	026
ARM	Inf	1	1
MARTIAL	(Father) No.	1	2
NAME	John B Dawn	5	
RESIDENCE	B465 Edgier, Tenn.	2	
	COUNTY	2	
	CITY	3	
RELATION	no fm Mother	1	1
OTHER	no loco	1	
ELIGIBILITY	Dead	1	6
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF TRIP	MO.	1	
	YR.	1	
ACCEPTANCE		1	

AUDITED

APR 22 1932

Re

29/514/PJ

emj

S

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Dawn, John R. 1232 F

July 9, 1930

Mr. John B. Dawn
Box 65
Elgin, Tenn.

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.



WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Dawn, John R.

August 30, 1929.

Mr. John B. Dawn,
Box 65,
Elgin, Tenn.

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 Sgt. John R. Dawn, Co. L, 26th. Inf., whose remains are now interred in the Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon, Meuse, France.

Will you please fill in the answers to the following questions in the space provided on this letter, and return to this office in the enclosed envelope which requires no postage?

Write answers in space below:

1. Is the deceased survived by a widow who has not since remarried?

No.

2. If so, give her complete address.

3. If he is survived by a mother, stepmother, mother thru adoption, or any other woman who stood in loco parentis to him, according to the terms of Section 4 of the enclosed Act, give her name, address, and relationship in the space opposite.

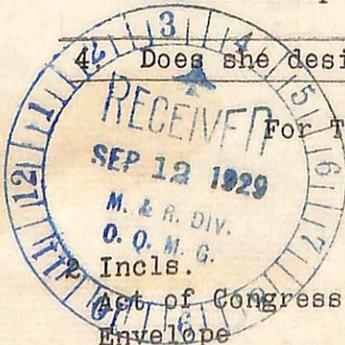
The one below did not marry the father of the deceased until after John R. Dawn was killed. So is not truly a step-mother to him altho she is to the other children.
Mrs. Myrtle C. Dawn,
Elgin,
Tenn.

Does she desire to make the pilgrimage? (No.)

For The Quartermaster General,

Very truly yours,

filled by John B. Dawn
Elgin, Tenn.
John T. Harris (Father)
JOHN T. HARRIS,
Major, Q. M. Corps,
Assistant.



WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

XC 88198

IN REPLY REFER TO QM 293 A-C
(Dawn, John R.)

June 28, 1929.

Mr. John B. Dawn,
125 Gage St.,
Cincinnati, Ohio.

F. (m dead)
Mr John B Dawn,
Box 65,
Elgin, Tenn.

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 Sgt. John R. Dawn, Co. L, 26th 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,

John T Harris

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

2 incls.
Act of Congress.
Envelope.

XC 88198
sm 7/29

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL

WASHINGTON, D. C.

OFFICIAL BUSINESS



PENALTY FOR PRIVATE USE TO
AVOID PAYMENT OF POSTAGE \$300

REGISTERED	_____
OR	_____
INSURE	_____
VALUABLE MAIL	_____

RELEASED
LEFT CITY

NO SUCH NUMBER
REMOVED
CARRIER NO. 1000
W. M. 937



CINCINNATI, OHIO
JUL 3
3 PM
1929
STA. E



WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Dawn, John R. 1232 F

July 9, 1930

Mr. John B. Dawn
Box 65
Elgin, Tenn.

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:

2. Is the deceased survived by a widow who has not remarried?

If so, give her name and address:

3. Is the deceased survived by any woman who stood in loco parentis to him according to the terms of Section 4 (a) of the enclosed Act as amended?

If so, give her name and address:

For The Quartermaster General,

Very truly yours,

Enclosures:
Envelope
Act
Amendment

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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Dawn, John R.
1232

Sept. 12, 1929

Mr. John B. Dawn,
Box 65,
Elgin, Tenn.

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated Aug. 30, 1929 making inquiry concerning the name and address of the mother and widow of the deceased service man above named. These addresses are desired with a view to ascertaining the number of mothers and widows who desire to make a pilgrimage to the cemeteries of Europe in which the remains of their sons and husbands are interred.

Will you please fill in the answers to the following questions in the space provided on this letter, and return the letter to this office in the enclosed envelope which requires no postage?

