

To The A. G. O.

2318

394

G.R.S. Form #114-B

MAR 10 1919

nom

DATE 3/13/22

1. NAME CULLEN, Michael F. SERIAL No. 1780040

RANK Pvt. 1cl ORGANIZATION Co. H. 313th Inf.

GRAVE LOCATION Meuse-Argonne Amer. Romagne-sous-Montfaucon, Meuse. 1232 - 4

CTY. NAME DIVISION 79 NUMBER

50 Sec.4. 1

GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION 6 Nantillois Meuse

GRAVE COMMUNE DEPT.

COORDINATES 35NE 280.5N 310.9E

CONCENTRATED TO 3/27/19 50 4 1

DATE GRAVE ROW PLOT

Meuse Argonne 1232

CEMETERY CTY. NUMBER

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

DATE OF DEATH Sept 26, 1918 pfb

STATE FROM WHICH HE CAME Ind

MEDALS OR DECORATIONS AWARDED none

SUBSEQUENT REBURIALS

DATE GRAVE ROW PLOT CEMETERY

Robert O. Davis, Major General, The Adjutant General, By RVS

DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR

M. B. BIRDSEYE 1st Lt., Q.M. Corps, U.S. Army

3. FINAL GRAVE LOCATION 3/13/22 38 12 B

DATE GRAVE ROW PLOT Block

AUDITED BY M.M.G. - 2-14-23

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

AGO MAR 11 1922 WORLD WAR DIV

RECEIVED
AMERICAN GRAVES REGISTRATION SER.
7 1922

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.

MA 16 28
M & R BRANCH
Q.M.C.

M.R. 141-18 below.

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

1780040
Cullen (Surname) *1780040* (Number) *Michael E* (First Name and Initials)

Unknown (Rank) (Organization)

PLACE OF DEATH:

CAUSE OF DEATH: *killed in action*

DATE OF BURIAL: *10/2/18*

PLACE OF BURIAL: *Montfaucon 1 Km due North*
(Give Cemetery, Town and Department). Map reference must specify clearly what map is used.

Argonne Special Map 11:0-79,7

GRAVE NUMBER:

HOW MARKED: Name Peg? *yes* 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:

F. F. Powell (Signature and Rank of Reporting Officer) *Chaplain 3rd Inf.*

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

CODE SLIP



HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	Cullen	3	3-12-0
	michael F.		3-1-2
BURIED	CEMETERY 1230	1	1
	GRAVE 38	2	38
	ROW 12	2	12
	BLOCK B	1	2
STATE	md.	2	24
RANK	Priv. 1st	1	2
DIVISION	79	2	79
ORGANIZATION	313	3	313
ARM	Inf.	1	1
MARTIAL	no	1	2
NAME	Cullen,	3	
	Mr. Patrick		
RESIDENCE	STATE	2	
	COUNTY	2	
	CITY	3	
RELATION	Mother	1	1
OTHER	(no loco @ SM)	1	
ELIGIBILITY	Dead	1	6
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF TRIP	MO.	1	
	YR.	1	
ACCEPTANCE		1	

Father

Auditt
APR 22 1932
MB

m.l.g.

29/514/PJ

|

3

da

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

July 8, 1930

IN REPLY REFER TO QM 293 A-C

Cullen, Michael F. 1232-F

Mr. Patrick Cullen
Westernport, Md.

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

Patrick Cullen

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



WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

June 28, 1929.

Cullen, Michael F.

Mrs. Patrick Cullen,
Western Port,
Md.

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 Pvt. First Class Michael F. Cullen, Co. H, 313th Inf., whose remains are now interred in the Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon, Meuse, France.

Will you please advise this office whether or not he is survived by a 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.

Pvt. Michael F. Cullen was not survived by a widow or mother.
Patrick Cullen (Father)

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

July 8, 1930

Cullen, Michael F. 1232-F

Mr. Patrick Cullen
Westernport, Md.

Dear Sir:

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

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

1. Is the deceased survived by a mother?

If so, give her name and address:

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

If so, give her name and address:

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

If so, give her name and address:

For The Quartermaster General,

Very truly yours,

Enclosures:
Envelope
Act
Amendment

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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

June 28, 1929.

Cullen, Michael F.

Mrs. Patrick Cullen,
Western Port,
Md.

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 Pvt. First Class Michael F. Cullen, Co. H, 515th Inf., whose remains are now interred in the Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon, Meuse, France.

Will you please advise this office whether or not he is survived by a 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 incls.
Act of Congress.
Envelope.

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

In reply refer to:
293.8 C-R #80370

March 12, 1923.

Mr. Patrick Cullen,
Westport, Md.

