

1301

301

G.R.S. Form #114-B

FULL NAME CROMWELL, Gladys

RANK Canteen Worker SERIAL

DIVISION & ORGANIZATION American National Red Cross-Dept. of Military Affairs-L.O.C. Canteens
Red Cross Worker, ARC

DATE OF DEATH Jan. 19-19

STATE FROM WHICH HE CAME New York

MEDALS OR DECORATIONS AWARDED. Croix de Guerre (Posthumous)

FINAL GRAVE LOCATION
Date Grave Row Block
Suresnes, #34
.....
Cemetery

Red Notations Made from Corr. received in this office from Red Cross
Sept. 25-1924

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Cromwell 2041 Gladys

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

American Red Cross

(Rank). (Organization)

PLACE OF DEATH: At Sea

CAUSE OF DEATH: Drowning

DATE OF BURIAL: March 22, 1919.
(American Section)

PLACE OF BURIAL: St. Eloi Cemetery

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

La Rochelle, C. I. France.

GRAVE NUMBER: 128

HOW MARKED: Name Peg? yes Cross?

Headboard? Bottle?

IDENTIFICATION TAGS:

Was one buried with body?

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

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

NEAREST RELATIVE: Mr. Seymour Cromwell

ADDRESS: 169 E. 74th St. New York City

RELATIONSHIP: Brother

REPORTED BY: *Pat Murphy*
Chaplain Pat Murphy
(Signature and Rank of Reporting Officer)

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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Cromwell, Gladys 34 Fr

July 9, 1930.

Mr. Seymour Cromwell,
169 E. 74th St.,
New York, N. Y.

Dear Sir:

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

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

1. Is the deceased survived by a mother?

If so, give her name and address:

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

If so, give her name and address:

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

If so, give her name and address:

For The Quartermaster General,

Very truly yours,

Enclosures:
Envelope
Act
Amendment

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

FILE UNDER NO. 293 Gromwell, Gladys

Sept 24 1924

INDEX SHEET

SYNOPSIS

Letter

From OQMG

To Surgeon General

Inclosing G.R.S. Form 114-B requesting data checked in red
be verified and form returned.

DOCUMENT FILED UNDER NO. 293 Europe

mm

INSTRUCTIONS.—Under "Synopsis" make brief entry showing date of communication and from whom received and synopsis sufficient to identify the papers. When these index sheets become numerous under a subject they will be entered on the consolidated index sheet and then destroyed.

3-6642

10-1888

LIST OF PAPERS

File under No. 293.8 Gladys Cromwell.
Red Cross Worker A. R. C.

Records from
European Claims Unit
Ft. Myer, Va. No. 14.

GOVERNMENT PRINTING OFFICE 3-6788

SERIAL NUMBER	FROM—	DATE	TO—	SYNOPSIS
	Ft. Myer, Va.	5-4-26	Mr. McCreight	for Miss Ruth

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
WASHINGTON

September 13, 1922.

FILE: 293.8 C-R #85330-

SUBJECT: Permanent Grave Location of Gladys Crowwell,
Red Cross Worker, ARC.

TO: Mr. Seymour Crowwell, 169 E. 74th St., New York, N.Y.

1. The permanent grave of this ARC worker is No. 23 Row 18 Block B, Suresnes American cemetery at Suresnes, Department of Seine, France.

2. 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, organization and date of soldier's death. The headstones will be placed at all graves in connection with the improvement work now in progress, as soon as possible and without waiting for special action or request on the part of relatives.

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

For the Quartermaster General:

GEORGE H. PENROSE,
Assistant.

MAILED
SEP 13 1922
EUROPEAN CLAIMS UNIT
Fort Myer, Va.

File

85330

ms
ed

DATE 11/3/22.1. NAME CROMWELL, Gladys SERIAL No. _____RANK RC Worker ORGANIZATION Red CrossGRAVE LOCATION French Civ-LaRochele 119-B

CTY. NAME

NUMBER

128

GRAVE

ROW

PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION 128 La Rochelle, (Charente Inf.)

GRAVE

COMMUNE

DEPT.

COORDINATES None.CONCENTRATED TO March 22, 1919. 128

DATE

GRAVE

ROW

PLOT

French Civ. Cemetery, La Rochelle, 119-B.

