

44
667
1923

FEB 11 1923

DATE

1. NAME Crews, William

SERIAL No. 1316597

RANK Pvt

ORGANIZATION Co. K. 119th Inf

GRAVE LOCATION Brit. Mil. Cty. St. Souplet (Nord)

642

CTY. NAME

NUMBER

3
GRAVE

3
ROW

A
PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION

5, Row C, Plot 1, Bohain Mil. Cty.

GRAVE

COMMUNE

DEPT.

COORDINATES

Cambrai S.E. E.194.8 N.365.3

CONCENTRATED TO

June 13, 1919

72

3

B

DATE

GRAVE

ROW

PLOT

Brit. Mil. Cty. St. Souplet (Nord)

642

CEMETERY

CTY. NUMBER

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

Form 16, dated June 14, 1919, Bony, France, signed C.E. Braden, 2nd Lt. OMC., gives in addition to above tag found on body.

Form 16-A, dated Feb. 11, 1921, signed E.W. Austin, Major, FA., gives tag and wrist tag found on body. Body tag checks wrist tag corroded. Fracture of left hip and right leg above knee.

SUBSEQUENT REBURIALS Feb. 11, 1921

3

3

A

642

DATE OF DEATH

DATE

GRAVE

ROW

PLOT

CEMETERY

Oct 11, 1918

STATE FROM WHICH HE CAME nc

DATE

GRAVE

ROW

PLOT

CEMETERY

MEDALS OR DECORATIONS AWARDED None

SIGNATURE, AREA SUPERVISOR

LOUIS R. DICE, Major, CAC.

3. FINAL GRAVE LOCATION 10/11/22

DATE

1
GRAVE

7
ROW

Block D

PLOT

Robert C. Davis,
Major General,

The Adjutant General.

4
A. G. O.
FEB 11 1926
WORLD WAR DIV.

American Cemetery #636, Bony, Aisne
CEMETERY
Rec'd World War Div.
5 MAR 24 1928

FEB 13 1926

LOS
3/28/28
FR
RECEIVED BY

INSTRUCTIONS FOR PREPARATION OF FORM 114 B

1. Forms 114-B are to be prepared by Registration Branch in quadruplicate, three copies to be forwarded to Area Supervisor who will accomplish paragraph 2 and return all three copies to Headquarters, American Graves Registration Service.

2. Paragraphs 1 and 3 will be accomplished by Registration Branch. Headquarters, American Graves Registration Service, Q.M.C., in Europe.

3. Paragraph 2 will be accomplished by Area Supervisor from data on file in his office.

4. If data is entered on Form 114-B from Form 1, Form 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.



C° K. 119th Inf

CREWS William S. Pvt. 1316597
Home address Stilwell N.C.

- (a) informant was an eye witness
- (b) -----
- (c) The ground was held
- (d) Death was instantaneous body buried near St. Souplet.
- (e) Informant was ~~was~~ knew his christian name and initial
- (f) There was no other man in this company by the same name
- (g) The informant remembers only that deceased was about 5 ft 11 in
in height light hair fair complexion
- (h) informant is a reliable man accurate and intelligent

Informant, Norton Leo W. Sgt. 1316477
C° K. 119th Inf
Home Wilson N.C.
January 31st 1919

Robert . Holden searcher
1st Lt. 119th Inf

L.M.G.F.

Emergency address:

Jim Blewins Stop 8. Stilwell N.C.

Place St. Souplet 642

REPORT OF DISINTERMENT AND REBURIAL

Date Feb. 11, 1921

1. REMAINS OF CREWS, Williams S. SERIAL NUMBER 1316597

RANK Pvt. ORGANIZATION Co. K 119th Inf.

2. Disinterred (date): Feb. 11, 1921 From (give complete location):

Gr. 72 Pl. B, Row 5

By: Group 3 Unit Sec. 7

3. Reburied (date): Feb. 11, 1921 In (give complete location):

Gr. 3, Pl. A, Row 3

By: Group 3 Unit Sec. 7 Nature of reburial Pine box Blanket

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

Uniform burlap and pine box Badly decomposed

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

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

Body tag checks . Wrist tag corroded

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

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

(b) Weight (estimated) do

(c) Hair—Color Lt. brown

Quantity Thine

Characteristics Straigh

(d) Hair on face—Color None

Location do

Quantity do

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

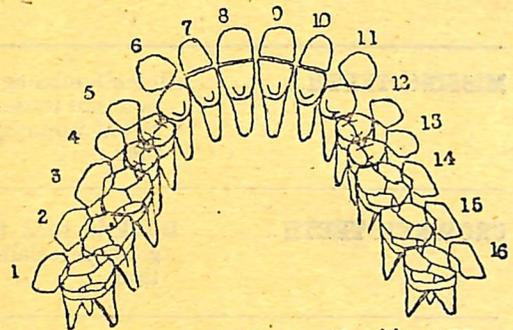
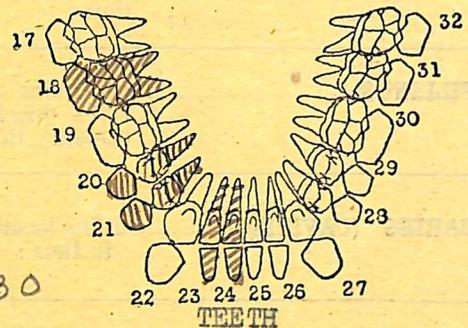


Diagram represents the mouth wide open.



TEETH

30130

(f) Wounds or missing parts (received at time of casualty) 18, Extracted 20, 21, 23, 24, Missing

Fracture of left hip and right leg above knee

7. Disinterment supervised by A. E. DEWEY
2nd Lt., Q.M.C.

Edward W. Austin

Approved: E. W. AUSTIN
Maj., F.A.
(Title)

8. Reburial supervised by A. E. DEWEY
JJO chp 2nd Lt., Q.M.C.

Approved: E. W. AUSTIN
Maj., F.A.
(Title)

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

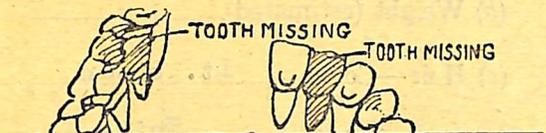
Enter information, as noted below, on reverse side of sheet in the *corresponding numbered space*. This form is supplemental to and is to be forwarded with G. R. S. Form 4-a, reporting reburial locations. To be used in answer to Question 26, Form 114, in case no means of identification on body.

1. Show soldier's name, serial-number, rank and organization, and by whom disinterred and reburied.
2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
3. Give date and accurate information as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.
5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".

(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6.

6. Give all information as to body description and dental chart as nearly correctly as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspid (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

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.

Date JUNE 14, 1919.

REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Name: CREWES, WILLIAM

Number: 1316597

Rank: PVT.

