

G.R.S. Form #114-B CAUSE OF DEATH *Died of wounds*

FULL NAME..... ~~HAVEN, E.D.~~ *OK De Haven, Ernest*

RANK..... *Pvt. OK* SERIAL..... 156226 *OK*

DIVISION & ORGANIZATION..... *Co.A. 2nd Engineers 2nd Div. OK*

DATE OF DEATH..... *7-20-18 OK*

STATE FROM WHICH HE CAME..... *Idaho*

MEDALS OR DECORATIONS AWARDED..... *none*

FINAL GRAVE LOCATION..... *10-18-1922* *68* *3* *A*
Date Grave Row Block
1764
Cemetery *9186-3* *5/26/77*

A. G. O.
MAY 9 1927
WORLD WAR DIV.

248

241

CODE SLIP



HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>De Haven,</i>	<i>DE H</i>	3	<i>458</i>
<i>Ernest</i>	CEMETERY <i>1764</i>	1	<i>4</i>
BURIED	GRAVE <i>68</i>	2	<i>68</i>
	ROW <i>3</i>	2	<i>03</i>
	BLOCK <i>a</i>	1	<i>1</i>
STATE	<i>Idaho</i>	2	<i>12</i>
RANK	<i>Pvt</i>	1	<i>2</i>
DIVISION	<i>2</i>	2	<i>02</i>
ORGANIZATION	<i>2</i>	3	<i>002</i>
AFM	<i>Engrs</i>	1	<i>4</i>
MARTIAL <i>(Father)</i>	<i>Remarried</i>	1	<i>3</i>
NAME <i>De Haven</i>		3	
<i>James</i>	STATE	2	
RESIDENCE	COUNTY	2	
<i>Grangerville, Idaho</i>	CITY	3	
RELATION <i>fm</i>	<i>Mother</i>	1	<i>1</i>
OTHER <i>no</i>		1	
ELIGIBILITY <i>no</i>	<i>Head</i>	1	<i>6</i>
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE		1	

AUDITED

AUG 18 1902

RS

la

Mcf

29/514/PJ.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

July 9, 1930.

DeHaven, Ernest 1764 F

Mr. James DeHaven,
Grangeville, Idaho

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:

No

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

If so, give her name and address:

No, His widow is married

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. He is survived by 2 sisters, one brother, 3 nieces and 3 nephews

For The Quartermaster General,

Very truly yours,

Enclosures:
Envelope
Act
Amendment



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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

DeHaven, Ernest
1764

Aug. 23, 1929.

Mr. James DeHaven,
Grangeville, Idaho.

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated June 13, 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?

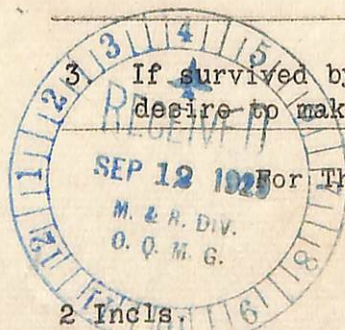
Write answers in space below

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?

No. His widow,
Elizabeth DeHaven
is now the wife of G. Smith.
He is not survived
by a mother or
stepmother
James DeHaven



2 Incls.
Act of Congress
Envelope

For The Quartermaster General,

Very truly yours,

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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
DeHaven, Ernest

June 13, 1929.

Mr. James DeHaven,
Grangeville, Idaho.

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 Private Ernest DeHaven, Co. A, 2nd Engineers, whose remains are now interred in the Aisne Marne American Cemetery, Belleau, Aisne, 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,

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

2 incls.
Act of Congress.
Envelope.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

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If so, give her name and address:

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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.

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WASHINGTON

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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.

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OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

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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.

OUT CHARGE SHEET

File No.

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

De Haven **(None Given)** **Ernest**
(Surname.) (Number.) (First Name and Initials.)

Private **Co. A. 3rd Engineers**
(Rank.) (Organization.)

DATE OF BURIAL **20 July 1918**

American Section, Cemetery La Ferte
PLACE OF BURIAL **sur Jouarre**
(Give Cemetery, Town and Department.) Map reference must specify clearly what map is used.

La Ferte sur Jouarre.