CEMETERY

CTY. NUMBER

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

SUBSEQUENT REBURIALS _____

DATE

GRAVE

ROW

PLOT

CEMETERY

DATE

GRAVE

ROW

PLOT

CEMETERY

SIGNATURE, AREA SUPERVISOR *W. R. Nichols*

W. R. Nichols, Major, C.A.C.

3. FINAL GRAVE LOCATION 11/3/21. 23. 18. B.

DATE

GRAVE

ROW

XXFLOIX

BLOCK.

Suresnes American Cemetery #54, Suresnes, Seine.

n

CEMETERY

AUDITED BY
SAB 6/28/22

pg

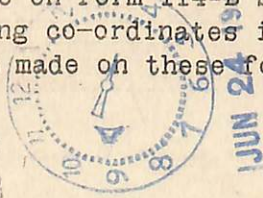
INSTRUCTIONS FOR PREPARATION OF FORM 114 B

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

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

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

4. If data is entered on Form 114-B from Form 1, Form I6, Form 1-A or Form 16-A, statement to this effect will be made on Form 114-B STATING WHICH G.R.S. form data is taken from. If data concerning co-ordinates is approximate and NOT accurate, statement to this effect will be made on these forms.



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

JUN 10 1920
119-B-29

Rush Answer

FROM: Chief, Graves Registration Service, Q.M.C.
TO: Mr. Seymour Cromwell-169 E. 74th St., New York City
SUBJECT: Remains of Worker, Gladys Cromwell

MAY 5 1920

The records of this office show that you have ~~XXXXXXXXXXXX~~
~~XXXXXXXX~~ not expressed your desires as to the return of the body

Remains in France

If these are not the correct instructions, please change them. Make changes on reverse side of this sheet.

The nearest living relative may choose between, (1) return of the body to any address in the United States; (2) interment ~~in France~~ or (3) remain in France.

Date 6-2-20
Noted on Form No. 118

By authority of the Quartermaster General:

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

NAME OF	NO. & STREET	TOWN	STATE
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Soldier's Widow

Soldier's Children	1.
(Name oldest first)	2.
	3.

Father *Dead*

Mother *Dead*

Brothers	1.
(Name oldest first)	2. <i>Seymour Cromwell</i> <i>169 East 74 St New York City</i>

Sisters	1.
	2. <i>Mary R. Cromwell</i> <i>46 Rue Spontini Paris France</i>

Date *June 7, 1920* Signature *Mary R. Cromwell*

V.A.H. Address *169 E 74th New York City* Relationship *Brother*

Note:- Instructions on the reverse side of this sheet should be carefully read before filling out this paper. (OVER)

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

the next body of Gladys Rowell
Remain in France -

RECEIVED



JUN 21 1920
G. H. S.



INSTRUCTIONS FOR FILLING OUT

1. This paper **MUST** be signed by the person who is the **NEXT** of kin in the order shown in the square on other side of this sheet.
2. This paper must be returned showing the name and address of each of the nearest living relatives in the spaces provided therefor on the other side of this sheet.
3. If there are minor children of the deceased soldier and no widow, the legally appointed guardian of the children should ascertain their wishes and act for them in this matter.
4. If **YOU** are not the nearest relative, please ask the nearest relative, if living near you, to fill out this paper.
5. If **YOU** are not the nearest living relative and do not know who or where the nearest relatives are, please fill out this paper **AT ONCE** and mail to this office.
6. You are requested to return this paper **AT ONCE** in order to avoid delay in the case of this body.
7. Use the enclosed envelope - pay no postage.

REPORT OF DISINTERMENT AND REBURIAL

Date Oct. 20th, 1921

1. REMAINS OF CROMWELL, Gladys SERIAL NUMBER ---

RANK R. C. Worker ORGANIZATION Red Cross

2. Disinterred (date): Oct. 20th, 1921 From (give complete location): Gr. 128, Cam. 119-B.

By: Group 2 Unit Sec. 7

3. Reburied (date): November 3rd, 1921. In (give complete location): Suresnes Cemetery, - Block B - Row 18 - Grave 23.

By: Group Field Operations Branch Unit Unit Nature of reburial Metal Casket and Blanket.