Write answers in space below

1. Is the deceased survived by a widow who has not since remarried? If so, give her complete address:

2. If he is survived by a mother, stepmother, mother thru adoption, or any other woman who stood in loco parentis to him, according to the terms of Section 4 of the enclosed Act, give her name, address, and relationship in the space opposite.

3. If survived by a widow or mother does she desire to make the pilgrimage?

For The Quartermaster General,

Very truly yours,

2 Incls.
Act of Congress
Envelope

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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Dawn, John R.

August 30, 1929.

Mr. John B. Dawn,
Box 65,
Elgin, Tenn.

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 Sgt. John R. Dawn, Co. L, 26th. Inf., whose remains are now interred in the Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon, Meuse, France.

Will you please fill in the answers to the following questions in the space provided on this letter, and return to this office in the enclosed envelope which requires no postage?

Write answers in space below:

1. Is the deceased survived by a widow who has not since remarried?
2. If so, give her complete address.
3. If he is survived by a mother, stepmother, mother thru adoption, or any other woman who stood in loco parentis to him, according to the terms of Section 4 of the enclosed Act, give her name, address, and relationship in the space opposite.
4. Does she desire to make the pilgrimage?

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

IN REPLY REFER TO QM 293 A-C

June 28 , 1929.

(Dawn, John R.)

Mr. John B. Dawn,
125 Gage St.,
Cincinnati, Ohio.

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 Sgt. John R. Dawn, Co. L, 26th 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 incs.
Act of Congress.
Envelope.

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

In reply refer to:
293 C-R

June 27, 1923.

Mr. John B. Dawn,
125 Gage St.,
Cincinnati, Ohio.

Dear Sir:

The Quartermaster General desires that you be informed that
Sergeant John R. Dawn, Company L, 26th
the permanent grave of
Infantry, is Grave 15, Row 24, Block C, 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. The headstones will be placed at all graves in connection with the improvement work now in progress, as soon as possible and without waiting for special action or request on the part of relatives.

In effecting removal, the utmost care and reverence were exacted and more than willingly accorded by those performing this sacred duty. The grave of the deceased will be perpetually maintained by this Government in a manner befitting the last resting place of our heroes.

Very truly yours,

H. J. Cenner,
Assistant,

RD

L
23/236/ARK

Dawn

John R

54,852

(Surname)

(Christian name in full.)

(Army serial number.)

~~Pvt~~ Sgk.

Co ~~I~~ 26th 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?

No

(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)

John B. Dawn

E.M.

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

Drawn by H.P.

1232/1625-49

4-13-21

checked

4-15-21

S.C.

OSP-SS
Form No. 1009

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

*Revised
will*

2
Harlow C.W.

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

sgt.
Dawn, John R., Pvt.

SERIAL NUMBER

ORGANIZATION

1252-Sec.28 - 49

4/16/21.

DATE OF DEATH

54852

Co. L, 26th Inf.

10/7/18.

Copy forwarded to
Adjustment Department

Date 6-28-21-@

WAR RISK INSURANCE INFORMATION

DATE _____

PERSON NAMED BY SOLDIER TO BE BENEFICIARY OF INSURANCE

RELATIONSHIP

John B. Dawn

Father

ADDRESS

125 Sage St., Cincinnati, Ohio

PERSON RECEIVING DEATH COMPENSATION

RELATIONSHIP

NO PLATE

S/1868/LML

OSP-SS
Form No. 1009

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

COPY
Dawn
Harlow C.W.

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

Dawn, John R., ~~Pvt.~~ ^{Sgt.}

ORGANIZATION

1232-~~Sec. 28~~ - 49

DATE OF DEATH

54852

Co. L, 26th Inf.

10/7/18.

Original Forwarded
to Hoboken

WAR RISK INSURANCE INFORMATION

Date 6-28-21-C

DATE

John B. Dawn
PERSON NAMED BY SOLDIER TO BE BENEFICIARY OF INSURANCE

Father
RELATIONSHIP

ADDRESS

125 Gage St., Cincinnati, Ohio.

PERSON RECEIVING DEATH COMPENSATION

RELATIONSHIP

Adjustment Made
125 1922

File No. *44317*

S/1868/LML

FROM: O.Q.M.C.
CEMETERIAL DIVISION
Munitions Building
Room

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

PLEASE
EXPEDITE

Adjustment Made

G.R.S. Form 8-W-A-H

Date 4/10/21

Information requested of A.G.O.