Organization: *Co K-119 Inf*

Disinterment and Reburial made by Group: #2 Unit 302

Disinterred (Date) JUNE 13, 1919 From: (Give complete location)

GRAVE 5, ROW C, PLOT 1, BOHAIN MILITARY CEMETERY, MAP RFS. CAMBRAI
S.E. EAST 194.8, NORTH 365.3.

Reburied (Date) JUNE 13, 1919 in: (Give complete location)

GRAVE 72, ROW 3, PLOT B, ST, SOUPLLET MILITARY CEMETERY, MAP RFS.
CAMBRAI N.E. EAST 198.9, NORTH 370.1.

Report as to nature of original burial and condition of body upon disinterment:
NO WRAPPING, CONDITION POOR.

Was one identification tag found upon the body? YES.

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

CONFIRMED *11244*

Notes:

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, G.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: *Paul J. Ryan*

C. E. Brader 2ND LT. OMC

C.O. Group #2 Unit 302

RECEIVED



Handwritten notes at the top of the page, including a large '11' and some illegible text.

11

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Handwritten text on the fifteenth line of the main body.

Handwritten text on the sixteenth line of the main body.

Handwritten text on the seventeenth line of the main body.

BEFORE OF DISMISSMENT AND REVERSAL

CODE SLIP



HEADING	SUB HEADING	NO. OF COLS	CODE
NAME	Crews, Williams.	CRE	3 8 5
	CEMETERY	636	1 5
BURIED	GRAVE	14	2 14
	ROW	7	2 07
	BLOCK	D	1 4
STATE	N.C.		2 38
RANK	Pvt.		1 2
DIVISION	30		2 30
ORGANIZATION	119		3 119
ARM	Inf		1 1
MARITAL	no		1 2
NAME	Mrs. Hester Crews Blevins	BLE	3 2 8 5
	STATE	N.C.	2 38
RESIDENCE	COUNTY	Yadkin	2 99
	CITY	Hamptonville	3 XXX
RELATION	Mother		1 1
OTHER			1
ELIGIBILITY	yes		1 1
NATIVITY			1
RACE			1
ENGLISH	yes		1 1
ATTENDANT			1
HEALTH	bad		1 2
NO. OF SONS			1
DATE OF TRIP	NO.		1
	YR.		1
ACCEPTANCE	no age		1 2
29/514/EAB			53

AUDITED
 JAN 27 1932
[Signature]

QM 293 A-M
Crews, William S. (Som)

August 12, 1932.

Mrs. Henry Crews Blevins,

Hamptonville, North Carolina.

Dear Madam:

Receipt is acknowledged of your reply to office letter of July 12, 1932, stating that you are physically unable to make a pilgrimage to the grave of your son, the late Private William S. Crews.

The purpose of this pilgrimage is an endeavor to bring a measure of peace and comfort to the hearts of those whose loved ones made the supreme sacrifice, and it appears from communications received from women who have made the journey that this effort has not been in vain.

It is indeed regretted that your health is poor, and in this connection you are advised that personnel to care for your comfort and needs will be provided, and doctors and nurses will be available. During the past three years a number of women who were in poor health made the trip and appeared to have benefited by the sea air and the excellent care they received.

In the event your health improves and you desire to make the journey next year, you are assured that everything possible will be done for your comfort and welfare.

For The Quartermaster General,

Very truly yours,

CHAS. W. DIETZ,
Captain, Q. M. Corps,
Assistant.

RS
WDC

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-M
Crews, William S. (Som)

July 12, 1932

Mrs. Henry Crews Blevins,
Hamptonville, N. C .

Dear Madam:

The Act of Congress of March 2, 1929, as amended May 15, 1930, authorizes pilgrimages to the cemeteries Of Europe during the years 1930, 1931, 1932 and 1933 for the mothers and widows of deceased members of the American forces who were lost or buried at sea or whose remains are interred in Europe.

Your attention is particularly invited to the fact that this is the last opportunity you will have to make the pilgrimage under the provisions of the above mentioned Act. Unless you take advantage of this LAST chance to make a trip in 1933 you will receive no benefit from the Act. There is no provision of law which will permit the Government to make a money allowance to any mother or widow who does not choose to make the pilgrimage.

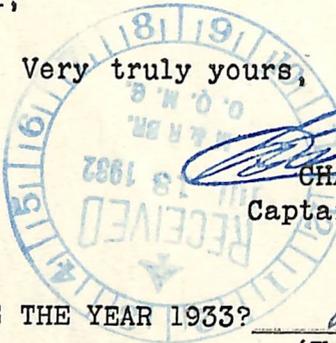
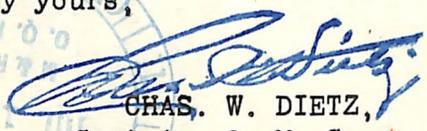
IT IS REQUESTED THAT YOU GIVE THE MATTER YOUR MOST CAREFUL CONSIDERATION BEFORE REACHING A DECISION, BEARING IN MIND THAT THIS IS THE LAST OPPORTUNITY YOU WILL HAVE TO MAKE THE TRIP AT GOVERNMENT EXPENSE.

In order to assure proper and satisfactory accommodations for the mothers and widows making the journey in 1933, reservations for steamship transportation must be made by this office several months in advance. It is requested that you answer the questions below by writing "Yes" or "No" or "Undecided" in the blank space following the question. When you have answered the question, sign your name and return this sheet in the enclosed addressed envelope which requires no postage. PLEASE DO NOT DELAY, as it is essential that the information be in this office promptly.

This letter is being sent to all eligible mothers and widows who did not make the pilgrimage during the years 1930, 1931 or 1932. There is enclosed a circular of information WHICH YOU SHOULD READ VERY CAREFULLY BEFORE MAKING YOUR DECISION.

For The Quartermaster General,

Very truly yours,



CHAS. W. DIETZ,
Captain, Q. M. Corps,
Assistant.

2 Encls.

DO YOU DESIRE TO MAKE A PILGRIMAGE DURING THE YEAR 1933?

no
(Write answer here)

(Sign here)

Mrs. Henry Crews Blevins

I am not able to go. In bad health

QM 293 A-M
Crews, William S. Pvt (Som) M

March 8, 1932.

Mrs. Hester Crews Blevins,
Hamptonville, N. C.

Dear Madam:

Reference is made to correspondence forwarded you from this office relative to a pilgrimage to the grave of your son, the late Private William S. Crews.

It is noted you stated your health was poor. In this connection you are advised that personnel to care for the comfort and needs of the women will be provided and doctors and nurses will be available. During the past two years a number of women in poor health made the pilgrimage and appear to have benefited by the sea air and the excellent care they received.

Should you reconsider and desire to visit your son's grave this coming summer, it is requested that you so notify this office at the earliest practicable date. You are assured that not only will the pilgrimage be made at the expense of the United States, but everything possible will be provided for your comfort and welfare.

For The Quartermaster General.

Very truly yours,

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

P
mef

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-M

Crews, William S. (SOM) N-

September 30, 1931 ed

Mrs. Henry Crews Blewins,
Hamptonville, N. C.

