

Phillips,

(Surname.)

Sheridan

(Christian name in full.)

3,223,652

(Army serial number.)

Pvt

(Rank and organization.)

397th Gas Co

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 remain's.)

(Express office.)

(Telegraph office.)

(Number and street.)

(City or town.)

(State.)

(Sign here)

Hugh Phillips

Rural Route 1

Chimney Springs

Mo

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

Drawn by PM

531-1251

1-31

REVIEWED
OSP SS.

81-31-21

G.R.S. Form #114 B

ERS

JAN 16 1926

2981

1. NAME PHILLIPS, Sheridan *Sol sig.* DATE 2981
 RANK Pvt. ORGANIZATION 397th Cav. Co. SERIAL No. 3223652
 & DIVISION Co. H. 352nd Inf.
 GRAVE LOCATION Am. Cty. Lambazellec, Finistere 531
 CTY. NAME NUMBER *189th Div Over**

GRAVE 2 ROW 5 PLOT E

2. ORIGINAL BATTLE AREA GRAVE LOCATION 2a, R1, 81c Lambazellec Finistere
 GRAVE COMMUNE DEPT.
 Per cemetery directory AGRS
 COORDINATES Mar 12, 1920. Not given

CONCENTRATED TO 4/17/19 Nothing of record. 2 5 E
 DATE GRAVE ROW PLOT
American Cemetery, Lambazellec Finistere 531
 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 Nothing of record. October 4, 1918

STATE FROM WHICH HE CAME Missouri

MEDALS OR DECORATIONS AWARDED ✓

SUBSEQUENT REBURIALS None of record.

DATE	GRAVE	ROW	PLOT	CEMETERY

SIGNATURE, AREA SUPERVISOR Stanley J. Grogan
 STANLEY J. GROGAN, CAPT. INF. USA.

3. FINAL GRAVE LOCATION 8/18/22 29 3 Block C
 DATE GRAVE ROW PLOT

Office - Aisne American Cemetery #608, Seringes-et-Nesles,
 CEMETERY Rec'd World War Division
 JAN 20 1926
 NOV 20 1927

77 AUDITED BY

WR 12/18/18 Ewe

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Phillip, Sheridan, # 3223652.
(Surname). (Number). (First Name and Initials).

Pvt. 397. Casual Company.
(Rank). (Organization).

PLACE OF DEATH: **B.H. # 65.**

CAUSE OF DEATH: **Pneumonia.**

DATE OF BURIAL: **Oct. 9th. 1918.**

PLACE OF BURIAL: **A.E.F. Cemetery.**

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

Lambezellec Finistere.

GRAVE NUMBER: **Grave, 2. row. 1, plot C.**

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

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

IDENTIFICATION TAGS:

Was one buried with body?.....**yes**.....

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

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

NEAREST RELATIVE: **Mr. Hugh Phillip,**

ADDRESS: **Climax Sprigs, Maryland.**

RELATIONSHIP: **Father.**

REPORTED BY: *Earle H. Seger*

1st. Lieut. 2nd. Pioneer Inf.
(Signature and Rank of Reporting Officer).

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

REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Name: Phillips, Sheridan

Number: 3223652

Rank: Private

Organization: 397th Casual Co.

Disinterment and Reburial made by Group

Unit

Disinterred (Date)

From: (Give complete location)

April 17, 1919

Plot C Row 1 Grave 2, A.E.F. Cemetery #531,

Lambzellec, Finistere.

Reburied (Date)

in: (Give complete location)

531

April 17, 1919.

Plot E Row 5 Grave 2, A.E.F. Cemetery #531,

Lambzellec, Finistere.

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

Two men in one coffin, which was of heavy plank and in good condition.

The bodies were naked and placed head to foot, considering length of time buried were in good condition.

Was one identification tag found upon the body? None could be found.

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

CONFIRMED N° 11412

Note:

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

Supervised by: [Signature]

13th CA

C.O. Group

[Signature]

Unit

CHAS. S. DENNY
1st Lieut. C. A.

Date April 17, 1919

REPORT OF DISINTERMENT AND REBURIAL

Remains of:

Number: 322222

Name: Phillip Sheridan

Organization: 33rd General Co.