File No. 44 317 Requisition

File No.

From: The Quartermaster General, U. S. Army, (Cemeterial Division) (SPECIAL)

To: The Adjutant General of the Army, 6th & B Sts., N.W., Washington, D.C.

Subject: Information required for G.R.S.

1. It is requested that the items checked below be completed, Request confirmation of all information shown.

- a. Surname Dawn ✓
- b. Christian name John R. ✓
- c. Serial Number 54852 ✓
- d. Organization Co. I, 26th Inf. ✓
or (Co. I, 26th Inf.)
- e. Rank Sgt. or (Pvt.) ✓
- f. Date of death 10/7/18. ✓
- g. Cause of death K/A. ✓
- h. Authority (C.O.#)
- i. Emergency address
- j. Relationship John B Dawn
7 Leroy Court
Barber Cincinnati, Ohio

NOTED FOR FILE
DATE 4-26-21

BODY DESCRIPTION

(See page #2 of the Service Record)

- a. Age of enlistment
- b. Color of eyes
- c. Color of hair
- d. Height
- e. Weight
- f. Permanent marks and physical defects at enlistment (Old fractures or breaks)

DENTAL CHARTS

(See Physical report of examination prior to enlistment)

- a. Strike out teeth missing
- 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
upper right upper left
- 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
lower right lower left

H. L. ROGERS,
Quartermaster General, U.S.A.

BY: *H. J. Conner*

H. J. CONNER,
1st. Lieut. Q.M.C.

CEMETERY NO:

C.W. 1232-Sec. 28

SHEET NO:

49

TYPED BY:

I.W.

8/713/LML

Donnelly 277
Enl Opd sec 28
4/19/21

APR 16 1921

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

Adjustment Made

G.R.S. Form 8-W-A-H

Date 4/16/21.

Information requested of A.G.O.

File No. Requisition

File No. 44317

From: The Quartermaster General, U. S. Army, (Cemeterial Division) (SPECIAL)

To: The Adjutant General of the Army, 6th & B Sts., N.W., Washington, D.C.

Subject: Information required for G.R.S.

1. It is requested that the items checked below be completed, Request confirmation of all information shown.

a. Surname Down ✓

f. Date of death 10/7/18. ✓

b. Christian name John R. ✓

g. Cause of death K/A. ✓

c. Serial Number 54852 ✓

h. Authority (C.O.#)

~~d. Organization~~ Co. L, 26th Inf.
or (Co. I, 26th Inf.)

~~i. Emergency address~~

~~e. Rank~~ Sgt. or (Pvt.)

~~j. Relationship~~ John B Down
2 Leroy Court
Barber Cincinnati, Ohio

BODY DESCRIPTION

(See page #2 of the Service Record)

a. Age of enlistment

b. Color of eyes

c. Color of hair

d. Height

e. Weight

f. Permanent marks and physical defects at enlistment (Old fractures or breaks)

DENTAL CHARTS

(See Physical report of examination prior to enlistment)

a. Strike out teeth missing

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
upper right upper left

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
lower right lower left

H. L. ROGERS,
Quartermaster General, U.S.A.

CEMETERY NO:

C.W. 1232-Sec. 28

BY: H. J. Conner

SHEET NO:

49

H. J. CONNER,
1st. Lieut. Q.M.C.

TYPED BY:

I.W. Donnelly 207
Enl Dept Sec 47
4/19/21

S/713/LML

NOTED FORM 116
DATE 4-26-21

APR 20 1921

APR 19 1921

THE DEPARTMENT
Office of the Director, Bureau of the Army
Washington

Adjustment Made

Date 4/16/21

Information of A.C.O. 1921

File No. 100-100000

From: The Quartermaster General, U.S. Army, (General Division) (SPECIAL)

To: The Adjutant General of the Army, (Adj & B Sta., W.M., Washington, D.C.)

Subject: Information requested for A.C.O.