Dear Sir:

The Quartermaster General desires that you be informed that the permanent grave of the late Private 1/c Michael F. Cullen, Company H, 313th Infantry, is Grave 38, Row 12, Block B, Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon, Department of 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, organization, date of soldier's death and State from which he came. The headstones will be placed at all graves in connection with the improvement work now in progress, as soon as possible and without waiting for special action or request on the part of relatives.

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

MAILED

Very truly yours,

MAR 12 1923

H. J. Conner,
Assistant.

RK
C

G.R.S.

22/1423/ARK

REPORT OF DISINTERMENT AND REBURIAL.

80370

Remains of:

Name: CULLEN Michael F.

Number: 1780840

Rank: Unkn

Organization: Unkn

Disinterment and Reburial made by Group

Unit

Disinterred (Date)

From: (Give complete location)

26th March, 1919

B/A Cemetery Grave No. 6 NANTILLOIS MEUSE

35 NE E 310.75 N 280.25

Reburied (Date)

in: (Give complete location)

1232

26th March, 1919

Grave No. 50 Sect. 4 Plot 1

American B/A Cemetery # 1232

ROMAGNE MEUSE NE 35 E 308. N 285.

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

Buried in uniform. Body badly decomposed. Burial good.

Was one identification tag found upon the body? Yes

What other means of identification were found on the body?

Tobacco and knife left on body.

Note:

If upon disinterment, effects are found upon bodies, they will be promptly sent to the Effects Depot direct as is required by G.O. 170, 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.

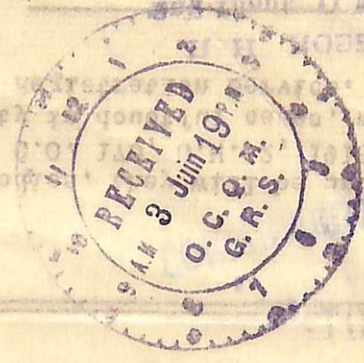
Supervised by: Lt. Gordon

R. H. ROSENTHAL
2nd Lieut. O.M.C.U.S.A.

G.O. Group _____ Unit _____

Report of: _____

On _____ at _____
I, _____, a _____
of _____, do hereby certify that _____
is/are _____



Note: _____

1535

REPORT OF DISMEMBERMENT AND REBURYING

Concentration,

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

Place Romagne 1232.

REPORT OF DISINTERMENT AND REBURIAL

Date Mar 13, 1922.

1. REMAINS OF CULLEN, Michael. F. SERIAL NUMBER 1780040
RANK Pvt. 101 ORGANIZATION Co. H. 313th Inf.

2. Disinterred (date): Mar 13, 1922 From (give complete location): gr 50, sec 4, plot 1. Cty. 1232.

By: Group Mai re. Unit sec 1

3. Reburied (date): March 13, 1922, Meuse Argonne Cty # 1232, MAXX Gr. 38, Bl. B, Row 12 In (give complete location): MAXX Gr. 38, Bl. B, Row 12

By: Group Reburial S Unit Unlined casket Nature of reburial Nature of reburial

4. Report as to nature of original burial and condition of body upon disinterment: wooden box and burlap and U.S. uniform. badly decomposed,

5. (a) Identification tags: Buried with body? yes. On grave marker? yes. peg.
(b) Other means of identification found upon disinterment, and general remarks: tag on body illegible from corrosion. collar ornament Co. H. 313th Inf.

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

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

(b) Weight (estimated) do

(c) Hair—Color do

Quantity do

Characteristics do

(d) Hair on face—Color do

Location do

Quantity do

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

(f) Wounds or missing parts (received at time of casualty) left femur and right humerus fractured.

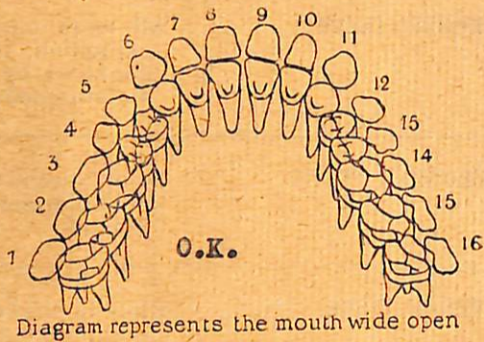
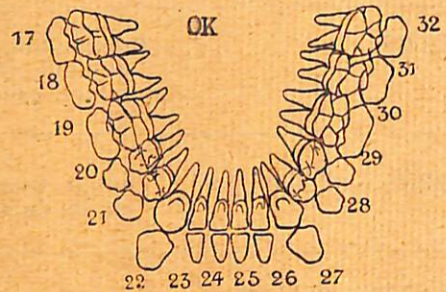


Diagram represents the mouth wide open



7. Disinterment supervised by Eduard Maire
E. Maire

Approved: R. Richards
R. Richards, 1st Lt. Q.M.C.
(Title)






8. Reburial supervised by W.B. Shields
W.B. Shields

Approved A.E. Dewey
A.E. Dewey, 1st Lt. Q.M.C.
(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.