Dear Madam:

Reference is made to previous correspondence relative to the pilgrimage to the cemeteries of Europe, authorized by the Act of Congress of March 2, 1929, as amended May 15, 1930. To date information has not been received as to whether or not you desire to make a pilgrimage during the summer months of 1932, in honor of the deceased veteran named above.

In order that the records may be complete, and arrangements made accordingly, it is requested you complete the form below by writing in the space provided, your answers to the questions listed, sign your name, and return this letter in the enclosed envelope which requires no postage.

1. Do you desire to make a pilgrimage in 1932?	
2. Please state your age and condition of health:	Age: Health:
3. Do you speak English?	
4. What other language do you speak?	

Sign here

For The Quartermaster General,

Very truly yours,

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

Encl:
Env.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM-293-AM
Crews, William S. Pvt (SOM) M-

July 13, 1931.

Mrs. Henry Crews,
Hamptonville,
North Carolina.

Dear Madam:

Arrangements are now being made for conducting pilgrimages during the year 1932 to the cemeteries in Europe under the provisions of the Act of Congress of March 2, 1929, as amended.

To assure proper and satisfactory accommodations, reservations for steamship transportation required during the summer of 1932 must be made by this office not later than August 1st of this year. It is therefore desired that you answer the question below by writing either of the words "Yes", "No", or "Undecided" in the blank space following the question.

As soon as you have answered the question, please sign your name and return this sheet in the enclosed addressed envelope which requires no postage. Do not delay, as a prompt reply is essential.

This letter is being sent to all eligible mothers and widows who did not make a pilgrimage at the expense of the Government during 1930 and are not making the journey in 1931.

For The Quartermaster General,

Very truly yours,

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

DO YOU DESIRE TO MAKE A PILGRIMAGE DURING THE YEAR 1932? _____

Write answer here

Sign here

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

June 7, 1930.

Crows, William S. - 636 H

Mrs. Henry Crows,
Hamptonville, N. Car.

Dear Madam:

Arrangements are now being made for conducting pilgrimages during the year 1931, to the cemeteries in Europe under the provisions of the Act of Congress of March 2, 1929.

To assure proper and satisfactory accommodations, reservations for steamship transportation required during the summer of 1931 must be made by this office not later than August 1st of this year. It is therefore desired that you answer the question below by writing the word "Yes" or "No" in the blank space following the question.

As soon as you have answered the question, please sign your name and return this sheet in the enclosed addressed envelope, which requires no postage. Do not delay, as a prompt reply is essential.

This letter is being sent to all mothers and widows who are not making the pilgrimage in 1930, regardless of whether or not they have expressed a desire to make the pilgrimage.

For The Quartermaster General,

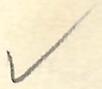
Very truly yours,

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

DO YOU DESIRE TO MAKE THE PILGRIMAGE DURING THE YEAR 1931? _____
(Write answer here)

(Sign here)

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON



IN REPLY REFER TO QM 293 A-C
Crews, William S 636 -M

October 7, 1929.

Mrs. Hester Crews Blevins,
Hamptonville, N. C.

Dear Madam:

The Act of Congress which provides for pilgrimages to cemeteries in Europe by mothers and widows of members of the military or naval forces of the United States who died in the military or naval service at any time between April 5, 1917 and July 1, 1921, and whose remains are now interred in such cemeteries, all necessary expenses of which pilgrimages are to be paid by the United States Government, requires that the Secretary of War make an investigation and submit the results of such investigation in a report to Congress not later than December 15, 1929. The purpose of the investigation is to determine the total number of mothers and widows entitled to make the pilgrimages, the number of such mothers and widows who desire to make the pilgrimages, the number who desire to make the pilgrimages during the calendar year 1930 and the probable cost of the pilgrimages to be made.

In order that the report referred to may be made and plans completed for conducting the pilgrimages, it is requested that you answer the following questions by filling out the blanks left therefor and return the letter to this office by return mail in the enclosed envelope which requires no postage.

1. Do you desire to make this pilgrimage if eligible?	(Yes)	(No) <input checked="" type="checkbox"/>
2. Do you desire to make the pilgrimage in the calendar year 1930?	(Yes)	(No) <input checked="" type="checkbox"/>
3. Have you at any time made a previous visit to the grave of the deceased member of the military or naval forces in whom you are interested?	(Yes)	(No) <input checked="" type="checkbox"/>
4. Please give your age and state of health.	Age 51 (Years)	Health (Good) <input checked="" type="checkbox"/> (Poor)
5. What language do you speak?	English - (Yes) <input checked="" type="checkbox"/> (No)	Other language (Specify language spoken)



Just not able to make the trip.
For The Quartermaster General,

Very truly yours,

John T. Harris

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

Encl.
Act
Envelope

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Crows, William S.

May 16 1929.

Mrs. Hester Crows Blevens,
Hamptonsville, N. Car.

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 William S. Crows, Co. K, 119th Infantry, whose remains are now interred in the Somme American Cemetery, Bony, 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.

QM 293 A-M
Crews, William S. (Som)

August 12, 1932.

Mrs. Henry Crews Blevins,
Hamptonville, North Carolina.

Dear Madam:

Receipt is acknowledged of your reply to office letter of July 12, 1932, stating that you are physically unable to make a pilgrimage to the grave of your son, the late Private William S. Crews.

The purpose of this pilgrimage is an endeavor to bring a measure of peace and comfort to the hearts of those whose loved ones made the supreme sacrifice, and it appears from communications received from women who have made the journey that this effort has not been in vain.

It is indeed regretted that your health is poor, and in this connection you are advised that personnel to care for your comfort and needs will be provided, and doctors and nurses will be available. During the past three years a number of women who were in poor health made the trip and appeared to have benefited by the sea air and the excellent care they received.

In the event your health improves and you desire to make the journey next year, you are assured that everything possible will be done for your comfort and welfare.

For The Quartermaster General,

Very truly yours,

CHAS. W. DIETZ,
Captain, Q. M. Corps,
Assistant.

RS

0309

1932 AUG - 15 - PM 2:22

QMG M & DR

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-M

Crows, William S. (Con)

July 12, 1932

Mrs. Henry Crows Blevins,
Hamptonville, N. C.

Dear Madam:

The Act of Congress of March 2, 1929, as amended May 15, 1930, authorizes pilgrimages to the cemeteries of Europe during the years 1930, 1931, 1932 and 1933 for the mothers and widows of deceased members of the American forces who were lost or buried at sea or whose remains are interred in Europe.

Your attention is particularly invited to the fact that this is the last opportunity you will have to make the pilgrimage under the provisions of the above mentioned Act. Unless you take advantage of this LAST chance to make a trip in 1933 you will receive no benefit from the Act. There is no provision of law which will permit the Government to make a money allowance to any mother or widow who does not choose to make the pilgrimage.

IT IS REQUESTED THAT YOU GIVE THE MATTER YOUR MOST CAREFUL CONSIDERATION BEFORE REACHING A DECISION, BEARING IN MIND THAT THIS IS THE LAST OPPORTUNITY YOU WILL HAVE TO MAKE THE TRIP AT GOVERNMENT EXPENSE.