Rank: Private

Measurement and Burial made by Group

From: (Give complete location)

Disinterred (Date)

April 17, 1919

Lambert, Minn.

To: (Give complete location)

Reburied (Date)

April 17, 1919

Lambert, Minn.

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

The men in one cot in which was of heavy plank in such position.

The bodies were naked and placed head to foot, considering length of

time buried were in good condition.



Was one identification tag found upon the body? None

What other means of identification were found on the body?

Note:

If upon disinterment, effects are found upon bodies, they will be sent to the Effects Dept direct as is required by G.O. 170, B.H. 2, 1918. After being carefully examined for clues to identify in doubtful cases, notation thereof will be made and reported to Chief, Graves Registration Service.

Supervised by:

Unit C.O. Group

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE	
NAME	PHILIPPS, Sheridan	Phi	3	06 89
BURIED	CEMETERY	608	1	2
	GRAVE	29	2	29
	ROW	3	2	03
	BLOCK	B	1	3
STATE	Missouri		2	29
RANK	Pvt		1	2
DIVISION	88		2	88
ORGANIZATION	352		3	352
ARM	Inf		1	1
MARITAL	No		1	2
adm NAME	McCoy		3	29
RESIDENCE	John S Hills Creek 270		2	29
			2	15
			3	118
RELATION	Mother		1	1
OTHER			1	
ELIGIBILITY	(no loco) (no M)	Dead	1	6
NATIVITY		(10-18-29)	1	
RACE			1	
ENGLISH			1	
ATTENDANT			1	
HEALTH			1	
NO. OF SONS			1	
DATE OF			1	
TRIP			1	
ACCEPTANCE			1	

AUDITED
SEP. 8 1932

Jm

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Phillips, Sheridan 608

February 13, 1930

Mrs. Isabelle Phillips,
Climax Springs, Missouri

adm. John S. McCreary
Jimmie Creek
mo

Q 133201
10-18-29
Mother died
at Aisne

Dear Madam:

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 mother of the late Private Sheridan Phillips, Co. H., 352nd Inf., whose remains are now interred in the Oise-Aisne American Cemetery, Seringes-et-Nesles, Aisne, 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.

For The Quartermaster General,

Very truly yours,

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

2 Incls.
Act of Congress
Envelope

WAR DEPARTMENT

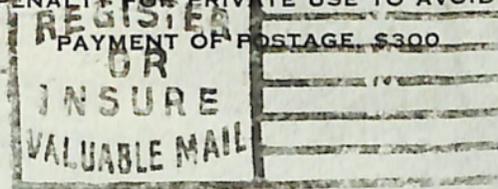
OFFICE OF THE QUARTERMASTER GENERAL

WASHINGTON, D. C.

OFFICIAL BUSINESS



PENALTY FOR PRIVATE USE TO AVOID



WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Phillips, Sheridan

June 25, 1929.

**Mrs. Isabelle Phillips,
Climax Springs, Missouri.**

Dear Madam:

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 mother of the late **Private Sheridan Phillips, Co. H., 352nd Inf., whose remains are now interred in the Oise-Aisne American Cemetery, Seringes-et-Nesles, Aisne, France.**

Will you please advise this office whether or not he is survived by a widow who is entitled under the provisions of the above quoted Act, to make the pilgrimage, and if so, will you please furnish her full name and address in order that action may be taken to extend an invitation to her to make the pilgrimage. Both mothers and widows are entitled to make the pilgrimage.

In the event your son was survived by a widow who has since re-married it is 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

IN REPLY REFER TO QM 293 A-C

Phillips, Sheridan 608

February 13, 1930

Mrs. Isabelle Phillips,
Climax Springs, Missouri

Dear Madam:

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 mother of the late Private Sheridan Phillips, Co. H., 352nd Inf., whose remains are now interred in the Oss-Aisne American Cemetery, Seringes-st-Nesles, Aisne, 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.

For The Quartermaster General,

Very truly yours,

2 Incls.
Act of Congress
Envelope

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

Q.M.G.
1930 FEB 13 AM 10 32
DISPATCH

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Phillips, Sheridan

June 25 1929.

