

266

To The A. G. O.

11448

G.R.S. Form #114-B

SEP 1 - 1926

gc

DATE 12/16/21

1. NAME ~~DENOUDEN~~, Dirk *den Ouden* All forms from AGO spell name as *den Ouden* SERIAL No. 3141971

RANK Pvt. ORGANIZATION Co.A., 126th Inf.

GRAVE LOCATION Meuse-Arg. Amer.Cty.Romagne-sous-Montfaucon (Meuse) 1232. Sec.40 & DIVISION 32 CTY. NAME NUMBER

178 Sec.40 GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION 15 BAC Montfaucon Meuse

GRAVE COMMUNE DEPT.

COORDINATES Verdun 358E 275.8N 309.5E

CONCENTRATED TO 5/7/19 178 Sec 40 4 DATE GRAVE ROW PLOT

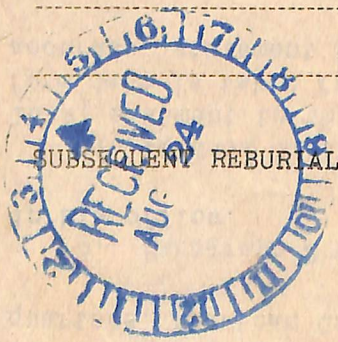
Meuse Argonne 1232 CEMETERY CTY. NUMBER

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

Tag on body and cross data f-1/pfb

DATE OF DEATH Oct 4, 1918

STATE FROM WHICH HE CAME Mont



SUBSEQUENT REBURIALS DATE MEDALS OR DECORATIONS AWARDED none found GRAVE ROW PLOT CEMETERY

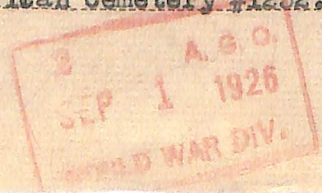
DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR *M. B. Birdseye* M. B. BIRDSEYE 1st Lt., Q.M. Corps, U.S. Army

3. FINAL GRAVE LOCATION 12/16/21 23 19 Block G. DATE GRAVE ROW

Meuse-Argonne American Cemetery #1232. Romagne-sous-Montfaucon. Meuse. CEMETERY

ADMITTED BY 4/6/23 S&B



Robert O. Davis, Major General, The Adjutant General, By SEP 3

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.

Received
SEP 4 26
M & R BRANCH
O. Q. M. G.

R

011. 12/12/18 jmj

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Dink *3141471* *Den Ouden*
(Surname). (Number). (First Name and Initials).

Pvt. Co. A. 176 Inf.
(Rank). (Organization).

PLACE OF DEATH: *1217 F.H. Bur. Chelmsford*

CAUSE OF DEATH: *to S.H. right leg*

DATE OF BURIAL: *Oct. 5, 1918*

PLACE OF DEATH: *A. E. F. Cemetery*
(Give Cemetery, Town and Department). Map reference must specify clearly what map is used.

Just East of Bur.
Chelmsford

GRAVE NUMBER: *15*

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: *Mr. Antonio Denouden,*

ADDRESS: *Putten, Elderland, Holland*

RELATIONSHIP: *Father.*

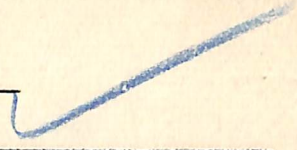
REPORTED BY:

James C. Williams
(Signature and Rank of Reporting Officer).