4. Report as to nature of original burial and condition of body upon disinterment: Wooden box and hospital shroud and blanket. Decomposed features not recognizable.

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

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

Complete Red Cross (U.S.) woman uniform. Silver wrist tag reads: "Gladys Cromwell, #2041, New York", found in box with body, also Red Cross insignia.

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

(a) Height (actual measurement) Indiscernable due

(b) Weight (estimated) to decomposition.

(c) Hair—Color None

Quantity

Characteristics

(d) Hair on face—Color None

Location

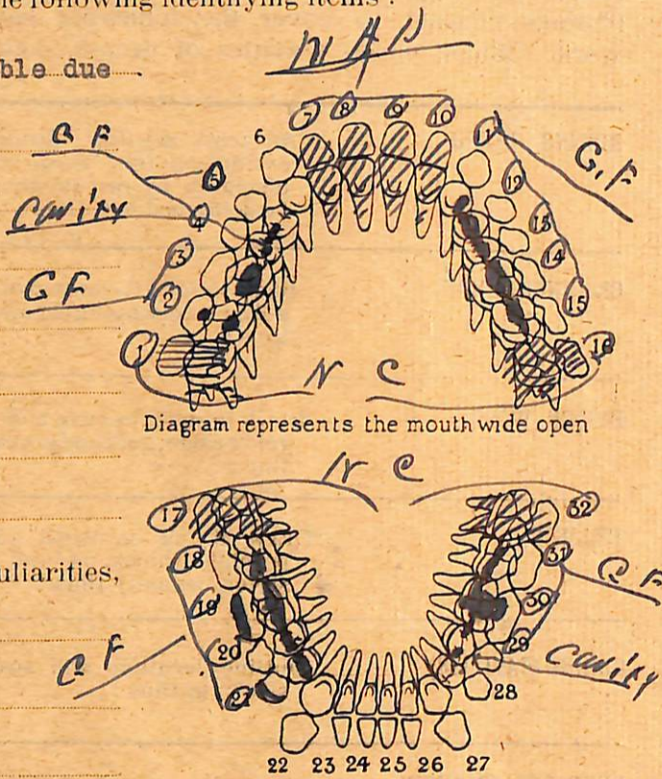
Quantity

(e) Permanent marks on body (old scars, peculiarities, or missing parts) None

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

Post/upper sternum to pelvis.

Geo. S. Parker, checker.



A-60313

7. Disinterment supervised by A. J. Harvey Approved: [Signature]

A. J. Harvey, Sup. Emb. (Title) Benny, 1st Lt., CAC.

8. Reburial Supervised by R. G. RICHARDS, 1st Lieut. Q.M.C. Approved: [Signature] (Title) R. P. HARBOLD, Major, Q.M.C.

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

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

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

MISSING TEETH	All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:	
CROWNED TEETH	Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus:	
BRIDGE WORK	Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge) thus:	
FILLINGS	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:	
GARIES (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.



GRAVES REGISTRY

GRAVES REGISTRY

To be prepared in triplicate.

DATE Oct. 20th, 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 CROMWELL, Gladys
- 2. No. _____
- 3. Rank RC Worker
- 4. Org. Red Cross
- 5. D.D. 1-19
- 6. C.D. Suicide
- 10. Name _____
- 11. No. _____
- 12. Rank _____
- 13. Org. _____
- 14. (a) D.D. _____
- (b) D.B. _____

Discrepancy found upon disinterment

- 7. Grave No. 128 Sec. _____
- 8. Plot _____ Row _____
- 9. _____
- 15. Grave No. _____ Sec. _____
- 16. Plot _____ Row _____
- 17. No discrep.
- 18. Cemetery French Civ
- 19. Commune or town La Rochelle
- 20. Dept. or County Charente Inf
- 21. Country _____
- 22. G.R.S. Hdqrs. Code No. 119-B
- 23. Disinterred (Date) Oct. 20th, 1921 By A. J. Harvey
- 24. Inscription on grave marker: _____
- Name Gladys Cromwell Serial No. --
- Rank RC Worker Organization Red Cross
- 25. Was identification disc found on grave marker? Yes On body? Yes