**Mrs. Isabelle Phillips,
Climax Springs, Missouri.**

Dear Madam:

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 mother of the late **Private Sheridan Phillips, Co. H., 352nd Inf.,** whose remains are now interred in the **Oise-Aisne American Cemetery, Seringes-et-Nesles, Aisne, France.**

Will you please advise this office whether or not he is survived by a widow who is entitled under the provisions of the above quoted Act, to make the pilgrimage, and if so, will you please furnish her full name and address in order that action may be taken to extend an invitation to her to make the pilgrimage. Both mothers and widows are entitled to make the pilgrimage.

In the event your son was survived by a widow who has since re-married it is 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

IN REPLY REFER TO QM 293 A-C
Phillips, Sheridan
608

Sept. 3, 1929.

Mrs. Isabelle Phillips,
Climax Springs,
Mo.

Dear Madam:

The records of this office do not indicate that a reply has been received to our communication dated June 25, 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.

QM 293 A-C

PHILLIPS, Sheridan - Pvt.

March 6, 1925

Mr. Hugh Phillips,
Climax Springs,
Missouri.

Dear Sir:

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

This American military cemetery is one of those to be maintained by the United States for all time in Europe. Each grave will be marked by a headstone of white marble, of dignified design, with the 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.

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

Very truly yours,

R. P. HARBOLD,
Major, Q.M.C.
Assistant.

1-Incl.
Record card .

RD
702



COMPILATION N/R REQUESTS

*1/28 Examined
1/22
for Concentration
Camp - Avenue 608
att 3/18/22*

I. DATA COMPILATION

A. Location Index Card:-

(1) Name Phillips, Sheridan Ser. No. 3223652)
) TYP. TW.
(2) Rank Pvt. Organization 397th Gas Co.)
) CKR. 24
(3) Date of death 10/4/18)

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

(4) Cause of death Broncho Pneumonia) TYP. IS
)
(5) Grave No. _____ Row _____ Plot _____ Sect. _____) CKR. M.C.H.

II. FILES EXAMINATION

A. Files of soldiers dying from contagious diseases; no card

B. A. G. O. DISPOSITION CARD Date of receipt none.

(6) Relationship Father
(7) Name Hugh Phillips
(8) Address R.R. #1, Climax Springs, Mo.
(9) Desires remains brought to U. S.? no
(10) Desires remains brought to U. S. and interred in National Cemetery at no
(11) If brought back, what shipping instructions? _____

P.W. 3/27/20

C. A. G. O. CORRESPONDENCE Date of communication _____

(12) Does correspondence Change or qualify request as made on A.G.O. card? If so, specify such information. _____

no correspondence

(13) A. G. O. Files EXAMINED by M.C.H. (Date) 3/27/20

D. (14) G. R. S. Files - Correspondence. (Has reference been made to File No. Cancellation memos.? yes-mch Does such correspondence, if containing request for disposition, reconcile with that of A. G. O.? mch (Specify "Yes or "No".) If "No", give date of communication, the name, address, and relationship and substance of request.

*m.c.h. no request for disposition
grave location registration blank*

(15) G. R. S. Files EXAMINED by m.c.h. (Date) 3-29-20.

*checked by
CH-31-21*

III. FINAL ACTION

A. MEMORANDUM to D. M. O. in E. made (Date)

(16) Removal of Remains (within custody of G.R.S.) to

(17) Instructions that remains be left undisturbed

(18) Typed by Checked by (Date)

B. G. R. S. FORM NO. 114 made (Date)

(19) Typed by Checked by (Date)

C. SUSPENSION REMARKS:

*4-23-20 - Form 120. Father, Hugh Phillips
Chinas Springs, Mo. requests body
remains in France. 11-17-20 - P.
let 11-17-20 to further investigations 11/17/20*

D. Dispatched (Date) (Let. Trans. No. APR 15 1920)

Approved by

(Date)

*Letter rec'd 12-2-20 Hugh Phillips + Isabelle
Phillips, parents, state son was not married
12-15-20 N.C.*

ERS

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

STATION Lambzellec 531.

To be prepared in triplicate.