France

GRAVE NUMBER **235**

HOW MARKED: Name Peg? Cross? **Yes**

Headboard? Bottle?

IDENTIFICATION TAGS: **Yes**

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:

REPORTED BY: **William H. Blanchard**
Major M.C. (NG) U.S.A.
MAJOR Med. Corps (NG) U.S.A.

This portion to be forwarded to Adj. Gen'l., G. H. Q., A. E. F.

FILE

43/91

X

X

18/3/18

FILE

INSTRUCTIONS - This document is to be used as a guide only. It is not intended to be used as a legal document. It is subject to change without notice.

How to use
This document
Date of issue
For more



Received
A.G.O.
28 JUL 1918
G.H.Q.A.E.F.

File No.

OUT-CHARGE SHEET

Date charged out

Charged to

Remarks:

INSTRUCTIONS.—If a document is taken from the files, charge it to the person to whom delivered. Make charge sheet in duplicate. Place one in record file and one in suspended file used for follow up on "charge out sheets."

Q. M. C. Form 492.
Revised July 26, 1918.

3-6787

To be prepared in triplicate.

DATE November 17-21

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 De Haven, Ernest
~~HAVEN, E.D.~~

2. No. 156226

3. Rank Pvt.

4. Org. Co.A., 2nd Engrs.

5. D.D. 7-20-18

6. C.D. D/W

10. Name E De Haven

11. No. _____

12. Rank _____

13. Org. _____

14. (a) D.D. _____

(b) D.B. _____

Discrepancy found upon disinterment

7. Grave No. 158 Sec. Amer

8. Plot _____ Row 4

9. _____

15. Grave No. _____ Sec. _____

16. Plot _____ Row _____

17. _____

18. Cemetery French.Mil

20. Dept. or County S-et-M

22. G.R.S. Hdqrs. Code No. 241

19. Commune or town La Ferte-sous-Jouarre

21. Country France.

23. Disinterred (Date) Nov. 17-21

By D. Bachman

24. Inscription on grave marker:

Name E.D.Haven

Rank Pvt.

Serial No. _____

Organization Co.A.2nd Engrs.

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).
Nude wooden box.

27. Condition of body Badly decomposed recognition impossible.

28. Nature of burial Nude in wooden box. Found under cross.

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? Tag on body reads E. De Haven

30. Body prepared and placed in casket: Date Nov. 17-21 By D. Bachman

31. Casket sealed by D. Bachman

11/27
[Signature]
 Signature of Embalmer, (Supervisor) D. Bachman

SHIPMENT. (Show actual marking of box.) Box No. C-16777

32. Designation of body:

Name E.D. HAVEN

Serial No. 156226

Rank Pvt.

Organization Co.A., 2nd Engrs.

33. Consigned to: Officer in Charge

Name of Permanent Cemetery Aisne-Marne American Cty. #1764, Belleau (Aisne).

34. Casket boxed and marked (Date)

Nov. 17-21

By D. Bachman

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.P. Glandon Capt. QMC.

36. Remarks

37. Shipped from point of Operation: (Date)

November 17-21

To point of Concentration

Aisne Marne Am. Cty # 1764 Belleau Aisne

Convoyer

James Flynn

Signature Shipping Officer

(Name

J.P. Glandon Capt. QMC.

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

Nov. 19 '21

G.R.S. Representative

A.B. Kaess.

41. Reinterred Oct. 18, 1922, Aisne-Marne Cem. 1764, Belleau (Aisne)

(Date

42. Grave No.

68

Section

43. Block

A

Row

3

G.R.S. Representative

W.D. Cleary

Lt., Chaplain, USA.

REPORT OF DISINTERMENT AND REBURIAL

Date Nov. 17, 21.

1. REMAINS OF Ernest De LAVERGNE, E. D. SERIAL NUMBER 156226

RANK Pvt. ORGANIZATION Co. A., 2nd Engrs

2. Disinterred (date): Nov. 17 21 From (give complete location):
Gr. 158, Sec. Amer., Row 4, Com. 241.

By: Group 3 Unit F. S. 3

3. Reburied (date): Oct. 18, 1922 In (give complete location): Gr. 68, Block A, Row 3, Aisne-marne, Belleau (Aisne)

By: Group re-burial group Unit _____ Nature of reburial Lined casket

4. Report as to nature of original burial and condition of body upon disinterment:
Nude. Wooden box.
Badly decomposed; recognition impossible

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

(b) Other means of identification found upon disinterment, and general remarks:
Found under cross. None.