A. J. Harvey
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).
Silver wrist tag read: "Gladys Cromwell, A. R. C. #2041" Back of tag read: "New York", found in box. Complete R. C. uniform (U.S.) woman uniform.
- 27. Condition of body Decomposed, features not recognizable.
- 28. Nature of burial Wooden box, hospital shroud and blanket.
- 29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? No discrep.
- 30. Body prepared and placed in casket: Date Oct. 20th, 1921 By A. J. Harvey
- 31. Casket sealed by A. J. Harvey

Signature of Embalmer, (Supervisor) *A. J. Harvey*
NOTE: The remains of this Red Cross worker are to be buried side by side with her sister, Dorothy, exhumed from paulliac, in American cemetery no. 34- see file 293.9. dated Oct. 13th 1921 ecc

SHIPMENT. (Show actual marking of box.) Box No. **C2764**

32. Designation of body:

Name **CROMWELL, Gladys** Serial No. _____

Rank **RC Worker** Organization **Red Cross**

33. Consigned to:

Name of Permanent Cemetery **American Concentration City 34 Suresnes**

34. Casket boxed and marked (Date) **Oct. 20th, 1921** By **A. J. Harvey**

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 *[Signature]*
G. S. Denny, 1st Lt., CAC.

36. Remarks _____

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

To point of Concentration **Paris Morgue (Seine)** (Name)

Convoyer **Pierre de Montozon** Signature Shipping Officer *[Signature]*
S.D. CAMPBELL **C.M.C.**

38. Received at ~~Point of Operation~~ or Point of Concentration: Date **Paris Morgue, Nov. 2, 1921**

By G.R.S. Representative *[Signature]* **H. L. WARD, Major, QMC**

39. Shipped from ~~Point of Operation~~ or Point of Concentration: Date **Nov. 3, 1921**

To Permanent Cemetery **No. 34, Suresnes, (Seine)** (Name)

Convoyer _____ Signature Shipping Officer *[Signature]*
H. L. WARD, Major, QMC

40. Received: Date **November 3rd, 1921.**

G.R.S. Representative *[Signature]*
R. G. RICHARDS, 1st Lieut. Q.M.C.

41. Reinterred **Suresnes Cemetery.** **November 3rd, 1921.**

42. Grave No. **23.** Section _____

43. Plot **xxxx Block B.** Row **18.**

G.R.S. Representative *[Signature]*
R. G. RICHARDS,
1st Lieut. Q.M.C.

COMPILATION OF DISPOSITION OF REMAINS DATA

File # 85330

*Checked
for concentration
in documents,
#34,
(12/14)
aes*

1. LOCATION INDEX CARD:

(a) Name GROMWELL, Gladys Ser. No. _____
(b) Rank Worker Organization Red Cross ARC
(d) Cause _____
(c) Date of death 1-19-19 of death Drowning.

TYP. HDP
CKR. SP

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

(a) Grave No. 128 Row _____ Plot _____ Sect. _____) TYP. SP
(b) Emerg. Address Mr Seymour Cromwell- 169 E. 74thSt. New York City

111. Files of soldiers dying from contagious diseases;

No Card) CKR. SP

IV. A.G.O. DISPOSITION CARD:

Date of receipt _____

(a) Name _____ (b) Relationship _____
(c) Address no card in file
(d) Remains to be brought to U. S.? _____
(e) To be interred in National Cemetery in U. S. at _____

SP 9/16

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

SEE SUSPENSION REMARKS

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

Examiner's Initials att Date 4-28 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 m Date 4-28 1920

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

No request for disposition

(a) Cancellation memos referred to? Yes - aa

Examiner's Initials aa Date 4-29 1920

COUNTRY FRANCE CEMETERY NO. 119-B SHEET NO. 29

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

Make Form #114

Concentrated into P.A.C. 34
no card in file
March 6-26-22

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 MAY 7, 1920
(letter on _____, 1920

C O R R E C T I O N S

IX.

Change of advice

Action taken

Desires body be

Body to be shipped to

X. SUSPENSION REMARKS:

Form 120, 6-21-20, from Seymour Connell, 169 E. 74th St. N.Y.C. Brother & nearest of kin requests that body remain in Europe - 6-28-20 J.

6-29-20