To be prepared in triplicate.

DATE Mar. 13, 1922

^{non} 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 CULLEN Michael F.

10. Name _____

2. No. 1780040

11. No. _____

3. Rank Pvt. 1cl

12. Rank _____

4. Org. Co. H. 313th Inf.

13. Org. _____

5. D.D. Sept. 26th. -18

14. (a) D.D. _____

6. C.D. KIA

(b) D.B. None

Discrepancy found upon disinterment

7. Grave No. 50 Sec. 4

15. Grave No. _____ Sec. _____

8. Plot 1 Row _____

16. Plot _____ Row _____

9. _____

17. None

18. Cemetery Meuse-Argonne Amer.

19. Commune or town Romagne-sous-Montfaucon

20. Dept. or County Meuse.

21. Country France

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

1232 - 4

23. Disinterred (Date) Mar. 13, 1922

By Edmo Maire

24. Inscription on grave marker:

Name CULLEN, Michael,

Serial No. 1780040

Rank Pvt.

Organization Co. H. 313th Inf.

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

G.A. Brown
Signature Junior Technical Assistant

G.A. Brown.

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).

Collar ornament, Co. H. 313th Inf.

27. Condition of body Badly decomposed.

28. Nature of burial Wooden box, U.S. uniform, burlap.

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? None

30. Body prepared and placed in casket: Date Mar. 13, 1922 By Edmo Maire

31. Casket sealed by Edmo Maire

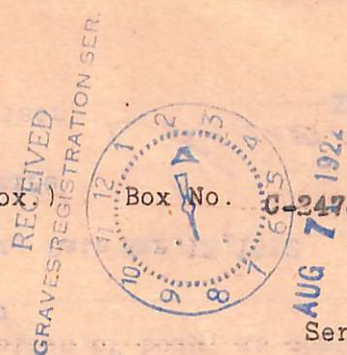
Signature of Embalmer, (Supervisor

Edmo Maire

AUDITED BY

SHIPMENT. (Show actual marking of box)

Box No. **C-24782**



32. Designation of body:

Name **Michael CULLEN.**

Serial No. **1780040**

Rank **Pvt.**

Organization **Co.H. 313th Inf.**

33. Consigned to:

Name of Permanent Cemetery **Meuse-Argonne Amer. Cty. 1232, Romagne-sous-Montfaucon, Meuse.**

34. Casket boxed and marked (Date)

Mar. 13, 1922

By **Edme Maire**

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

Signature of G.R.S. Inspector

R. Richards, 1st Lt. QM.

36. Remarks

None

37. Shipped from point of Operation: (Date)

Mar. 13, 1922

To point of Concentration **Romagne Morgue**

Convoyer **H.E. Dunton**

(Name

Signature Shipping Officer

G.P. Spann, Capt. QM. JD

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 **Meuse Argonne Cty #1232, March 13, 1922.**

(Date

42. Grave No. **38**

Section

43. **Block** **B**

Row **12**

G.R.S. Representative **A.E. Dewey, 1st Lt. QM.**

ccg

Cullen ,

Michael F

1,780,840 ✓

(Surname.)

(Christian name in full.)

(Army serial number.)

Pvt. ~~K~~ Co H , 313th Inf.

(Rank and organization.)

State your relationship to the deceased

Father

Do you desire the remains brought to the United States?

no

(Yes or no.)

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

(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:

the body is all right where it is at

(Name of person to receive remains)

(Express office.)

(Telegraph office.)

(Number and street.)

(City or town.)

(State.)

(Sign here)

Patrick Cullen

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

Orig letter sent on Mar 29, 1919 to
Mr. Patrick Cullen,
Westernport, Md.

checked AM

3-17-21

Drawn by PF

3-16-21

1232-Sub 4-36

COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

File #80370

(a) Name *CULLEN, Michael F* Ser. No. *1780040*

(b) Rank *Pvt. 1/c* Organization *Co. H, 313th Infantry*

(c) Date of death *9/26/18* (d) Cause of death *K/A*

TYP. *DMA*
CKR. *B. J.*

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

(a) Grave No. *50* Row *-* Plot *1* Sec. *4* TYP. *DMA*

(b) Emerg. Address *Patrick Cullen (father) Westernport, Md.*

III. ~~Files of soldiers dying from contagious diseases~~

CKR. *B. J.*

IV. A. G. O. DISPOSITION CARD:

Date of receipt _____

(a) Name *Patrick Cullen* (b) Relationship *Father*

(c) Address _____

(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 *PF* Date *3-16-*, 1920.

