

816

G.R.S. Form #114-B

9522

FULL NAME ..... *CRISSMAN, Frank B.* ✓ ✓ ✓

RANK ..... *Bugler* ✓ ..... SERIAL ..... *1258666* ✓

DIVISION & ORGANIZATION ..... *Co. A, 103rd M.P. 28 Div.* ✓

DATE OF DEATH ..... *10-3-18* ✓

STATE FROM WHICH HE CAME ..... *Penna.* ✓

MEDALS OR DECORATIONS AWARDED: *none* ✓

FINAL GRAVE LOCATION. *10-20-21* *6* *13* *F*  
Date Grave Row Block

..... *1232 - Meuse-Argonne* .....  
Cemetery

23/306/ARK

**3**  
**AUG 11 1926**  
**WORLD WAR DIV.**

By *as*  
Robert O. Davis,  
Major General,  
The Adjutant General.  
APR 4 1928

**AUG 14 1926**

4804-13-28

Received  
AUG 16 26  
M & R BRANCH  
O. O. M. C.

NR 14/10/18604

**GRAVE LOCATION BLANK**

LOCATION OF THE GRAVE OF

*Brisman* 1758666 *Frank B.*  
(Surname). (Number). (First Name and Initials).

*Reg* *Co A 103 MP*  
(Rank). (Organization).

PLACE OF DEATH: *AR & Shop #114*

CAUSE OF DEATH: *Shrapnel Bullets*

DATE OF BURIAL: *4 Oct 1918*

PLACE OF BURIAL: *Ft. Millers Ferry, Va*

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

GRAVE NUMBER: *84*

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

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

IDENTIFICATION TAGS:

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

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

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

NEAREST RELATIVE: .....

ADDRESS: .....

RELATIONSHIP: .....

REPORTED BY: *H. B. ... AR & Co*

(Signature and Rank of Reporting Officer).

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

5-48

Place NEUFCHATEAU

Date 28th JUNE 1919

REPORT OF DISINTERMENT AND REBURIAL:

Remains of:

Name CRISSMAN, Frank B.

Number: 1258666

Rank Bugler

organization: Co.A. 103 rd M.P.s 28th Div.

Disinterment and Reburial made by Group:

Unit:

Disinterred (Date)

From: (Give complete location)

20th JUNE 1919

Not previously recorded.

gr 84 - Row - 1 - Amb Pl. Plot A - Row 4 -  
City Central Hosp. Henry sur-aire

Reburied (Date)

in: (Give complete location)

20th JUNE 1919

Grave # 67 Sec 102 Plot 2

ARGONNE AMERICAN CTY# 1232

ROMAGNE MEUSE

1232

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

Body buried in uniform and badly decomposed.

Was one identification tag found upon the body? Yes

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

12303

Note:

**CONFIRMED No. D**

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

Supervised by Lt. Rubsamen

R. H. ROSENTHAL

jh.

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

C.O. Group

Unit



CODE SLIP



HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	<i>Crissman</i>	3	<i>3-8-9</i>
	<i>Frank B.</i>		
	CEMETERY	1	<i>1</i>
BURIED	GRAVE	2	<i>06</i>
	ROW	2	<i>13</i>
	BLOCK	1	<i>6</i>
STATE	<i>Pa.</i>	2	<i>44</i>
RANK	<i>Bugler</i>	1	<i>2</i>
DIVISION	<i>28</i>	2	<i>28</i>
ORGANIZATION	<i>103</i>	3	<i>103</i>
ARM	<i>M.P.</i>	1	<i>6</i>
MARTIAL	<i>Mo</i>	1	<i>2</i>
NAME	<i>Crissman</i>	3	
	<i>Mr. Homer</i>		
	STATE	2	
RESIDENCE	COUNTY	2	
	CITY	3	
RELATION	<i>Mother</i>	1	<i>1</i>
OTHER	<i>(no loco or S.M.)</i>	1	
ELIGIBILITY	<i>Dead</i>	1	<i>6</i>
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YE.	1	
ACCEPTANCE		1	

*Folder*

*Audited*  
**APR 22 1932**  
*MB*

*RM*

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C  
Crissman, Frank B. 1232 F

July 8, 1930.

Mr. Homer Crissman,  
Thomas St.,  
Bellefonte, Pa.

Dear Sir:

Your attention is invited to the enclosed copy of an Act of Congress of March 2, 1929, together with an amendment thereto, approved May 15, 1930.