In order to assure proper and satisfactory accommodations for the mothers and widows making the journey in 1933, reservations for steamship transportation must be made by this office several months in advance. It is requested that you answer the questions below by writing "Yes" or "No" or "Undecided" in the blank space following the question. When you have answered the question, sign your name and return this sheet in the enclosed addressed envelope which requires no postage. PLEASE DO NOT DELAY, as it is essential that the information be in this office promptly.

This letter is being sent to all eligible mothers and widows who did not make the pilgrimage during the years 1930, 1931 or 1932. There is enclosed a circular of information WHICH YOU SHOULD READ VERY CAREFULLY BEFORE MAKING YOUR DECISION.

For The Quartermaster General,

Very truly yours,

CHAS. W. DIETZ,
Captain, Q. M. Corps,
Assistant.

2 Encls.

DO YOU DESIRE TO MAKE A PILGRIMAGE DURING THE YEAR 1933? _____
(Write answer here)

(Sign here) _____

QM 293 A-M
Crows, William S. Pvt (Son) M

March 8, 1932.

Mrs. Hester Crows Blevins,
Hamptonville, N. C.

Dear Madam:

Reference is made to correspondence forwarded you from this office relative to a pilgrimage to the grave of your son, the late Private William S. Crows.

It is noted you stated your health was poor. In this connection you are advised that personnel to care for the comfort and needs of the women will be provided and doctors and nurses will be available. During the past two years a number of women in poor health made the pilgrimage and appear to have benefited by the sea air and the excellent care they received.

Should you reconsider and desire to visit your son's grave this coming summer, it is requested that you so notify this office at the earliest practicable date. You are assured that not only will the pilgrimage be made at the expense of the United States, but everything possible will be provided for your comfort and welfare.

For The Quartermaster General.

Very truly yours,

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

P

MAR 10 4 PM '32

COMM N & E

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-M

Crews, William S. (SOM) M-

September 30, 1931 ed

Mrs. Henry Crews Blevins,
Hamptonville, N. C.

Dear Madam:

Reference is made to previous correspondence relative to the pilgrimage to the cemeteries of Europe, authorized by the Act of Congress of March 2, 1929, as amended May 15, 1930. To date information has not been received as to whether or not you desire to make a pilgrimage during the summer months of 1932, in honor of the deceased veteran named above.

In order that the records may be complete, and arrangements made accordingly, it is requested you complete the form below by writing in the space provided, your answers to the questions listed, sign your name, and return this letter in the enclosed envelope which requires no postage.

1. Do you desire to make a pilgrimage in 1932?	
2. Please state your age and condition of health:	Age: Health:
3. Do you speak English?	
4. What other language do you speak?	

Sign here

For The Quartermaster General,

Very truly yours,

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

Encl:
Env.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM-293-AM
Crews, William S. Pvt (SOM) M-

July 13, 1931.

Mrs. Henry Crews,
Hamptonville,
North Carolina.

Dear Madam:

Arrangements are now being made for conducting pilgrimages during the year 1932 to the cemeteries in Europe under the provisions of the Act of Congress of March 2, 1929, as amended.

To assure proper and satisfactory accommodations, reservations for steamship transportation required during the summer of 1932 must be made by this office not later than August 1st of this year. It is therefore desired that you answer the question below by writing either of the words "Yes", "No", or "Undecided" in the blank space following the question.

As soon as you have answered the question, please sign your name and return this sheet in the enclosed addressed envelope which requires no postage. Do not delay, as a prompt reply is essential.

This letter is being sent to all eligible mothers and widows who did not make a pilgrimage at the expense of the Government during 1930 and are not making the journey in 1931.

For The Quartermaster General,

Very truly yours,

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

DO YOU DESIRE TO MAKE A PILGRIMAGE DURING THE YEAR 1932?

Write answer here

Sign here

0434

098
JUL 14 - PM 12
RECEIVED
Q. M. G. OFFICE

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Crews, William S. Pvt. (Som) M

April 10, 1931.

Mrs. Henry Crews Blevins,
Hamptonville, N. Carolina.

Dear Madam:

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.

The records of this office show that you are the ^{mother} of the deceased veteran named above and in order that plans may be completed for conducting the pilgrimages, it is requested you answer the following questions by filling out the blanks left therefor and return the letter to this office in the enclosed envelope which requires no postage.

1. Do you desire to make this pilgrimage?

2. Do you desire to make the pilgrimage in the calendar year 1931?

3. Please give your age and state your health.

4. Do you speak English?

5. What other language do you speak?

Age
Condition of Health

For The Quartermaster General,

Very truly yours,

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

Enclosures:
Envelope
Act
Amendment

DISPATCHED
APR 10 1931
M 9 26
RECEIVED
MAY 10 1931

QM 293 A-M

October 13, 1930

Crows, William S. Pvt 636 M

Mrs. Henry Crows Blevins
Hamptonville
North Carolina

Dear Madam:

A reply has not been received to office letter of recent date relative to the pilgrimage to the cemeteries of Europe, authorized by the Act of Congress of March 2, 1929, as amended May 15, 1930.

The records of this office show that you are the of the deceased veteran named above and in order that plans may be completed for conducting the pilgrimages in 1931, it is requested you answer the following questions by filling out the blanks left therefor and return the letter to this office in the enclosed envelope which requires no postage.

1. Do you desire to make this pilgrimage?	
2. Do you desire to make the pilgrimage in the calendar year 1931?	
3. Please give your age and state your health.	Age Condition of health
4. Do you speak English?	
5. What other language do you speak?	

For The Quartermaster General:

Very truly yours,

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

Encls:
Act
Amendment
Envelope

30/150

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

June 7, 1930.

Crews, William S. - 636 M

Mrs. Henry Crews,
Hamptonville, N. Car.

Dear Madam:

Arrangements are now being made for conducting pilgrimages during the year 1931, to the cemeteries in Europe under the provisions of the Act of Congress of March 2, 1929.

To assure proper and satisfactory accommodations, reservations for steamship transportation required during the summer of 1931 must be made by this office not later than August 1st of this year. It is therefore desired that you answer the question below by writing the word "Yes" or "No" in the blank space following the question.

As soon as you have answered the question, please sign your name and return this sheet in the enclosed addressed envelope, which requires no postage. Do not delay, as a prompt reply is essential.

This letter is being sent to all mothers and widows who are not making the pilgrimage in 1930, regardless of whether or not they have expressed a desire to make the pilgrimage.

For The Quartermaster General,

Very truly yours,

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

DO YOU DESIRE TO MAKE THE PILGRIMAGE DURING THE YEAR 1931? _____
(Write answer here)

(Sign here)

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Crews, William S 636 -M

October 7 1929.

Mrs. Hester Crews Blevins,
Hamptonville, N. C.