1. It is requested that the items checked below be completed. Request for information of all information shown.

1. Date of death 10/7/18

2. Cause of death E/A

3. Authority (G.O.R.)

4. Emergency service

5. Relationship

6. Dental charts

7. (See physical report of examination prior to treatment)

8. Service on teeth missing

9. State of teeth

10. Upper teeth

11. Lower teeth

12. Lower teeth

a. Service branch

b. Christian name John H.

c. Serial number 5482

d. Organization Co. 1, 28th Inf. or (Co. 1, 28th Inf.)

e. Rank Sgt. or (Pvt.)

f. (Date of the Service Record)

g. Age of enlistment

h. Color of eyes

i. Color of hair

j. Height

k. Weight

APR 20 1921

RECEIVED

(Information of this character of work)

M. J. ROBERTS

Quartermaster General, U.S. Army

BY ORDER

(Signature)

100-100000

1921-2021

20

100

FILE

CEMETERIAL DIVISION
REGISTRATION SECTION

File No. 44317

September 6, 1921

MEMO FOR:

Cards Department.

1.

CASE OF:

Company L. 26th InfantryORGANIZATION (Old)DAWN # 54852 John R. - Private
(Name)

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 **Sgt.**

DATE OF DEATH

CAUSE OF DEATH

	Date	Place	F-1A No.
Orig.			D-
1st Reb.			D-
2nd Reb.			D-
3rd Reb.			D-

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

BY: D. T. Dodson,Adjustment Section.

(Department)

5 x 8 card was sent to file.

Corrections made
on Organization
File Card:

By NB

S/1105/LML

44317

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Dawn, 54852, John R.
(Surname.) (Number.) (First Name and Initials.)

Pvt. unknown Co. "L", 26th Inf.
(Rank.) (Organization.)

DATE OF BURIAL.....

PLACE OF BURIAL..... Field of Battle.

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

Coordinates X - 302.200 Y - 281.600

GRAVE NUMBER.....

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

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

IDENTIFICATION TAGS:

Was one buried with body?.....

Was one fastened to name peg or stake used as a grave marker?.....

If name unknown and tags missing, description and marks should be given here:

REPORTED BY:

Oliver J. Hart,
Chaplain, 5th F.A.

(Signature and Rank of Reporting Officer.)

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

RECEIVED

20 JAN 1919

O. C. Q. M.
G. R. S.

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Dawn *1-4852* *John*
(Surname) (Number) (First Name and Initials)
Col. *26th Inf.*
(Rank) (Organization)

PLACE OF DEATH:

CAUSE OF DEATH:

DATE OF BURIAL: *October 12, 1918*

PLACE OF BURIAL: *X 302.209y 281.600*

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

GRAVE NUMBER: *11*

HOW MARKED: Name Peg? 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?

Pt Shearer, 53rd P. Inf. in

NEAREST RELATIVE: *Charge of burial*

ADDRESS: *detail*

RELATIONSHIP: *Exempt (Aidennes)*

REPORTED BY: *(0209) SHT 35 ME COORIE-302.2*
M-281.6

Owen Hart, Chaplain SFA
(Signature and Rank of Reporting Officer)

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



Communal List No.

Report No.

669-476

44317

4-15-21

(Date)

FORM 115 has been compiled on the following case:-

CEMETERY NO. 1232 SECTION 28

FORM 115 Sheet No. 49

G.C.

(Initials)

OSP-SS
Form No. 1011.

S/2053/LML

COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

File #44317

(a) Name DAWN, John R. Ser. No. 54852
(b) Rank Pvt. Sgt. Organization Co. L, 26th Infantry
(c) Date of death 10/7/18 (d) Cause of death K/A

TYP. DMA
CKR. B. J.

3/22 Examined
for Concentration
Munich - Argonne #282
Att 4/11/22

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

(a) Grave No. 141 Row - Plot 3 Sec. 28 TYP. DMA
(b) Emerg. Address Mr. John B. Dawn (father) 7 Leroy Court, Cincinnati, O.

III. Files of soldiers dying from contagious diseases CKR. B. J.

IV. A. G. O. DISPOSITION CARD:

Date of receipt none

(a) Name John B. Dawn (b) Relationship father
(c) Address Elgin, Tenn.
(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 HR Date 4-13, 1920

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

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

no correspondence

Examiner's Initials HR Date 4-13, 1920

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

7X

no request for disposition

(a) Cancellation memos referred to?