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

No green carbon

CODE SLIP



HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	den Ouden	3	45 ⁰ 4
	Dirk		
BURIED	CEMETERY 1232	1	1
	GRAVE 23	2	23
	ROW 19	2	19
	BLOCK G	1	7
STATE	Mont	2	31
RANK	Put	1	2
DIVISION	32	2	32
ORGANIZATION	126	3	126
ARM	Inf	1	1
MARITAL	Father	1	2
	no		lm
NAME	den Ouden	3	
	Anton		
RESIDENCE	STATE	2	
	COUNTY	2	
	CITY	3	
	Holland		
RELATION	Mother	1	1
OTHER	Father	1	1
ELIGIBILITY	Dead - before 1918	1	6
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE		1	
29/514			

AUDITED

APR 23 1932

Rs

mof

PER

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

DATE 1/20/30

NAME RANK SERIAL ORGANIZATION DATE OF DEATH
DEN OUDEN Pvt. 3141971 Co. A 126th Inf. Oct. 4/18

STATE Montana CTY. NO. #1232 GRAVE 23 ROW 19 BLOCK G

		<u>Check relationship</u>	<u>Living - Deceased</u>	
		MOTHER	: : ✓ : :	<i>C 95005</i> <i>123 R</i> <i>Father Anton den Ouden</i> <i>Hoaglandsche, weg 36.</i> <i>Amersfoort</i> <i>Holland (Netherlands)</i>
		STEPMOTHER (For the year prior to commencement of service)	: : : : :	
NAME		MOTHER THRU ADOPTION (For the year prior to commencement of service)	: : : : :	
AND		MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	: : : : :	
ADDRESS		WIDOW - <i>single man</i> (Who has not remarried)	: : : : :	
			: : : : :	
			: : : : :	
			: : : : :	
			: : : : :	
			: : : : :	

Veterans Bureau Claim Number 29/156/

Ouden, Dirk Den
Den-Ouden, Dirk

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

DATE 7-23-29

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
den Ouden, Dirk	Pvt.	3141971	Co. A, 126th Inf.	10-4-18

STATE	CTY. NO. 1232	GRAVE 23	ROW 19	BLOCK G
-------	---------------	----------	--------	---------

	<u>Check relationship</u>	<u>Living - Deceased</u>	
NAME AND ADDRESS	MOTHER	: : :	(7)
	STEPMOTHER (For the year prior to commencement of service)	: : :	Martin den Ouden,
	MOTHER THRU ADOPTION (For the year prior to commencement of service)	: : :	Noaglandsehe weg 36
	MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	: : :	Amerfoort,
	WIDOW (Tho has not remarried)	: : :	Holland Netherlands
		: : :	_____
		: : :	_____
		: : :	_____

Veterans Bureau Claim Number 695005
29/156

7/267

NEW YORK

RECEIVED

1917

1917

RECEIVED

1917

RECEIVED

1917

RECEIVED

1917

1917

1917



RECEIVED
 AUG 6 1917
 NEW YORK

RECEIVED
 AUG 6 1917
 NEW YORK

RECEIVED
 AUG 6 1917
 NEW YORK

RECEIVED

1917

In reply refer to:
QM - 293 C-R

July 21, 1923.

Mr. Antonio den Ouden,
Putten, Gelderland,
Netherlands.

Foreman

Dear Sir:

The Quartermaster General desires that you be informed that the permanent grave of Private Dirk den Ouden, Company A, 126th Infantry, is Grave 23, Row 19, Block G, 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 headstone of white marble, of suitable design, with name, rank, division, 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.

Very truly yours,

H. J. Conner,
Assistant.



JUL 21 1923
C. E. H.

RD

L

23/494/WTW

49581

REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Number: 3141971

Name: DENOUDEN, DIRK.
DIRK, Den Ouden

OK

Rank: Pvt.

Organization: Co A. 126 Inf.

Disinterment and Reburial made by Group

Unit

Disinterred (Date)

From: (Give complete location)

7th May 1919.

Grave #15, B/A Cemetery

MONTEFAUCON MEUSE

Map 35 SE E 309.5 N 275.8

Reburied (Date)

in: (Give complete location)

7th May 1919.

Grave #178, Sec. 40, Plot 4.

ARGONNE AMERICAN CEMETERY No. 1232

ROMAGNE MEUSE

1232

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

Burial good Buried in blanket Body badly decomposed

Was one identification tag found upon the body? Yes

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

CONFIRMED No. D
10694
10694

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. Caswall

R. H. ROSENTHAL

H. O'K

C.O. Group

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

Unit

1885



THE SECRETARY OF THE BOARD OF TRADE

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THE SECRETARY OF THE BOARD OF TRADE

OSP-SS
Form No. 209

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

COPY

JUL 20 1921

49581



Harlow C.W.