DATE Oct 28, 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 PHILLIPS, Sheridan

10. Name _____

2. No. 3223652

11. No. _____

3. Rank Pvt.

12. Rank _____

4. Org. 397th Cav. Co.
Co. H. 352nd Inf.

13. Org. _____

5. D.D. 10-4-1918

14. (a) D.D. _____

6. C.D. Broncho pneumonia

(b) D.B. No discrepancy.

Discrepancy found upon disinterment

7. Grave No. 2 Sec. _____

15. Grave No. _____ Sec. _____

8. Plot E Row 5

16. Plot _____ Row _____

9. _____

17. No discrepancy.

18. Cemetery American Cty.

19. Commune or town Lambzellec

20. Dept. or County Finistere

21. Country France

22. G.R.S. Hdqrs. Code No. 531

23. Disinterred (Date) Oct 28, 1921.

By W.C. Follmer.

24. Inscription on grave marker:

Name Phillips, Sheridan.

Serial No. _____

Rank Pvt.

Organization Co. H. 352nd Inf.

25. Was identification disc found on grave marker? No. On body? Yes.
(corroded & illegible.)

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 Decomposed, features unrecognizable.

28. Nature of burial Wooden box and sheet.

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 28, 1921. By W.C. Follmer.

31. Casket sealed by W.C. Follmer.

HEB. Signature of Embalmer, (Supervisor)

W.C. Follmer

*8413
10/18/24*

SHIPMENT. (Show actual marking of box.) Box No. C 10540

32. Designation of body:

Name PHILLIPS, Sheridan Serial No. 3223652

Rank Pvt. Organization Co. H. 352nd Inf.

33. Consigned to:

Name of Permanent Cemetery Aisne-Marne Amer. Cem. 1764 Belleau, Aisne.

34. Casket boxed and marked (Date) Oct 28, 1921. By W.C. Follmer.

35. I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

Signature of G.R.S. Inspector R.F.O. Leary, 1st Lt. OMC.

36. Remarks Tag found on body, corroded, illegible.

37. Shipped from point of Operation: (Date) Oct 28, 1921.

To point of Concentration BRETT MORBUE. (Name)

Convoyer A. DeWasch. Signature Shipping Officer R.F.O. Leary, 1st Lt. OMC.

38. Received at Railhead or Point of Concentration: Date Oct 28, 1921.

By G.R.S. Representative M.B. Birdseye, 1st Lt. OMC.

39. Shipped from Railhead or Point of Concentration: Date 12 NOV 1921

To Permanent Cemetery AISE-AISNE AMER. CEM. No 608, SERINGES & NESLES (AISNE)

Convoyer Walter F. Brown Signature Shipping Officer WALTER F. BROWN

40. Received: Date 25 NOV 1921 Captain, Q.M. Corps, U.S. Army

G.R.S. Representative G. F. WAUGH

41. Reinterred: Aug. 18, 1922, Oise-Aisne Cem. 608, Seringes et Nesles (Aisne)

(Date)

42. Grave No. 29 Section -----

43. Plot BLOCK 2023 C Row 3

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

Place Lambellec 531.

REPORT OF DISINTERMENT AND REBURIAL

Date Oct 28, 1921.

1. REMAINS OF Phillips, Sheridan. SERIAL NUMBER 3223652.
RANK Pvt. ORGANIZATION 397th Cav. Co. Co. H. 352nd Inf.

2. Disinterred (date): Oct 28, 1921. From (give complete location): Grave 2, Plot B, Row 5, Cem 531.
By: Group 3 Unit Sec 5.

3. Reburied (date): Aug. 18, 1922 In (give complete location): Gr. 29, Block C, Row 3, Oise-Aisne Cem. 608, Seringes et Nesles (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 :
Decomposed, features unrecognizable.
Wooden box and sheet.

5. (a) Identification tags: Buried with body? Yes. On grave marker? No.
(corroded and illegible)
(b) Other means of identification found upon disinterment, and general remarks :
None.

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

(a) Height (actual measurement) Imp to det.

(b) Weigh, (estimated) Imp to det.

(c) Hair—Color Dark brown.

Quantity Long.

Characteristics Straight.