This office has no record of any person entitled under the Act mentioned to make a pilgrimage to the cemeteries in Europe as the mother or widow of the above named deceased service man. To complete the list of eligibles and to assure that, if the above named man is survived by a mother or widow entitled to make a pilgrimage she receive an invitation to do so, it is requested you answer the following questions in the space provided on this letter and return to this office in the enclosed envelope which requires no postage.

1. Is the deceased survived by a mother?

If so, give her name and address:

*Mother dead*

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

If so, give her name and address:

*No*

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

If so, give her name and address:

*No*

For The Quartermaster General

Very truly yours,

Enclosures:  
Envelope  
Act  
Amendment



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

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Crissman, Frank B.  
1232.

Sept. 6, 1929

Mr. Homer Crissman,  
Thomas St.,  
Bellefonte, Pa.

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated June 29, 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:

*The deceased has never married*

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.

*Mother died some*

*years ago*

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

*No mother or widow living*

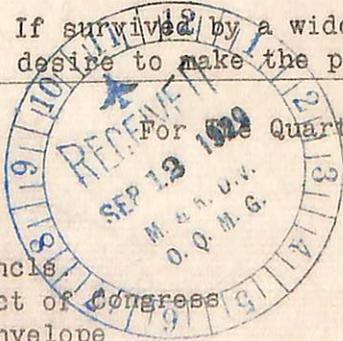
For the Quartermaster General,

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

IN REPLY REFER TO QM 293 A-C

June 29, 1929.

Crissman, Frank B.

Mr. Homer Crissman,  
Thomas St.,  
Bellefonte, Pa.

Dear Sir:

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

The records of this office show that you are the father of the late Frank B. Crissman, Bugler, Co. A, 103rd M.P., whose remains are now interred in the Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon, Meuse, France.

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

Your attention is particularly invited to Section 4 of the enclosed Act, which defines the terms "mother" and "widow". If the relative is a stepmother, mother through adoption, or any woman who stood in loco parentis to the decedent, a statement as to her relationship is requested. If he was survived by a widow who has since remarried it is also requested that a statement to that effect be made.

For your reply, you may use the enclosed envelope which requires no postage.

For The Quartermaster General,

Very truly yours,

2 incls.  
Act of Congress.  
Envelope.

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

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C  
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July 8, 1930.

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Thomas St.,  
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This office has no record of any person entitled under the Act mentioned to make a pilgrimage to the Cemeteries in Europe as the mother or widow of the above named deceased service man. To complete the list of eligibles and to assure that, if the above named man is survived by a mother or widow entitled to make a pilgrimage she receive an invitation to do so, it is requested you answer the following questions in the space provided on this letter and return to this office in the enclosed envelope which requires no postage.

1. Is the deceased survived by a mother?

If so, give her name and address:

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

If so, give her name and address:

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

If so, give her name and address:

For The Quartermaster General,

Very truly yours,

Enclosures:  
Envelope  
Act  
Amendment

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

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

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1232.

Sept. 6, 1929

Mr. Homer Crissman,  
Thomas St.,  
Bellefonte, Pa.

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated June 29, 1929 making inquiry concerning the name and address of the mother and widow of the deceased service man above named. These addresses are desired with a view to ascertaining the number of mothers and widows who desire to make a pilgrimage to the cemeteries of Europe in which the remains of their sons and husbands are interred.

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

Write answers in space below

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

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

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

For The Quartermaster General,

Very truly yours,

2 Incls.  
Act of Congress  
Envelope

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

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

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For The Quartermaster General,

Very truly yours,

2 incls.  
Act of Congress.  
Envelope.

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

October 18, 1923.

Mr. W. Homer Crissman,  
Thomas St.,  
Bellefonte, Pa.

Dear Sir:

The Quartermaster General desires you to be informed that the permanent grave of Bugler Frank B. Crissman, Company A, 103rd Military Police, is Grave 6, Row 13, Block F, Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon (Meuse), France.

This is one of the permanent American military cemeteries to be maintained by this Government in Europe. Each grave will be marked by a headstone of white marble, of suitable design, with name, rank, division, organization, date of soldier's death and State from which he came. Headstones will be placed at all graves in connection with the improvement work now in progress, as soon as possible and without waiting for special action or request on the part of relatives.

You are assured in effecting removal of the remains, the utmost care and reverence were exercised and more than willingly accorded by those who performed this sacred duty. The grave of the deceased will be perpetually maintained by this Government in a manner befitting the last resting place of our heroes.

Very truly yours,

O.Q.M.G. ✓  
Central Mail & Files B.R.L. FOSTER  
Assistant.



OCT 18 1923  
H B

RD

ZDZ

Crissman,

(Surname.)

Frank B

(Christian name in full.)

1,258,666

(Army serial number)

Bug.