V. A. G. C. CORRESPONDENCE shows communication from _____

_____, dated _____

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

No correspondence

Examiner's Initials *PF* Date *3-16-*, 1920.

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

No request for disposition

(a) Cancellation memos referred to? *Yes PF*

Examiner's Initials *PF* Date *3-16-*, 1920.

COUNTRY *FRANCE* CEMETERY No. *1232-Sec. 4* SHEET No. *36*

G. R. S. Form No. 115
Amended April 6, 1920

3-7729

FORM 115 - A COMPLETED

CARDED

Make Form No. 114

MAR 28 1921 H.S.

checked
3-23-21

COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD: File #80370 (3-23-21) C

(a) Name CULLEN, Michael F Ser. No. 1780040
 (b) Rank Pvt. 1/2 Organization Co. H, 313th Infantry } TYP. DMA
 (c) Date of death 9/26/18 (d) Cause of death K/A } B.J.

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

(a) Grave No. 50 Row - Plot 1 Sec. 4 TYP. DMA
 (b) Emerg. Address Patrick Cullen (father) Westernport, Md.

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

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

A.S.O. Card -
Patrick Cullen (father) - address omitted -
requests body not returned to U.S.
AP. 3/28/21

V. Following advice forwarded to Europe by { cable on _____, 192
 { letter of transmittal on MAR 24 1921, 192

Sec. #4
Cullen, Michael F. **Par. 2 Not to be returned.** (L.S.)
 VI. Form 115 forwarded to G. R. S., Hoboken, N. J., APR 8 1921, 192

VII. SUPPLEMENTARY REQUESTS.

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

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

COUNTRY _____ CEMETERY No. _____ SHEET No. _____

80370

GRAVE LOCATION RANK

LOCATION OF THE AVE OF

Cullen **1780840** **Michael F.**
(Surname). (Number). (First Name and Initials).

..... **Unknown**
(Rank). (Organization).

PLACE OF DEATH:

CAUSE OF DEATH: **Killed in action**

DATE OF BURIAL: **10/2/18**

PLACE OF BURIAL: **Montfaucon 1Km due North**

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

Argonne Special Map 11.0-79.7

GRAVE NUMBER:

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

NAME: **Montfaucon (Meuse)**

238 DIST. **35 SE** COORD **E. 311**

NEAREST RELATIVE: **N. 279.7**

ADDRESS:

RELATIONSHIP:

REPORTED BY:

F. F. Powell, Chaplain 313th Inf.
(Signature and Rank of Reporting Officer).

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

5 NOV 1918

Communal List No. 238403
Daily Report No. _____

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

G.R.S. Form 8-W-A-0
Information requested of A.G.O. Date 3/17/21.

File No. Requisition. (SPECIAL)

From: The Quartermaster General, U. S. Army, (Cemeterial Division)
To: The Adjutant General of the Army, 6th & B Sts., N.W., Washington, D.C.
Subject: Information required for G.R.S.

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

NOTED FORM 115
DATE 3-23-21

- a. Surname Gullen ✓
- b. Christian name Michael
(Michael F.) ✓
- c. Serial Number 1780049
(1780840) ✓
- d. Organization Co. H, 313th Inf. ✓
- e. Rank Pvt. 1st. ✓
- f. Date of death 9/26/18 ✓
- g. Cause of death K/A ✓
- h. Authority (C.O.#)
- i. Emergency address Patrick Gullen (father)
- j. Relationship Westernport, Md.

BODY DESCRIPTION
(See page #2 of the Service Record)

DENTAL CHARTS
(See Physical report of examination prior to enlistment)

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

Adjustment Made

APR 1 1921

File No. 80370

a. Strike out teeth missing

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

CW

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

BY:

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

CHEMISTRY NO: 1232 - Sec. 4.
SHEET NO: 36
TYPED BY: JBC

Rec'd World War Div.
MAR 19 1921

S/713/AML

Donnelly - 4A - ERloc. 3/21/21

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

G.R.A. Form 2-1921
Information requested of A.E.G.

DATE 2/12/21
(SPECIAL)

To: The Quartermaster General, U. S. Army, (Central Division)
The Adjutant General of the Army, 6th & B Sts., H.W. Washington, D.C.
Subject: Information requested for G.R.A.

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

- 1. Name of person
- 2. Organization
- 3. Grade
- 4. Date of birth
- 5. Date of death
- 6. Place of birth
- 7. Authority (G.O.#)
- 8. Emergency address
- 9. Relationship

ADJUSTMENT MADE
MAR 2 1921
RECEIVED

ADJUSTMENT MADE
MAR 2 1921
RECEIVED

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