(d) Hair on face—Color None visible.

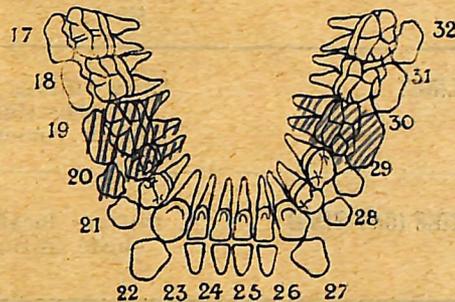
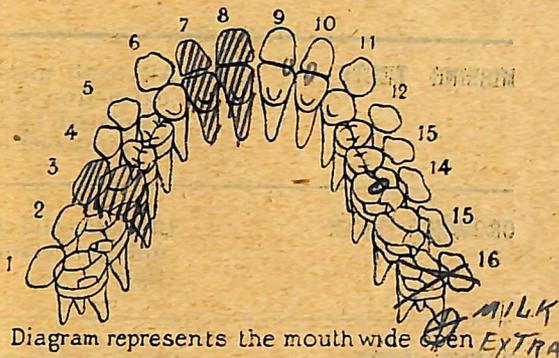
Location None visible.

Quantity None visible.

(e) Permanent marks on body (old scars, peculiarities, or missing parts) Imp to det.

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

None visible.



MBD 3, 30, MAD 7, 8, 19, 20.
CAV. 9, 10, 14.
Extra Milk tooth next to 16.

7. Disinterment supervised by [Signature]

Approved: [Signature]

(Title) 1st Lt. QMC.

8. Reburial supervised by [Signature]
L.D. Hays

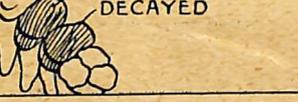
Approved: [Signature]

(Title) 1st Lt., Chaplain, USA.

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

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

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

MISSING TEETH	All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:	 
CROWNED TEETH	Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus:	 
BRIDGE WORK	Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge) thus:	 
FILLINGS	Draw filling on tooth accurately, as possible (block in and label gold, silver, cement), thus:	 
CARIES (CAVITIES)	Outline location and size of cavity, shade in thus:	 
DENTURES (PLATES)	Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"	

7. Show name of person supervising the disinterment and the name and title of the person approving same.

8. Show name of person supervising the reburial and the name and title of the person approving same.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
DIRECTOR OF PURCHASE AND STORAGE
WASHINGTON

115 2

Recorded, Cemeterial Div., O. Q. M. G.
File # 293.8 # 833393

u
File No.

November 17, 1920.

File No. 293.8 Reg. Sec. Cem. Div.
(PHILLIPS, Sheridan)

Hugh Phillips,
R.R.# 1,
Climax Springs, Mo.

Dear Sir:-

To complete records of this office it is requested that you advise whether your late son, Private Sheridan Phillips, Ser. No. 3223652, is survived by widow and children, and if so, the name and address of each is desired.

The Department wishes to convey to you its assurance of sympathy in your bereavement.

A penalty envelope is enclosed herewith.

By authority of the Quartermaster General:

CHARLES C. PIERCE,
Major, U.S. Army,
Chief, Cemeterial Division.

BY: *F. B. Daniel*

F. B. DANIEL,
1st Lieut., Q.M.C.

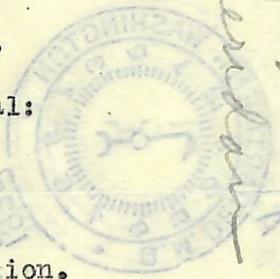
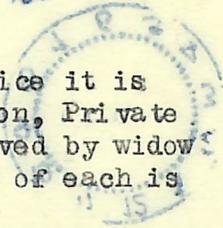
*noted on Form 115
12-15-20 H.C.*

OSP:SS
(1 Encls.)

*The above name Sheridan Phillips never was
married and there fore has no children.
Witness our signatures parents of Sheridan
Phillips) S Moulder
Witness) C & Terry
Hugh Phillips
Sabelle Phillips*

Phillips, Sheridan

NOV 20 1920



November 17, 1920.