Co A 103rd Mil Pol

(Rank and organization.)

State your relationship to the deceased.

*father*

Do you desire the remains brought to the United States?

*No*

(Yes or no.)

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

*No*

(Yes or no.)

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

(Name of person to receive remains.)

(Express office.)

(Telegraph office.)

(Number and street.)

(City or town.)

(State.)

(Sign here)

*Harmer Crissman  
12111 P 103rd Pa*

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

Drawn PM

1232 Sec 102-42

J-23-21

K-48-9

Check for  
110 22

78776

# GRAVE LOCATION BLAN

LOCATION OF THE GRAVE OF

*Cruseman 1258666 Frank B.*

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

*Bug Co A. 103 M.P.*

(Rank). (Organization).

PLACE OF DEATH:

*A.R.C. Hosp. # 1124*

CAUSE OF DEATH:

*Shrapnel Bullets*

DATE OF BURIAL:

*4 Oct. 1918*

PLACE OF BURIAL:

*F. Hill Cem Henry-Sw. Ave  
Mende*

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

GRAVE NUMBER:

*84*

HOW MARKED: Name Peg?

.....

Cross?

Headboard? .....

Bottle? .....

IDENTIFICATION TAGS:

Was one buried with body? *yes*

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

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

NEAREST RELATIVE: .....

ADDRESS: .....

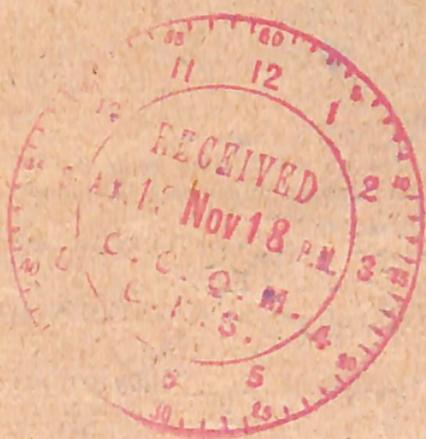
RELATIONSHIP: .....

REPORTED BY:

*W Institute Rep. ARE*

(Signature and Rank of Reporting Officer).

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



RECEIVED

NOV 18 P.M.

C. C. Q. M. S.

78776

Soldier's No. 1258666

Name GRISSMAN, FRANK B.

Rank Sugler Co. A (Regt.)  
(Corps) 103 M. P.

Oct 2 1918 Unknown  
Date of Death Cause

Oct 4th 1918 French Military  
Date of Burial Cemetery

FLEURY-sur-AIRE MEUSE  
Town or Commune Dept.

Grave No. 84 New American Plot Sec. Row 1

Tag buried with body

Tag attached to Peg

T. R. White A. B. G. 114  
Chaplain - ~~Burial Officer~~ (which?)

E. W. Morrison 2nd Lt. Q.M.C.  
Signature Rank

Group 6 Unit 310 G.R.S.



Refer to this

AGRS Paris  
(Office)

No. 7877

## INQUIRY

Request by A.B. Cromer.

European address

New York City.

Relationship to dec'd Friend.

For location grave of:-

Crissman Frank B.  
Last name Serial No. First namePvt. #1258666, Co. A, 103rd M.P.  
Rank Org. Date of death

Date of request Feb. 21, 1921.

Recd. by HK

(Initials) Other information:

## INFORMATION FURNISHED

Location of grave Country

#1232 Romagne, Meuse.  
Cemetery Commune (town) Dept.

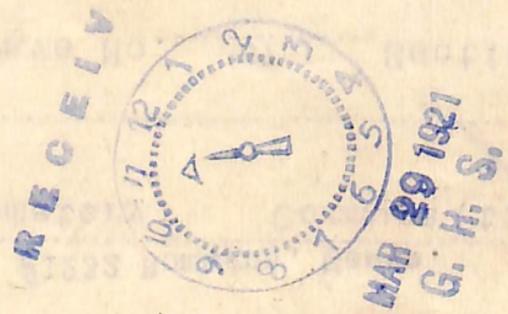
Grave No. 67 Section 102,

Plot 2 Row

Furnished by Date Feb. 21,  
(Initials) 1921.

(111111) 1921

RECEIVED



INFORMATION FURNISHED

(111111) 1921

RECEIVED

INFORMATION FURNISHED

RECEIVED

INFORMATION FURNISHED

RECEIVED

INFORMATION FURNISHED

RECEIVED

INFORMATION FURNISHED

RECEIVED

COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

File #78776

(a) Name CRISSMAN, Frank B. Ser. No. 1258666  
(b) Rank Bugler Organization Co. A, 103rd M.P.  
(c) Date of death 10/3/18 (d) Cause of death W.A

TYP. DMA  
CKR. B. J.