Dear Madam:

The Act of Congress which provides for pilgrimages to cemeteries in Europe by mothers and widows of members of the military or naval forces of the United States who died in the military or naval service at any time between April 5, 1917 and July 1, 1921, and whose remains are now interred in such cemeteries, all necessary expenses of which pilgrimages are to be paid by the United States Government, requires that the Secretary of War make an investigation and submit the results of such investigation in a report to Congress not later than December 15, 1929. The purpose of the investigation is to determine the total number of mothers and widows entitled to make the pilgrimages, the number of such mothers and widows who desire to make the pilgrimages, the number who desire to make the pilgrimages during the calendar year 1930 and the probable cost of the pilgrimages to be made.

In order that the report referred to may be made and plans completed for conducting the pilgrimages, it is requested that you answer the following questions by filling out the blanks left therefor and return the letter to this office by return mail in the enclosed envelope which requires no postage.

1. Do you desire to make this pilgrimage if eligible?	(Yes)	(No)
2. Do you desire to make the pilgrimage in the calendar year 1930?	(Yes)	(No)
3. Have you at any time made a previous visit to the grave of the deceased member of the military or naval forces in whom you are interested?	(Yes)	(No)
4. Please give your age and state of health.	Age (Years)	Health (Good) (Poor)
5. What language do you speak?	English - (Yes) (No)	Other language (Specify language spoken)

For The Quartermaster General,

Very truly yours,

Encl.
Act
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
Crews, William S.

May 16, 1929.

Mrs. Hester Crews Blovens,
Hamptonville, N. Car.

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 William S. Crews, Co. K, 119th Infantry, whose remains are now interred in the Somme American Cemetery, Bony, 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 remarried 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 incs.
Act of Congress.
Envelope.

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

To be prepared in triplicate.

DATE March 13, 1928

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 CREWS, William S.
- 2. No. 1316597
- 3. Rank Pvt.
- 4. Org. Co. K, 119th Inf.
- 5. D.D. Oct. 9, 1918
- 6. C.D. KIA
- 10. Name _____
- 11. No. _____
- 12. Rank _____
- 13. Org. _____
- 14. (a) D.D. _____
- (b) D.B. _____

Discrepancy found upon disinterment

- 7. Grave No. 1 Sec. _____
- 8. Plot Block D Row 8
- 9. _____
- 15. Grave No. _____ Sec. _____
- 16. Plot _____ Row _____
- 17. _____

- 18. Cemetery Somme
- 19. Commune or town Bony
- 20. Dept. or County Aisne
- 21. Country France
- 22. G.R.S. Hdqrs. Code No. #636

23. Disinterred (Date) March 13, 1928 By J.J. DILLON

24. Inscription on grave marker:

Name CREWS, William S. Serial No. 1316597

Rank Pvt. Organization Co. K, 119th Inf.

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

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).

~~XXXXXXXXXXXX~~

27. Condition of body _____

28. Nature of burial metallic casket

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? _____

30. Body prepared and placed in casket: Date March 13, 1928 By J.J. DILLON

31. Casket sealed by J.J. DILLON

Signature of Embalmer, (Supervisor)

J.J. Dillon
J.J. DILLON

SHIPMENT. (Show actual marking of box.) Box No. _____

32. Designation of body: _____

Name **CREWS, William S.** Serial No. **1316597**

Rank **Pvt.** Organization **Co. K, 119th Inf.**

33. Consigned to: _____

Name of Permanent Cemetery **Somme, Bony, Aisne**

34. Casket boxed and marked (Date) **March 13, 1928** By **J.J. DILLON**

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 _____

J.J. Dillon
J.J. DILLON

36. Remarks _____

37. Shipped from point of Operation: (Date) _____

To point of Concentration _____

(Name)

Convoyer _____ Signature Shipping Officer _____

38. Received at Railhead or Point of Concentration: Date _____

By G.R.S. Representative _____

39. Shipped from Railhead or Point of Concentration: Date _____

To Permanent Cemetery _____

(Name)

Convoyer _____ Signature Shipping Officer _____

40. Received: Date _____

G.R.S. Representative _____

41. Reinterred **March 13, 1928** **Somme American Cty.**
(Date)

42. Grave No. **14** _____ Section _____

43. Plot **Block D** _____ Row **7**

G.R.S. Representative _____

J.F.V. Brady
J.F.V. BRADY,
Superintendent.

Place Somme Cty. 636

REPORT OF DISINTERMENT AND REBURIAL

Date March 13, 1928

1. REMAINS OF CREWS, William

SERIAL NUMBER 1316597

RANK Pvt.

ORGANIZATION Co. K. 119th Inf.

2. Disinterred (date) : March 13, 1928

From (give complete location) :

Grave 1, Block D, Row 8

By : Group Cty.

Unit

3. Reburied (date) : March 13, 1928

In (give complete location) :

Grave 14, Block D, Row 7

By : Group Cty.

Unit

Nature of reburial Metalic casket

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

Metalic casket

5. (a) Identification tags : Buried with body ?

On grave marker ?

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

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

(a) Height (actual measurement)

(b) Weight (estimated)

(c) Hair—Color

Quantity

Characteristics

(d) Hair on face—Color

Location

Quantity

(e) Permanent marks on body (old scars, peculiarities, or

missing parts)

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

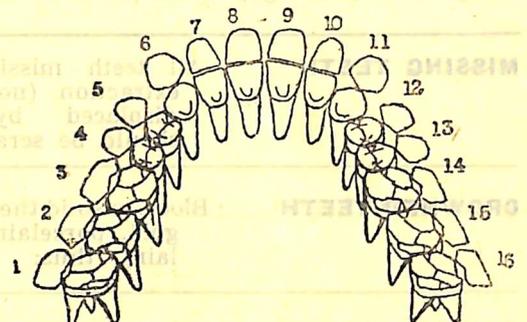
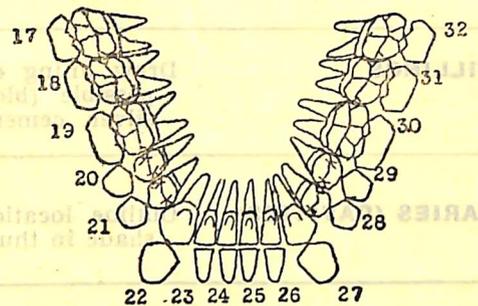


Diagram represents the mouth wide open.



7. Disinterment supervised by J. J. Dillon

Approved :

(Title)

8. Reburial supervised by J. J. Dillon

Approved :

(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 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.