Examiner's Initials HR Date 4-13, 1920

COUNTRY FRANCE CEMETERY No. 1232-Sec. 28 SHEET No. 49

checked 4-27-21

ACT. 5-27-21

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 *MAY 20 1921*, 1920

Sec. 28 **PARAGRAPH 2 - NOT TO BE RETURNED** (*Z. a. S.*)

IX.

CORRECTIONS

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

X. SUSPENSION REMARKS:

*W.R. B.A. - John B. Dawn, father
125 Gage St., Cincinnati, Ohio (cd6-28-21)*

Location Index
Discrepancies
Name
Rank

To be prepared in triplicate.

DATE Dec 30 1921

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

COMPARATIVE REPORT

⁵⁰ Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name DAWN, John R.

10. Name _____

2. No. 54852

11. No. _____

3. Rank Pvt.

12. Rank _____

4. Org. Co. L., 26th Inf.

13. Org. _____

5. D.D. Oct. 7th. / 18

14. (a) D.D. _____

6. C.D. KIA

(b) D.B. None

Discrepancy found upon disinterment

7. Grave No. 141 Sec. 28

15. Grave No. _____ Sec. _____

8. Plot 3 Row _____

16. Plot _____ Row _____

9. _____

17. None

18. Cemetery Meuse-Arg.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. 28

23. Disinterred (Date) Dec 30 1921

By H H Foster.

24. Inscription on grave marker:

Name John R Dawn

Serial No. 54852

Rank Pvt.

Organization Co L 26th Inf

Yes

25. Was identification disc found on grave marker? Yes On body? corroded

John H Crawford
Signature Junior Technical Assistant

John H Crawford

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).

GRS plaque on body checks OK

27. Condition of body Badly decomposed, features unrecognizable

28. Nature of burial Uniform, burlap and 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 Dec 30 1921 By H H Foster.

31. Casket sealed by H H Foster.

Signature of Embalmer, (Supervisor H H Foster.

H H Foster.

SHIPMENT. (Show actual marking of box.)

Box No.

C-21309



32. Designation of body:

Name **John P. DANN**

Serial No. **54862**

Rank **Pvt.**

Organization **Co.L., 26th Inf.**

33. Consigned to:

Name of Permanent Cemetery **House-Arg. Amer. Cty. 1232 Romagne-sous-Fontfaucon. House.**

34. Casket boxed and marked (Date) **Dec 30 1921** By **H H Foster.**

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 *H S Harpole*
H S Harpole 1st Lt. QMC

36. Remarks

37. Shipped from point of Operation: (Date) **Dec 30 1921**

To point of Concentration **Morgue Romagne**

Convoyer **W J Royed**

(Name) *F Overheiser*
Signature Shipping Officer **F Overheiser, Capt. 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

Convoyer

(Name)
Signature Shipping Officer

40. Received: Date

G.R.S. Representative

41. Reinterred: **House-Argonne Cemetery 1232. Dec. 30th, 1921.**

(Date)

42. Grave No. **15**

Section

43. Plot. Block. **C**

Row **24**

G.R.S. Representative

James W. Younger
**James W. Younger,
Captain Q.M.C.**

CONCENTRATION

G. R. S. Form. No. 16-A

Place ROMAGNE 1232

REPORT OF DISINTERMENT AND REBURIAL

Date Dec. 30 1921

1. REMAINS OF DAWN, John R. SERIAL NUMBER 54852

RANK Pvt ORGANIZATION Co. L 26th Inf.

2. Disinterred (date): Dec. 30 1921 From (give complete location):
Gr 141, sec 28, plot 3, cem 1232.

By: Group 1 Unit Section 1

3. Reburied (date): Dec. 30th, 1921. Grave 15, Row 24, Block C, Cemetery 1232.
In (give complete location):

By: Group Reburial S Unit Unlined Casket,
Nature of reburial

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

Uniform, burlap and box.