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

(a) Grave No. 67 Row - Plot 2 Sec. 102 TYP. DMA  
(b) Emerg. Address Homer Crissman (father) Thomas St., Bellefonte, Pa.

III. Files of soldiers dying from contagious diseases

CKR. B. J.

IV. A. G. O. DISPOSITION CARD:

Date of receipt

(a) Name W. Homer Crissman (b) Relationship Father  
(c) Address Bellefonte, Pa.  
(d) Remains to be brought to U. S.? no.  
(e) To be interred in National Cemetery in U. S. at

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

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

Examiner's Initials PM Date 5-23-21, 192

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

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

Examiner's Initials Date, 192

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

No request for disposition

(a) Cancellation memos referred to? Yes

Examiner's Initials PM Date 5-23-21, 192

COUNTRY FRANCE CEMETERY No. 1232-sec.102 SHEET No. 42

JUN 11 1921

H-S.

*Handwritten notes:*  
Accepted  
5-10-21  
C

VII. G. R. S. Form No. 114 made \_\_\_\_\_, 192

Typed by \_\_\_\_\_, Checked by \_\_\_\_\_, 192

VIII. FINAL ACTION:

Following advice forwarded to Europe by { cable on \_\_\_\_\_, 192  
letter on JUN 6 1921, 192

*Section 102*  
*Par. 2 Not To Be Returned (JEN)*

IX.

REMARKS

Multiple horizontal dashed lines for writing remarks.

WRIT

FILE

MINISTRY OF DEFENSE OF DENMARK



Place Romagne sous Montfaucon

REPORT OF DISINTERMENT AND REBURIAL

Date Sept. 9, 1921.

1. REMAINS OF CRISSMAN, FRANK B. SERIAL NUMBER 1258666

RANK Pvt. Bugler ORGANIZATION Co., 103 rd M. P.

2. Disinterred (date): Sept. 9, 1921. From (give complete location):

Gr. 67 Sec. 102. Pt. 2, Meuse-Argonne Cem., #1232.

By: Group Holmes Unit Sec. 1

3. Reburied (date): In (give complete location):

Oct. 20th 1921. Meuse-Argonne Cemetery # 1232 Grave 6 Block F Row 13

By: Group Reburial S Unit Nature of reburial Unlined casket

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

In uniform burlap and in a wooden box.

Body 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:

GRS. plaque with name thereon legible.

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

(a) Height (actual measurement) Impossible to determine

(b) Weight (estimated) Impossible to determine

(c) Hair—Color apparently brown

Quantity full

Characteristics straight

(d) Hair on face—Color None

Location None

Quantity None

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

missing parts) impossible to determine

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

Hospital bandage in center of back.

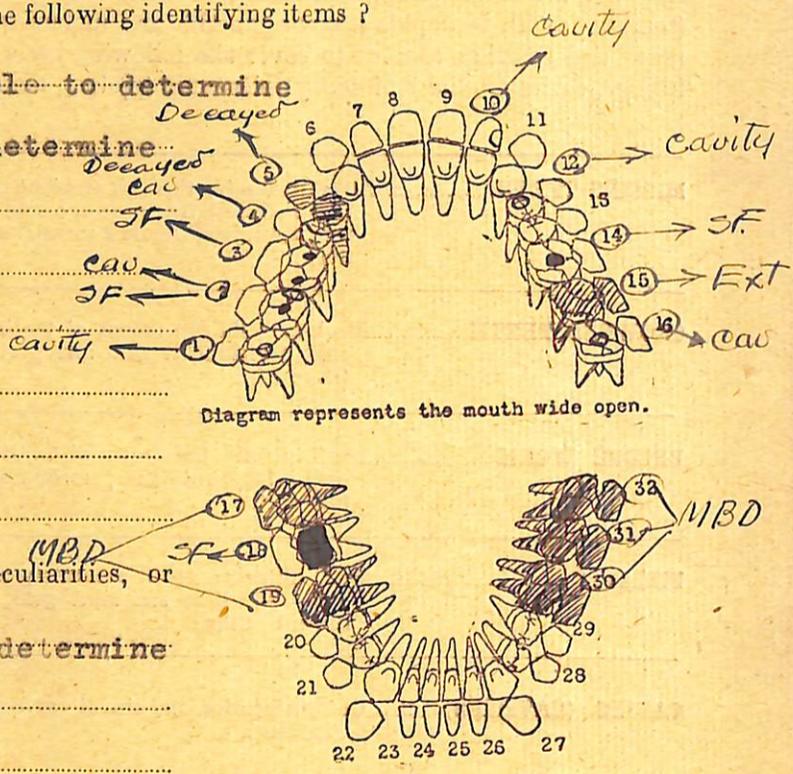


Diagram represents the mouth wide open.