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 Impossible to determine

Quantity Impossible to determine

Characteristics Impossible to determine

(d) Hair on face—Color Impossible to determine

Location Impossible to determine

Quantity Impossible to determine

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

3, 4, MBD. 5 MAD.
7, 8, 10 Cement Fil.

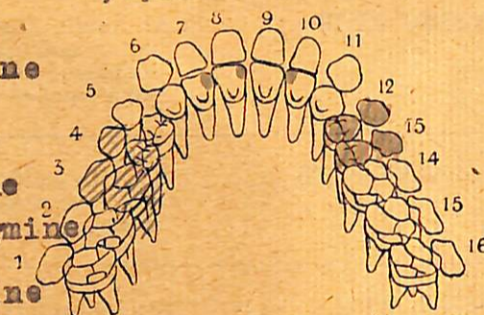
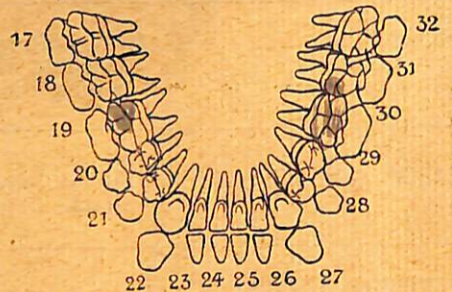


Diagram represents the mouth wide open
12, 13 Gold Fil. 9 Peg Tooth



(f) Wounds or missing parts (received at time of casualty) 30 decayed. 19, 31 Sil. F.

Left femur lower third fractured; left tibia fibia amputated upper third.

7. Disinterment supervised by D. Bachman
D. Bachman.

Approved: J. P. Glandon
J. P. Glandon, Capt. QMC.
(Title)






8. Reburial supervised by L. D. Hays
L. D. Hays

Approved: W. D. Cleary
W. D. Cleary
(Title) Lt., Chaplain, USA.

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

Enter information, as noted below, on reverse side of sheet in the *corresponding numbered space*. This form is supplemental to and is to be forwarded with G. R. S. Form 1-a, reporting reburial locations. To be used in answer to 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 :	 <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 GOLD 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 GOLD FILLING GOLD FILLING</p>
CARIES (CAVITIES)	Outline location and size of cavity, shade in thus :	 <p style="text-align: center;">CAVITY DECAYED 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.

6359

COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

File # 10680

(a) Name DE HAVEN, Ernest Ser. No. 156226
 (b) Rank Pvt. Organization CoA, 2nd Engrs.
 (c) Date of death DWRIA 7/20/18 (d) Cause of death DWRIA

TYP. EK
 CKR. 3/1

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

(a) Grave No. 158 Row 4 Plot -- Sec. Amer. TYP. EK
 (b) Emerg. Address Mrs. Annie De Haven Keith (wife remains)

III. Files of soldiers dying from contagious diseases -- CKR. 3/1

IV. A. G. O. DISPOSITION CARD:

Date of receipt none

(a) Name Mrs. Annie E. De Haven (b) Relationship wife
 (c) Address 413 N. 16th St., Boise, Idaho
 (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 H. P. Date 1-10, 1920.

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

(Mrs) Annie E. De Haven
413 N. 16th St., Boise, Idaho, dated August 10, 1919.
 confirming request in Par. IV., item (g), above, or requesting that the body of her
husband be left in France, in one of the
National Cemeteries.

Examiner's Initials H. P. Date 1-10, 1920.

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

No request for disposition
 (a) Cancellation memos referred to? Yes all

Examiner's Initials EM Date 1-11-21, 1920.