5. (a) Identification tags: Buried with body? Yes On grave marker? Yes
corroded

(b) Other means of identification found upon disinterment, and general remarks:
GRS plaque on body checks OK

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

(a) Height (actual measurement) do

(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)

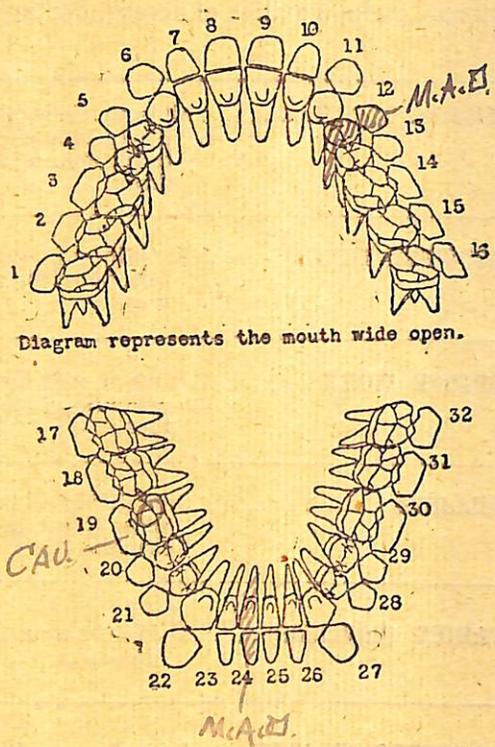
Right temple fractured.

7. Disinterment supervised by H.H. Foster

Approved: H.S. Harpole
(Title) 1st Lieut. QMC.

8. Reburial supervised by A.U. Dufault
JEL

Approved: James W. Younger
(Title) Captain 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 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

Form 115
Att 4/14/22
See

File #44317

I. LOCATION INDEX CARD:

(a) Name DAWN, John R. Ser. No. 54852
 (b) Rank Pvt. Sgt. (4-26-21) E.M. Organization Co. L, 26th Infantry E.M. } DMA
 (c) Date of death 10/7/18 (d) Cause of death K/A } TYP. B.J.

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

(a) Grave No. 141 Row - Plot 3 Sec. 28 TYP. DMA
 (b) Emerg. Address Mr. John B. Dawn (father) 7 Leroy Court, Cincinnati, O.

III. Files of soldiers dying from contagious diseases CKR. B.J.

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

.....

V. Following advice forwarded to Europe by { cable on, 192
 letter of transmittal on MAY 20 1921, 192

Sec 28 **PARAGRAPH 2 - NOT TO BE RETURNED** (H.R.C.)

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

VII. SUPPLEMENTARY REQUESTS.

Date of and source.	Relationship and name.	Desires.	Action taken.
.....
.....
.....
.....

VIII. Form 115 received from G. R. S., Hoboken, N. J., 192

COUNTRY CEMETERY No. SHEET No.

ACTP 5-27-21

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

Date 6-18-20

FROM:- INQUIRY BRANCH.

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

NAME *Dawn, John*

Serial Number _____

RANK *sergt.* ORGANIZATION *L. Co. 26th infantry*

NO.	QUESTION	REPLY
1.	Do particulars of soldiers given above agree with Records?	(1) <i>Dawn, 54852, John R</i> <i>Pvt. Co. L 26th Inf.</i>
2.	Date of Death.	(2) <i>10/7/18</i>
3.	Cause and place of death.	(3) <i>K/a</i>
4.	Number of Casualty Cablegram.	(4) <i># 302</i>
5.	Date buried.	(5) <i>10/12/18</i> ✓
6.	Grave Location. (a) Complete record required (b) Name of Cemetery or Commune only required. (c) Note reinterments.	(6) <i>Grave # 11 Am B/E Cty.</i> <i>Exermont, Ardennes # 1591</i> <i>Reburied 6-6-19</i> <i>Grave # 141 Sec 28, Plot 3</i> <i>Argonne Am. Cty # 1232</i> <i>Romagne-sous-Montfaucon, Meuse</i>
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?	(10) [a] <i>no</i> [b] <i>yes</i>
11.	Complete Emergency Address?	(11) <i>Mr. John B. Dawn (father)</i> <i>7 Leroy Court</i> <i>Cincinnati, Ohio</i>
12.	Has been notified? (Give date)	
13.	Report the exact position of your inquiry on this case. (Reply in all cases if no information on record)	(12) <i>5-22-19 form 36</i> <i>4-25-19 21-a</i> <i>1-27-20 107</i>
14.	What is the Photograph No.?	(14) <i>D-36780</i>
15.	Inquiry made by? <i>Public Library</i> <i>of Cincinnati, Ohio</i>	Released by Information Control Dept.DirectoryCards 5x8 ✓Cards 4x6 <i>Jaw</i>

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