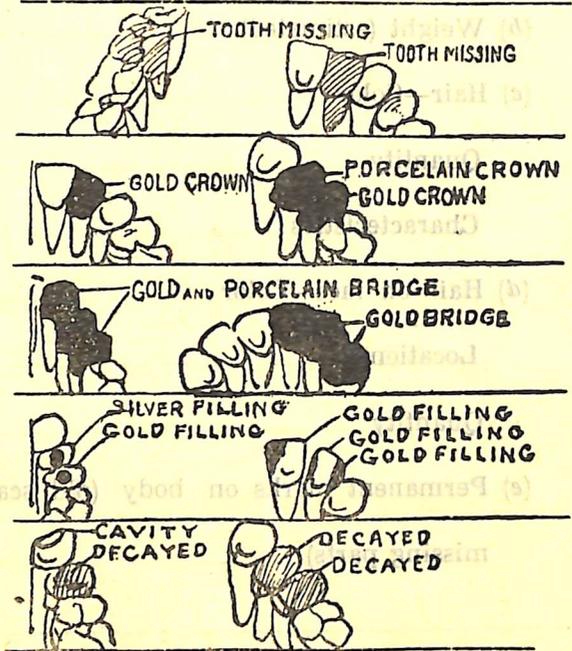
MISSING TEETH All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:

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.

MEMORANDUM TO FILES DEPARTMENT
REGISTRATION BRANCH

TRANSFER ALL PAPERS—

From: File No. 107207 (canceled)

✓ *Creives, William*

To: File No. 37898

✓ *Crews, William S.
city #642*

*Identified as: - Crews, William S.
auth: - A. G. O. Cas Div. 3x5 Cas files*

By *V. T. Jackson*

Section,
KHS Dept.

Date *5-27-*, 192 *1*

O. K. Numerical File Index

Papers transferred by

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

QM 293 A-C

March 15, 1927.

CROWS, William S., Private,
Co. K, 119th Infantry.

Mrs. Hester Crows Blevens,
Hamptonville,
N. C.

Dear Madam:

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 overseas military cemetery is to be maintained by the United States for all time. The graves will be permanently marked by white headstones inscribed with the name, rank, division, organization, date of soldier's death and State from which he came. Headstones will be placed at all graves, as soon as possible, and without necessity 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 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,

✓
1 Incl.
Record card.

K. J. Hampton,
Lt. Col. Q.M.C.
Assistant.

W.C.



25/560/EYS

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

QM 293 A-C

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 overseas military cemetery is to be maintained by the United States for all time. The graves will be permanently marked by white headstones inscribed with the name, rank, division, organization, date of soldier's death and State from which he came. Headstones will be placed at all graves, as soon as possible, and without necessity 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 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,

1 Incl.
Record card.

25/560/EYS

To be prepared in triplicate.

DATE Oct. 14, 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

Disc on body shows name:

1. Name Crews, William S

10. Name William Crews.

2. No. 1316597

11. No. _____

3. Rank Pvt

12. Rank _____

4. Org. Co. K. 119th Inf

13. Org. _____

5. D.D. Oct. 9 1918

14. (a) D.D. _____

6. C.D. KIA

(b) D.B. _____

Discrepancy found upon disinterment

7. Grave No. 5 Sec. _____

15. Grave No. _____ Sec. _____

8. Plot A Row 3

16. Plot _____ Row _____

9. _____

17. no discrepancy

18. Cemetery Brit. Mil. Cty

19. Commune or town St. Souplet

20. Dept. or County Nord.

21. Country _____

22. G.R.S. Hdqrs. Code No. 642

23. Disinterred (Date) Oct. 14, 1921

By N. K. Tabler

24. Inscription on grave marker:

Name William S. Crews

Serial No. _____

Rank Pvt.

Organization Co. K. 119th. Inf.

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

Bernard J. Black
Signature Junior Technical Assistant
Bernard J. Black

PREPARATION

26. What other means of identification were on body? (If no disc or other means of identification on body, give description of body in detail).

Body previously worked by Field Section. Bottle record and metal strips agree with form 114-A. Disc on body reads: "William Crews, 1316597"

27. Condition of body Badly decomposed. Features unrecog.

28. Nature of burial Wrapped in blanket, in uniform and in pine box.

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? _____

30. Body prepared and placed in casket: Date Oct. 14, 1921 By N.K. Tabler

31. Casket sealed by N.K. Tabler

Signature of Embalmer, (Supervisor) N.K. Tabler

para 3/25

SHIPMENT. (Show actual marking of box.) Box No. C-1680

32. Designation of body:

Name Crews, William S Serial No. 13 6597
Rank Pvt Organization Co. K. 119th Inf

33. Consigned to:

Name of Permanent Cemetery American Cemetery #636, Bony (Aisne)

34. Casket boxed and marked (Date) Oct. 14, 1921 By H.K. Tabler

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 G.D. Gamble, Capt. QMC

36. Remarks

37. Shipped from point of Operation: (Date) Oct. 14, 1921

To point of Concentration Somme
Convoyer E.C. Adams Signature Shipping Officer G.D. Gamble, Capt. QMC (Name)
Oct. 14, 1921

38. Received at Railhead or Point of Concentration: Date

By G.R.S. Representative Hubert W. Beyette, Capt. QMC

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

To Permanent Cemetery No. 636, Bony, Aisne
Convoyer E.C. Adams Signature Shipping Officer H.W. Beyette, Capt. QMC (Name)

40. Received: Date Oct. 14, 1921

G.R.S. Representative W.E. Moore

41. Reinterred 10-11-22. Somme American Cty. #636. Bony, Aisne.

42. Grave No. 1. Blk. D. Section

43. Plot Row 8.

G.R.S. Representative D.E. Lowry, 1st Lt, QMC. el.

FR

REPORT OF DISINTERMENT AND REBURIAL

1. REMAINS OF CREWS, William S. SERIAL NUMBER 1316597

RANK Pvt. ORGANIZATION Co.K, 119th Inf.

2. Disinterred (date): Oct. 14, 1921, Gr. 3, Plot A, Row 3, Brit. Mil. Cem. 642, St. Souplet, France,
From (give complete location):

By: Group 1 Unit P.S. 8

3. Reburied (date): 10-11-22. In (give complete location): Gr. 1. Blk. D. Row. 8.

Somme American Cty. #636. Bony, Aisne.

By: Group Re-burial. Unit ----- Nature of reburial Lined Casket.

4. Report as to nature of original burial and condition of body upon disinterment :
Wrapped in blanket and in wooden box. in U.S. uniform. Badly decomposed. Features unrecognizable.

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

(b) Other means of identification found upon disinterment, and general remarks :
Body previously worked by Field Section. Bottle record & metal strips agree with form 114-A.