7. Disinterment supervised by E. Holmes

E. Holmes S. E.

Approved: J. D. Archer

(Title) Archer 1st. Lt. OMC

8. Reburial supervised by

Approved:

(Title)

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

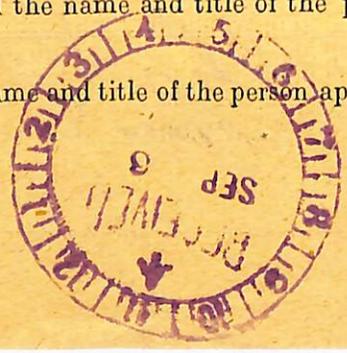
Enter information, as noted below, on reverse side of sheet in the *corresponding numbered space*. This form is supplemental to and is to be forwarded with G. R. S. Form 1-a, reporting reburial locations. To be used in answer to Question 26, Form 114; in case no means of identification on body.

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), 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.

<p><b>MISSING TEETH</b>.....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><b>CROWNED TEETH</b>.....Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus:</p>	 <p>GOLD CROWN PORCELAIN CROWN</p>
<p><b>BRIDGE WORK</b>.....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><b>FILLINGS</b>.....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><b>CARIES (CAVITIES)</b>.....Outline location and size of cavity, shade in thus:</p>	 <p>CAVITY DECAYED DECAYED DECAYED</p>
<p><b>DENTURES (PLATES)</b>.....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.



Romagne sous Montfaucon

To be prepared in triplicate.

DATE

Sept. 9, 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 Crissman, Frank B  
 2. No. 1258666  
 3. Rank Pvt. Bugler  
 4. Org. Co. A 103rd MP  
 5. D.D. 10-3/18  
 6. C.D. DOV

10. Name \_\_\_\_\_  
 11. No. \_\_\_\_\_  
 12. Rank Bugler (on disc on body)  
 13. Org. \_\_\_\_\_  
 14. (a) D.D. \_\_\_\_\_  
 (b) D.B. \_\_\_\_\_

Discrepancy found upon disinterment

7. Grave No. 67 Sec. 102  
 8. Plot 2 Row \_\_\_\_\_  
 9. \_\_\_\_\_

15. Grave No. \_\_\_\_\_ Sec. \_\_\_\_\_  
 16. Plot \_\_\_\_\_ Row \_\_\_\_\_  
 17. \_\_\_\_\_

no discrep.

18. Cemetery Argonne Amer.  
 20. Dept. or County Meuse  
 22. G.R.S. Hdqrs. Code No. 1232 - Sec. 102

19. Commune or town Romagne-sous-Montfaucon  
 21. Country France

23. Disinterred (Date) Sept. 9, 1921

By ELZA HOLMES

24. Inscription on grave marker:

Name CRISMAN, Frank B.  
 Rank Pvt.

Serial No. 1258666  
 Organization Co. A. 103rd MP

25. Was identification disc found on grave marker? Yes

On body? Yes

*[Signature]*  
 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).

Plaque with name legible

27. Condition of body badly decomposed features unrecognizable

28. Nature of burial in uniform, burlap and pine box.

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above?  
see par. 18

30. Body prepared and placed in casket: Date Sept. 9, 1921 By ELZA HOLMES

31. Casket sealed by ELZA HOLMES

Signature of Embalmer, (Supervisor) *[Signature]*

AUDITED BY  
 M.J.R. - 5/9/23



SHIPMENT. (Show actual marking of box.) Box No. C-5615

32. Designation of body:

Name Crisman, Frank B Serial No. 1258666

Rank Pvt. Organization Co. A 103rd MP

33. Consigned to:

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

34. Casket boxed and marked (Date) Sept. 9, 1921 By ELZA HOLMES

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 S. D. Archer

36. Remarks S. D. Archer, 1st Lieut. Q.M.C.

37. Shipped from point of Operation: (Date) Sept. 9, 1921

To point of Concentration Argonne Cem. 1232. (Name)

Convoyer J. Gerald Cole 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

Convoyer (Name) Signature Shipping Officer

40. Received: Date Sept 9, 1921

G.R.S. Representative Alfred M. ...

41. Reinterred Meuse-Argonne Cemetery # 1232, October 20th 1921

(Date)

42. Grave No. 6 Section

43. ~~Plot~~ Block F Row 15

el

G.R.S. Representative