COUNTRY France CEMETERY No. 241 SHEET No. 78

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

3-7729

CARDED

Make Form No. 114

FORM 115 - A COMPLETED

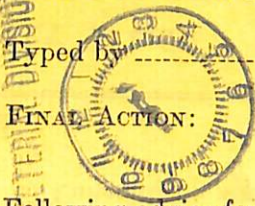
MB 2-10-21

checked
1-11-21
EM

Reviewed 4/27/21 EP

RECEIVED

VII. G. R. S. Form No. 114 made _____, 1920. APR 13 1921
Typed by _____, Checked by _____, 1920.



FEB 14 1921

Cemeterial Division
Overseas Project Sub-Section

VIII. FINAL ACTION:

Following advice forwarded to Europe by { cable on _____, 1920
letter on _____, 1920

JAN 25 1921

Par. #2, Not To Be Returned

##

IX.

CORRECTIONS

CHANGE OF ADVICE.

ACTION TAKEN.

Desires body be _____

Body to be shipped to _____

FORM 115 RETURNED BY HOBOKEN - BODY
TO REMAIN IN EUROPE. 5/5/21 EP

X. SUSPENSION REMARKS: 3/7/21 Form 120. Mrs. Annie E. DeHaven, Keith, widow,
of ~~413 N. 16th St., Boise, Idaho,~~ ^{Kooskia, Idaho,} requests body ~~remain~~ remain in Europe.

H-3/30/21AW.

4/12/21 Hoboken advises Widow
her request for body to
remain in Europe will be
Complied with. 4/27/21 EP.

COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

File # 10680

(a) Name DE HAVEN, Ernest Ser. No. 156226 - ob - 2-19-21 TYP. EK
 (b) Rank Pvt. Organization CoA, 2nd Engrs.
 (c) Date of death DWRIA 7/20/18 Cause of death - 2-19-21 DWRIA

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

(a) Grave No. 158 Row 4 Plot -- Sect. Amer. TYP. EK
 (b) Emerg. Address --

III. Files of soldiers dying from contagious diseases -- CKR 3/5

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

Also car. - Mrs. Annie E. De Haven (wife)
413 N. 16th St., Boise, Idaho, 8/10/19 - requests
body left in France.

AP. 2/10/21

V. Following advice forwarded to Europe by - (cable on 192)
 (letter of transmittal on JAN 25 1921)

Par. #2, Not To Be Returned HA

VI. Form 115 forwarded to G.R.S. Hoboken, N.J. FEB 11 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. APR 18 1921 192

COUNTRY France CEMETERY NO. 241 SHEET NO. 78
 G.R.S. FORM 115-A August, 1920
 S-666/MB

WB 2-10-21

gc

DATE _____

1. NAME ~~HAVEN, E.D.~~ *De Haven, Ernest* SERIAL No. 156226

RANK *Pvt.* ORGANIZATION *Co. A., 2nd Engrs.*

GRAVE LOCATION *French Military Cty. La Ferte-sous-Jouarre (S-et-M) 241*

158 Amer. Sec. 4
GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION *158 Fr. Mil. Cem. #241 La Ferte-sous-Jouarre*
GRAVE COMMUNE DEPT *(S-&-M)*

COORDINATES _____

CONCENTRATED TO _____
DATE GRAVE ROW PLOT

CEMETERY CTY. NUMBER

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

Information in paragraph 2 taken from Form 1-A

SUBSEQUENT REBURIALS _____
DATE GRAVE ROW PLOT CEMETERY

DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR *G.F. Waugh*

G.F. WAUGH, Major, Inf., Supervisor, Area 2.

3. FINAL GRAVE LOCATION *Oct. 18, 1922.* 68 3 *Block A*
DATE GRAVE ROW PLOT

Aisne-Marne Amer. #1764, Belleau (Aisne).
CEMETERY

Duplicate

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.

April 12th, 1921.

File No. 293.8 Gen. Div., Corr. Br.
(DE HAVEN, Ernest)

Mrs. Annie De Haven Keith,
Kootkia, Idaho.

Dear Madam:-

Receipt of shipping inquiry dated March 7th, 1921, relative to the remains of your husband, the late Private Ernest DeHaven, Serial Number 156226, Company A, 2nd Engineers, is acknowledged.

In accordance with your desire, the remains will be left in France for burial in a permanent American Cemetery. You are assured that the grave site will always be maintained as a fitting memorial of the late soldier's sacrifice.