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

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

(b) Weigh, (estimated) Impossible to estimate

(c) Hair—Color None visible

Quantity

Characteristics

(d) Hair on face—Color None

Location

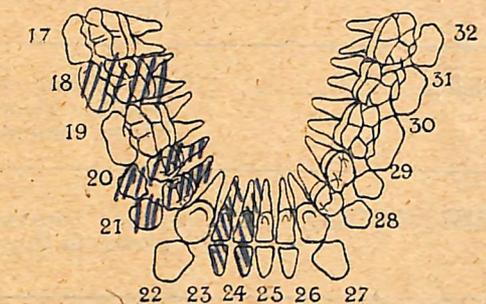
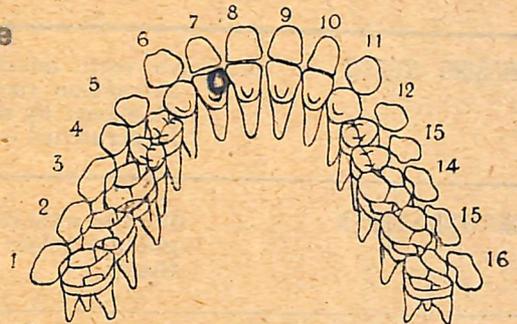
Quantity

(e) Permanent marks on body (old scars, peculiarities,

or missing parts) None visible

(f) Wounds or missing parts (received at time of casualty) (7 Cav., 18 MBD, 20&21 MAD,

None visible (23&24 MAD)



7. Disinterment supervised by H.K. Tabler

Approved: B.J. Black, Checker.

H.K. Tabler, Sup. Emb.

(Title) S.D. Gamble

8. Reburial supervised by B.A. Bradford, S.A.

Approved: D.E. Lowry

(Title) 1st Lt, QMC. el.

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:	 <p style="text-align: center;">TOOTH MISSING TOOTH MISSING</p>
CROWNED TEETH	Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus:	 <p style="text-align: center;">GOLD CROWN PORCELAIN CROWN</p>
BRIDGE WORK	Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge) thus:	 <p style="text-align: center;">GOLD AND PORCELAIN BRIDGE GOLD BRIDGE</p>
FILLINGS	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:	 <p style="text-align: center;">SILVER FILLING GOLD FILLING</p>
CARIES (CAVITIES)	Outline location and size of cavity, shade in thus:	 <p style="text-align: center;">CAVITY DECAYED DECAYED</p>
DENTURES (PLATES)	Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"	

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

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

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



CM 293 C-R

1st Ind.

LN

Crews, William S. Pvt.

War Department, O.Q.M.G., Washington, May 5, 1923--To The Adjutant General of the Army, Washington, D.C.

1. Capt. R. S. St. James, 119th Inf. reported this soldier killed by shell fire and buried (date not known) at Busigny on road between Bohain and Busigny, map 63b NE d 5 c 76 to right of Busigny on Bohain side (grave number not known), Department Nord 13NE.

For the Quartermaster General:

H. J. CONNER,
Assistant.

Handwritten signature

War Department
The Adjutant General's Office
Washington

Subject: Date and place of burial.

To: The Quartermaster General of the Army,
(Attention Cemeterial Division),
Washington, D.C.

To enable this office to complete the record of Private William Crews 119th Infantry, serial number 1,316,597, Company K, Regiment 119th Infantry, it is requested that the date and place of the soldier's original burial with map coordinates be furnished.

By order of the Sec. of War:

M.J.O'Brien
Adj. Genl.

DO NOT USE SMALL SLIPS.

Each clerk will sign his surname to steps
taken by him.
Indicate dates thus: 4-8-18.

DO NOT USE SMALL SLIPS.

THIS SPACE FOR OFFICE MEMORANDA.

See for A.G.O.

5/5/23

Wm S Crews

By R. G. St. James, Capt 119d Inf

Killed by shell fire + buried (date not
known) Busigny on road between Bohain
& Busigny, map 626 NE d 5 c 74
to right of Bucquigny on Bohain side
Gr no. not known - Dept Nord 13 NE

CS

642-69

Dup

Crews

William S,

1,316,597

(Surname.)

(Christian name in full.)

(Army serial number.)

Pvt.

Co K 119th Inf

(Rank and organization.)

State your relationship to the deceased

Mother

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)

General Delivery Hester Blewens Crews
Barrow N.C.

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

Drawn by pm

642-69

1-26

Mr. Jim Blevins

Siloan, N.C.

REVIEWED
OSP SS.

MM-1-26-21

COMPILATION OF DISPOSITION OF REMAINS DATA

File # 37898

I. LOCATION INDEX CARD:

(a) Name CREWS, William S. Ser. No. 1316597)
 (b) Rank Pvt. Organization Co. K, 119th Inf.) TYP. EN
 (c) Date of death 10-9-18 of death K/A) CKR. L.S.

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

(a) Grave No. 72 Row 3 Plot B Sect. -) TYP. EN
 (b) Emerg. Address Mrs. Hester Blevens Crews, (Mother), R.F.D. #1, Siloam, N. C.

III. Files of soldiers dying from contagious diseases: NO CARD) CKR. L.S.

IV. A.G.O. DISPOSITION CARD:

Date of receipt None

(a) Name Hester Blevens Crews (b) Relationship Mother
 (c) Address Gen. Del. Pembow, N.C.
 (d) Remains to be brought to U. S.? No
 (e) To be interred in National Cemetery in U. S. at -

OK
AH

(f) Shipping instructions upon arrival of body in U.S. -

(g) Disposition instructions if not brought to U.S. -

Examiner's Initials MM Date 8-16 1920

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

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

No correspondence

Examiner's Initials MM Date 8-16 1920

VI. G.R.S. Files - Correspondence - shows as follows:

No request for disposition

(a) Cancellation memos referred to? yes MM

Examiner's Initials MM Date 8-17 1920

COUNTRY France.
 G.R.S. Form #115
 Amended April 6, 1920.

CEMETERY NO. # 642
FORM 115 - A COMPLETED
 Make Form #114

SHEET NO. 69

CARDED

2/8/21 P.D.

rechecked
 Pmm J-26-21

INTERNATIONAL DIVISION



FEB 10 1921

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 8/21 1920

RECEIVED
FEB 15 1921
International Division
Project Association

(Par. # 2. Not to be returned. (MacB))

IX. CORRECTIONS

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

X. SUSPENSION REMARKS: War Risk (E.A.) 3/21/21-Mrs. Hester Crewe
Blevins, Mother-Hamptonville, N.C., (H-5/6/21-RM)

COMPILATION OF DISPOSITION OF REMAINS DATA

File # 37898

I. LOCATION INDEX CARD:

(a) Name... Crews, William S. Ser.No... 1316597

(b) Rank... Pvt. Organization... Co. K, 119th Inf. Cause of

TYP. EN LS db

(c) Date of death. 10-9-18... death K//A

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

(a) Grave No 72... Row 3... Plot B... Sect 57... TP... EN

(b) Emerg. Address Mrs. Hester Blevens, Crews, (Mother) RFD #1, Siloam, N.C.

III. Files of soldiers dying from contagious diseases... No card... CKR LS

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

A.G.O. Card - Hester Blevens Crews (mother) Gen. Del. Benbow, N.C. requests body be not returned to U.S. on 2-7-21

(cable on... 192

V. Following advice forwarded to Europe by (letter of transmittal on 8-2-1920

Par. #2... Not to be returned (MagB)

VI. Form 115 forwarded to G.R.S. Hoboken, N.J. FEB 9 7 1921 192

VII. SUPPLEMENTARY REQUESTS

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

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

COUNTRY FRANCE G.R.S. FORM 115-A August, 1920

CEMETERY NO. 642

SHEET NO. 69

S/666/LML

2/8/21 RL

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

COPY

Hoboken, N.J.
NAME OF DECEASED SOLDIER

642 - 69
CEMETERY NO.