File No. 293.8 Reg.Sec.Gen.Div.
(PHILLIPS, Sheridan)

Hugh Phillips,
R.R.# 1,
Climax Springs, Mo.

Dear Sir:-

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The Department wishes to convey to you its assurance of sympathy in your bereavement.

A penalty envelope is enclosed herewith.

By authority of the Quartermaster General:

CHARLES C. PIERCE,
Major, U.S. Army,
Chief, Cemeterial Division.

BY:

F. B. D.
F. B. DANIEL,
1st Lieut., Q.M.C.

S. C.

OSP:SS
(1 Encls.) ✓

MAILED
NOV 18 1920
OVERSEAS PROJ. SEC.
CEMETERIAL DIVISION.

Noted on Form No. 113

Date *11-17-20*

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

tvh

531- 1251

FROM: Chief, Graves Registration Service, Q.M.C.
TO: Mr. Hugh Phillips, R.F.D. # 1, Climax Springs, Mo.
SUBJECT: Disposition of remains of Pvt. Sheridan Phillips.

APR 14 1920

no change

Records of this office show your request to be as follows:

Remains to be ~~not returned to the United States~~ ~~States~~ ~~States~~
~~Shipped to~~

If any modifications of the foregoing are desired please write same fully on the other side of this sheet.

The nearest living relative may choose between, (1) return of remains to homes for burial; (2) interment in Arlington, Va., National Cemetery; or (3) remain in France.

You are requested to fill out the following without delay and return in enclosed penalty envelope, which does not require postage.

Noted on Form No. 115

By authority of the Quartermaster General: Date 11-17-20-P

CHARLES C. PIERCE
Colonel, U.S. Army.

NAME OF	NO. & STREET	TOWN	STATE
Widow			
Children (Name oldest first)			
Father	Hugh Phillips	Climax Springs	MO
Mother	Isabelle Phillips	Climax Springs	MO
Brothers	Oswel Phillips Maurice Phillips	Tulayya Preston	OK MO
Sisters	Charley Phillips Eleanor Phillips Josephine Hunter	Max creek Climax Spgs Damsel	MO MO MO

Date April 23rd 1920
Address Climax Springs

Signature Hugh Phillips
Relationship Father

The transfer of bodies will be made entirely at government expense.

APR 1950

FROM: Chief, Graves Registration Service, D.C.

TO: Mr. Hugh Phillips, R.F.D. # 1, Glina Springs, Va.

SUBJECT: Disposition of remains of Pvt. Sheridan Phillips

Records of this office show your request to be as follows:

Remains to be not returned to the United States

If any notification of the location of the remains are desired in any write same fully on the other side of this card.

The nearest living relative may choose between: (1) return of remains to home for burial; (2) interment in Arlington, Va., National Cemetery; or (3) remain in place.

You are requested to fill out the following which is enclosed and return in enclosed permit envelope, which do not require postage.

By authority of the Quartermaster General: Date _____
 CHARLES C. SIMON
 Colonel, U.S. Army

NAME OF	NO. & STREET	TOWN	STATE
Wife			
Children (List first)			
Father			
Mother			
Brothers			
Sisters			

APR 1950
 THE ASSISTANT SECRETARY OF THE ARMY
 GRAVE REGISTRATION SERVICE
 WASHINGTON, D.C.

Signature: _____
 Relationship: _____

VERIFY ORGANIZATION

PHILLIPS, 3223652, Sheridan
Pvt. 397th Cas. Co. ~~al~~ Co. H, 352nd Infantry

OK

Telep a.g.o

10/17/24

SR

60947

REPORT OF DISINTERMENT AND REBURIAL

Date 28 OCTOBER 1921

1. REMAINS OF PHILLIPS, Sheridan SERIAL NUMBER 3223652
RANK PVT. ORGANIZATION CO. H. 352ND. INF. 397th Cav. Co.

2. Disinterred (date): 28 OCTOBER 1921 From (give complete location): Grave # 2 Plot E Row #5
By: Group # 3 Unit SECTION # 6 A.G.R.S.