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

By authority of the Quartermaster General:

R. E. SHANNON,
Captain, Q.M. Corps,
Officer in Charge.

BY:

F. C. PALLAS,
Executive Assistant.

[Handwritten Signature]
MAILED
APR 16 1921
COR. BR. G. R. S.

Noted on Form No. 115
Date 4/27/21 *[Handwritten Initials]*

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

CEMETERIAL DIVISION

Hoboken, N. J.

FEB 23 1921

FROM: Chief, Cemeterial Division, O. Q. M. G.

To: Mrs. Annie E. DeHaven, ^{Keith} 413 N. 16th St., Boise, Idaho.

SUBJECT: Remains of Pvt., Ernest DeHaven, Ser. No. 156226, Co. A, 2nd Engrs.

The records of this office show that you have requested that the body of the above-named soldier remain in Europe.

ECS

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

The nearest next of kin may choose between, (1) return of the body to any address in the United States; (2) interment in the National Cemetery, Arlington, Va., or any other National Cemetery; or (3) body to remain in Europe.

By authority of the Quartermaster General.

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

If all blank spaces below are not filled out, it will necessitate a return of this paper and a SERIOUS DELAY in the shipment of this body. State in each case WHETHER or not these relatives are STILL LIVING.

Was soldier married? *Yes*

NAME OF—	NO. AND STREET.	TOWN.	STATE.
Soldier's widow	<i>Mrs. Annie DeHaven Keith</i>	<i>Kooskia</i>	<i>Idaho</i>
Soldier's children. (Name oldest first.)	1 _____	_____	_____
	2 _____	_____	_____
	3 _____	_____	_____
Father	<i>James DeHaven</i>	<i>Drayville</i>	<i>Idaho</i>
Mother	<i>Deceased</i>	_____	_____
Brothers. (Name oldest first.)	1 <i>John DeHaven</i>	_____	_____
	2 _____	_____	_____
	3 _____	_____	_____
Sisters. (Name oldest first.)	1 <i>Miss Mary DeHaven</i>	<i>Pollock</i>	<i>Idaho</i>
	2 <i>Miss Louise DeHaven</i>	<i>Lewis Hall</i>	<i>Lewiston Idaho</i>
	3 _____	_____	_____

Date *March 7, 1921*

Signature *Mrs. Annie DeHaven Keith*

Address *Kooskia, Idaho*

Relationship *Widow*

March 7, 1921

I, the undersigned, am the widow and nearest living next of kin of the within-named soldier, and desire the following disposition of his remains, viz: (Strike out all except the one showing the disposition desired.)

1. As stated on first page of this sheet.

2. To be returned to the U. S. and shipped to _____ (Name.) _____ (R. R. station.) _____ (State.)

3. To be returned to the U. S. and buried in _____ Cemeterial National Cemetery.

4. To remain in Europe, for burial in a permanent American Cemetery. Overseas Project Sub-Section

RECEIVED
APR 13 1921
Cemeterial National Cemetery
Overseas Project Sub-Section

Signature Mrs. Annie De Haven Keith

INSTRUCTIONS FOR FILLING OUT.

1. If definite instructions for the disposition of a body are not received from the next of kin within two weeks of its arrival at New York, burial will be made without further notice in the World War Section of Arlington National Cemetery.
2. The transfer of bodies will be made ENTIRELY at Government expense.
3. This paper MUST BE SIGNED BY THE PERSON WHO IS THE NEXT of kin IN THE ORDER shown in the square on the other side of this sheet.
4. This paper must be returned showing the name and address of each of the nearest next of kin in the spaces provided therefor on the other side of this sheet.
5. 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.
6. If YOU are not the nearest next of kin, please ask the nearest next of kin, if living near you, to fill out this paper.
7. If YOU are not the nearest living next of kin and do not know who or where the nearest relatives are, please fill out this paper AT ONCE and mail to this office.
8. You are requested to return this paper AT ONCE in order to avoid delay in the case of this body.
9. Use the inclosed envelope—pay no postage.

NOTE.—INSTRUCTIONS FOR THE DISPOSITION OF REMAINS will be issued by this office upon the properly executed authority of the legal next of kin in each case. The widow is the first person having disposition of the remains of her husband. Should there be no widow or children, the father and, in turn (upon his decease), the mother, is the proper authority. The brothers, in order of seniority, and then the sisters in order of seniority, if there are no brothers, rank next in authority to decide. Under an opinion rendered by the Judge Advocate General of the Army, if a widow has remarried she forfeits her right, and the next of kin as given above will make decision.