3/1/21.
DATE

Crews, William S.
SERIAL NUMBER

Co. K, 119th Inf.
ORGANIZATION

10/9/18
DATE OF DEATH

1316597

Original Forwarded
to Hoboken

WAR RISK INSURANCE INFORMATION

Date 4-29-21

DATE 3/21/21.

Mrs. Hester Crewe Blevins
PERSON NAMED BY SOLDIER TO BE BENEFICIARY OF INSURANCE

Mother
RELATIONSHIP

Hamptonsville, N.C.
Warler, N.C.
ADDRESS

PERSON RECEIVING DEATH COMPENSATION

RELATIONSHIP

Adjustment Made

6-1 1922
File No. 37898

642-69

3-4-15-21

March 15, 1921.

File No. 293.8 Gen.Div.Cor.Br.
(CREWS, William S.)

Mrs. Hester Blevens Crews,
Gen. Del. Benbow, North Carolina.

Dear Madam:-

Kindly inform this office whether or not the late William S. Crews, Private, Serial Number 1316597, Co. K, 119th Infantry is survived by widow, children or father, and if so, furnish the name and address of each.

This information is necessary in order that the legal next of kin of the late soldier may have an opportunity of expressing his wishes as to the disposition of remains.

If the deceased soldier is not survived by any of the above, please state whether you desire the body left in France in a permanent American Cemetery, returned to the United States and shipped to you, at Government expense, or interred in the National Cemetery, at Arlington, Virginia.

Your early reply will be greatly appreciated.

By authority of the Quartermaster General.

R. E. SHANNON,
Captain, Quartermaster Corps.
Officer in charge.

MAILED

MAR 17 1921

COR. BR. G. R. S.

By:

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

BR/AM

JMB

RECEIVED



REC'D

RECEIVED 3

MAR 2 1921

Quartermaster General's Office

RECEIVED



AUG 5 1921

RECEIVED S.

AUG 5 1921

Central Division
Criminal Project Subdivision

1921

COV. BR. C. B. S. 1921
MAY 1 1921
MAY 1 1921

THE UNITED STATES
DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL
WASHINGTON, D. C.

IN REPLY TO YOUR LETTER OF THE TWENTY-NINTH INSTANT

RE YOUR LETTER OF THE TWENTY-NINTH INSTANT

IN REPLY TO YOUR LETTER OF THE TWENTY-NINTH INSTANT
RE YOUR LETTER OF THE TWENTY-NINTH INSTANT

IN REPLY TO YOUR LETTER OF THE TWENTY-NINTH INSTANT
RE YOUR LETTER OF THE TWENTY-NINTH INSTANT
RE YOUR LETTER OF THE TWENTY-NINTH INSTANT
RE YOUR LETTER OF THE TWENTY-NINTH INSTANT

IN REPLY TO YOUR LETTER OF THE TWENTY-NINTH INSTANT
RE YOUR LETTER OF THE TWENTY-NINTH INSTANT
RE YOUR LETTER OF THE TWENTY-NINTH INSTANT
RE YOUR LETTER OF THE TWENTY-NINTH INSTANT

Very truly yours,

Gen. Det. Bureau, New York
New York Bureau

(SIXTY-NINE)
MAY 1 1921

MAY 1 1921

3-5-21

1921

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

CREWS 1316597 William S

(Surname). (Number). (First Name and Initials).

-vt Co K 119th Inf

(Rank). (Organization).

PLACE OF DEATH: Busigny, France

CAUSE OF DEATH: Shell fire

DATE OF BURIAL: Not known

PLACE OF BURIAL: Road between Bohain & Busigny

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

Map G.C.F. - A.E.d.5 - C.T.H. - main road between Bohain & Busigny just to right of Busigny on Bohain side

GRAVE NUMBER: Not known

HOW MARKED: Name Peg? Cross?

Headboard? Bottle?

IDENTIFICATION TAGS:

Was one buried with body? Known

Was one fastened to name peg or stake used as a grave marker? NO BUSIGNY (Nord)

(407) SHT. 137E COORD — If name unknown and tags missing, description and marks should be given here?

NEAREST RELATIVE: Jim Blevins

ADDRESS: Siloam, N.C.

RELATIONSHIP: Step-father

REPORTED BY: R. J. St. James

Capt. 119th Inf. (Signature and Rank of Reporting Officer).

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

File NO 107207

Reg. Card. Dept.

6/14/19

Records Liaison.

Memo. For: G.R.S. representative, C.R.O.

Subject: Information required for G.R.S.

1. Items checked are to be completed:

- () Surname: CREIVES.
() Number: 1316597.
() First Name: William.
() Rank:
() Company:
() Organization:
() Date of Death:
() Cause:
() Place:

Location of hospital:

- Number " "
Class " "
() Relative:
() Relationship:
() Address:
() Authority:
Cablegram No.:
Telegram from:

dated:

- () Reported to Washington:
C.C. Nos:

(Underscore the "official" C.C.)

- () Remarks:
() Show present status on reverse side.

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

Initials of Reporter:

New case.

Buried.

Cemetery No 787.

Cemetery Amer. Mil. Becquigny. (Aisne)

Reported by the GRS.

D.R. June 20 1919.

37898



G.R.S. FORM NO. 12

GENERAL HEADQUARTERS
AMERICAN EXPEDITIONARY FORCES
ADJUTANT GENERAL'S OFFICE

FROM : ADJUTANT GENERAL.
TO : C.O., C_o. K, 119th Inf
SUBJECT : Information for burial Register.

1. You are directed to transmit without delay to the Chief, Graves Registration Service, the information indicated on enclosed Graves Location Blank as necessary for the completion of official records.

By Command of General Pershing:

Robert C. Davis
Adjutant General.

Note:

In case this item is checked, you will note hereon:

Nearest relative of deceased:

Relationship:

Address:

REVIEWED
OSP SS.



Jim Blevins - step-father
Silvams, N.C.

Name appears on



FILE

37898

For further data see Casualty Files

~~Crews William 1316597~~

OK
CD

✓ Crews William # files

1st Burial - Com

787

over

CEMETERIAL DIVISION
REGISTRATION SECTION

FILE

January 9 1922

MEMO FOR:

Cards Department.

1.

CASE OF:

Co. K. 119th Inf.
ORGANIZATION (Old)

CREWS 1316597 William S., Pvt.,
(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.	Date	Place	F-1A No.
SURNAME	Orig.		D-
SERIAL NUMBER	1st Reb.		D-
FIRST NAME AND INITIALS	2nd Reb.	2/11/21 642	D- 30130
RANK	3rd Reb.		D-
DATE OF DEATH			
CAUSE OF DEATH			

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

BY: Miss Iannon

Card.,
(Department)

5 x 8 card was sent to file.

Corrections made
on Organization
File Card:

By A.B.