3. Reburied (date): _____ In (give complete location): _____
By: Group _____ Unit _____ Nature of reburial _____

4. Report as to nature of original burial and condition of body upon disinterment :
DECOMPOSED, FEATURES UNRECOGNIZABLE
WOODEN BOX and sheet

5. (a) Identification tags: Buried with body? YES On grave marker? NO
Corroded and illegible.
(b) Other means of identification found upon disinterment, and general remarks :
None:

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

(a) Height (actual measurement) IMP. TO DET.

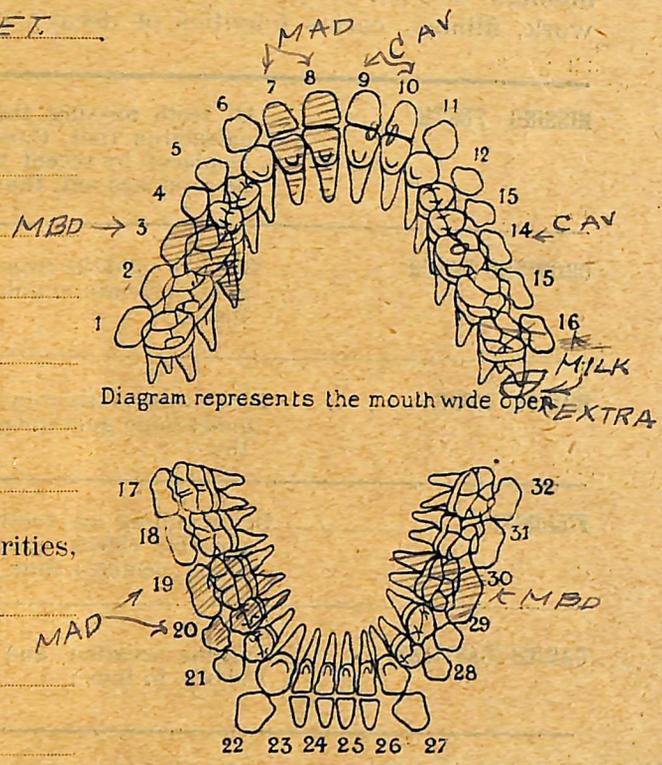
(b) Weigh, (estimated) IMP. TO DET.

(c) Hair—Color Dark brown
Quantity Long
Characteristics Straight.

(d) Hair on face—Color NONE VISIBLE
Location NONE VISIBLE
Quantity NONE VISIBLE

(e) Permanent marks on body (old scars, peculiarities, or missing parts) IMP. TO DET.

(f) Wounds or missing parts (received at time of casualty) NONE VISIBLE



MBD: #3 - 30 - MAD: #7 - 8 - 19 - 20 -
CAV: #9 - 10 - 14 -
Extra MILK tooth, next to # 1. 6

7. Disinterment supervised by W. G. FOLLMER (Jap. Emib) Approved; R. F. O'LEARY
(Title) 1ST LT. Q.M.C.

8. Reburial Supervised by X Approved : _____
J. J. OWEN (Checker) (Title) _____

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

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

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

<p>MISSING TEETH</p>	<p>All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:</p>	 <p>TOOTH MISSING TOOTH MISSING</p>
<p>CROWNED TEETH</p>	<p>Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus:</p>	 <p>GOLD CROWN PORCELAIN CROWN GOLD CROWN</p>
<p>BRIDGE WORK</p>	<p>Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:</p>	 <p>GOLD AND PORCELAIN BRIDGE GOLD BRIDGE</p>
<p>FILLINGS</p>	<p>Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:</p>	 <p>SILVER FILLING GOLD FILLING GOLD FILLING GOLD FILLING</p>
<p>CARIES (CAVITIES)</p>	<p>Outline location and size of cavity, shade in thus:</p>	 <p>CAVITY DECAYED DECAYED</p>
<p>DENTURES (PLATES)</p>	<p>Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"</p>	

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.

Signature lines for the supervising and approving personnel.

~~CONFIDENTIAL~~
83393
GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Phillip, Sheridan, # 3223652.
(Surname). (Number). (First Name and Initials).

Pvt. 397 Casual Company.
(Rank). (Organization).

PLACE OF DEATH: B.H. # 65.

CAUSE OF DEATH: Pneumonia.