U.S. GOVERNMENT PRINTING OFFICE: 1918

AMERICAN DEPARTMENT

547-18 878

Name De Haven 156226, Ernest

Rank Pvt. Co. A {Corps} 2nd Engrs.
{Regt.}

Date of Death

Place

Cause

Date of Burial 7/20/18

Grave No. 235

Cemetery No. 21 (See reverse side.)

Identified by { Tag } 24 Am Sec
{ Papers }
{ Clothing } La Grute

List of Effects

Field Record Made by I. G. MYERS,
2nd LIEUT., Q. M. CORPS, U. S. A.

Group-1 Company 303 Graves Registration Service

For additional data use reverse side

17 AUU R. 00

AUG 7 1918

LOT No.

American Section, French Civilian
Cemetery, LaFerte, Seine-et-Marne.

1/20/10

225

(see reverse side)

Identified by [unclear]

List of [unclear]

Field [unclear]

Group 1

For additional data see reverse side

GRAVE LOCATION BLANK

10680

LOCATION OF THE GRAVE OF

De Haven (None Given) Ernest.

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

Private Co. A. 2nd Engineers

(Rank.) (Organization.)

20 July 1918

DATE OF BURIAL

American Section, Cemetery La Ferte
PLACE OF BURIAL sur Jouarre

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

La Ferte sou Jouarre.

France

24

GRAVE NUMBER 235

HOW MARKED: Name Peg? Cross? Yes

Headboard? Bottle?

IDENTIFICATION TAGS: Yes

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:

REPORTED BY: William H. Blanchard

Major M.C. (NG) U.S.A.

(Signature and Rank of Reporting Officer) MAJOR Med. Corps (NG) U.S.A.

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

31 JUL 1918

2nd card

Dehaven,

(Surname.)

Ernest

(Christian name in full.)

156,226

(Army serial number.)

Pvt

Co. A

2nd Engrs

(Rank and organization.)

State your relationship to the deceased

Wife

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)

Mrs. Annie E. DeHaven

413 N. 16th St.

Boise

Idaho.

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

3-6713

Wm. H. P.

14177

1-10-21

UL 3



1/11/21

Drawn by H. P.

241 - 7/8

1 - 10 F 21

checked
1-11-21
H.M.

10680

413 N. 16th St.,
Boise, Idaho.
August 10, 1919.

FILE

War Department,
The Adjutant General's Office,
Washington, D.C.

Sirs:

Some months ago I returned the card sent to me, with the information concerning the permanent disposition of the body of my husband, Private Ernest Mc Haven, Co. A, 2nd Engineers. I asked that the body be returned to Grangerille, Idaho in care of his father, James Mc Haven. But if it is not too late or impossible to change, I wish that the body might be left to rest in France in one of the National Cemeteries being planned there. The army serial number was 156226.

Thanking you for this courtesy,

Enlisted Division
21 1919

I am

Very respectfully,

(Mrs.) Annie E. Mc Haven

REC'D
ENLISTED DIVISION

File Rec Sec
Burial

Received & Co. AUG 18 1919

m L W
8/5/19



AUG 18 1919

A. G. O.

2 AGO 293.8 De Haven, Annie

293.8 (DeHaven, Ernest) DRD
Burial Records Section.

MLW

Aug. 25, 1919.

Mrs. Annie E. DeHaven,
413 B. 16th St.,
Boise, Idaho.

Dear Madam:-

Replying to your letter of August 10th, in which you state that you have changed your mind, and now desire the remains of your husband, Pvt. Ernest DeHaven, to remain in France, I beg to enclose herewith the old card previously filled out by you, together with a new one, which you will carefully complete, stating your latest wishes in the matter, and return to this office for file.

It is desired to express to you the sincere sympathy of the Department on account of the great loss you have sustained in the death of your husband, and to commend you for the contribution you have made to the cause for which this soldier gave his life.

F. O. Harris
Per

Very respectfully

✓
2 encls.

✓
file
MLW
8/25/19