DATE OF BURIAL: Oct. 9th. 1918.

PLACE OF BURIAL: A.E.F. Cemetery.

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

Lambezellec Finistere.

GRAVE NUMBER: Grave, 2 row 1, plot C.

HOW MARKED: Name Peg? Cross? ^{yes}

Headboard? Bottle?

IDENTIFICATION TAGS:

Was one buried with body? ^{yes}

Was one fastened to name peg or stake used as a grave marker? ^{yes}

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

**REVIEWED
OSP SS.**

531

NEAREST RELATIVE: Mr. Hugh Phillip,

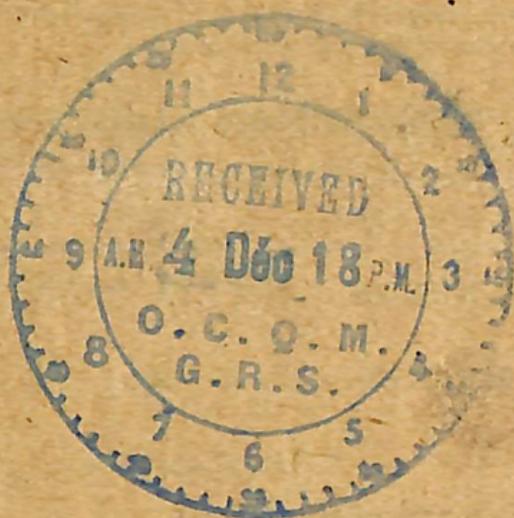
ADDRESS: Climax Springs, Maryland.

RELATIONSHIP: Father.

REPORTED BY: *Earle H. Seger*

1st. Lieut. 2nd. Pioneer Inf.

(Signature and Rank of Reporting Officer).



DATE

Jan 30-1917

83393

FILE NO.

~~32406~~

CASE OF

Philly Sheridan

TAKEN BY

S. W. Arey

See # 8.

Signature

of above
cancelled
under

REVIEWED
OSP SS.

83393

83392

3393

3-4-19

REGISTRATION CARD

MEMO FOR : G.R.S. representative, C.R.O.

SUBJECT : Information required for G R S.

I. Items checked are to be completed :

- Surname : PHILLIPS (PILLIP)
- Number : 3223653
- First name : Sheridan
- Rank : Pvt
- Company : 397th
- Organization : Casual
- Date of death : 10-4-18
- Cause : Broncho-Pneumonia
- Place :

Location of hospital :

Number » »
Class » »

- Relative :
- Relationship :
- Address :
- Authority :
- Cablegram No :
- Telegram from :

dated :

- Reported to Washington :
- C.C. Nos : 285 & 423

(Underscore the "official" C.C.)

- Remarks :

[Handwritten signature]

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

REVIEWED
OSP SS.

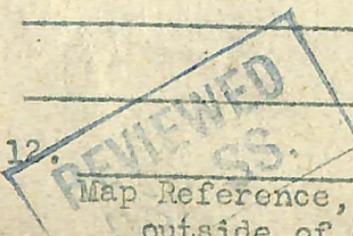
Initials of reporter :

[Handwritten initials]



~~SECRET~~
83393

1. G.R.S. Form No. 1 Hq. G.R.S. File
2. Soldier's No. 3223652
3. Phillip, Sheridan
Surname First Name & Initials
4. Pvt. 397 Casual Co
Rank Company Regt. or Corps
5. Oct. 4, 1918 Pneumonia
Date of Death Cause, if known
6. Oct. 9, 1918 AEF
Date of Burial Cemetery
7. Lambezellec Finistere
Town or Commune Department
8. 7 Row 1 B
Grave No. Plot No. or Letter
9. Name Peg Cross Headboard?
Bottle? (Check method of marking)
10. Buried with Body
Attached to Grave Marker?
(Identification Tags)
11. If name unknown and tags missing
give marks and description.

12.  501
Map Reference, if interment is
outside of cemetery.

13. Lt. E. H. Segur
~~Give name of Chaplain or~~
Burial Officer.

Signed

W. Hartwell

Group

2nd Lt. G. W. Co.

Unit

1st G. R. S.

148 OCT 1918