NAME OF DECEASED SOLDIER

File No. CEMETERY NO.

DATE

denouden

Denouden, Dirk, Pvt.

1232-Sec.40 - 53

4/11/21.

SERIAL NUMBER

ORGANIZATION

DATE OF DEATH

3141971

Co. A, 126th Inf.

10/4/18.

Original Attached to
Form 115

WAR RISK INSURANCE INFORMATION

Date 6-30-21-W.

DATE

PERSON NAMED BY SOLDIER TO BE BENEFICIARY OF INSURANCE

RELATIONSHIP

ADDRESS

no address.

PERSON RECEIVING DEATH COMPENSATION

RELATIONSHIP

Office of ~~the~~ ^{Made} Adjustment

WAR DEPARTMENT
Quartermaster General of the
Washington

FROM: O.Q.M.G.
CEMETERIAL DIVISION
Munitions Building
Room

PLEASE
EXPEDITE

G.R.S. Form 8-W-A-H
Information requested of A.G.O.

JUN 3 1921
File No. 4958

File No. Requisition

From: The Quartermaster General, U. S. Army, (Cemeterial Division) (SPECIAL)

To: The Adjutant General of the Army, 6th & B Sts., N.W., Washington, D.C.

Subject: Information required for G.R.S.

NOTED FORM 115
DATE 4-8-21 E.M.

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

- a. Surname Denouden *den Ouden*
- b. Christian name Dirk
- c. Serial Number 3141971
- d. Organization Co. A, 126th Inf.
- e. Rank Pvt.
- f. Date of death 10/4/18.
- g. Cause of death DWRIA
- h. Authority (C.O.#) 309
- i. Emergency address Mrs Emma Baker
- j. Relationship Big Sandy Mont.
(Friend)

BODY DESCRIPTION

(See page #2 of the Service Record)

- 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)

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

a. Strike out teeth missing

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								



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

BY: *[Signature]*
H. J. CONNER,
1st. Lieut. Q.M.C.

CEMETERY NO: 1232-Sec.40.

SHEET NO: 53
TYPED BY: I.W.

7/13/LML

Dannally B. J. S.
4/12/21
APR 15 1921

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

Adjustment Made
JUN 3 1921

RECEIVED
MAY 13 1921

G.R.S. Form 8-W-A-H
Information requested of A.G.O.

Date 4/11/21.

File No. Requisition

File No. 49581

From: The Quartermaster General, U. S. Army, (Cemeterial Division) (SPECIAL)

To: The Adjutant General of the Army, 6th & E Sts., N.W., Washington, D.C.

Subject: Information required for G.R.S.

NOTED FORM 115
DATE 4-18-21 E.M.

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

- a. Surname Denouden *den Ouden*
- b. Christian name Dirk
- c. Serial Number 3141971
- d. Organization Co. A, 126th Inf.
- e. Rank Pvt.
- f. Date of death 10/4/18.
- g. Cause of death DWRIA
- h. Authority (C.O.#) 309
- i. Emergency address Miss Emma Baker,
- j. Relationship Big Randy Mart.
(Friend)

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

- 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)

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(See Physical report of examination prior to enlistment)

a. Strike out teeth missing

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								

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

BY: *[Signature]*
H. J. CONNER,
1st. Lieut. Q.M.C.

C.W.
CEMETERY NO: 1232-Sec.40.

SHEET NO: 53
PAGED BY: I.W.

713/LML

Dannally B. J. S.
4/12/21
APR 15 1921

1920-1921
1920-1921
1920-1921

1920-1921
1920-1921

1920-1921
1920-1921

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NOTHING TO REPORT

NOTHING TO REPORT

- 1. ...
- 2. ...
- 3. ...
- 4. ...
- 5. ...

- 1. ...
- 2. ...
- 3. ...
- 4. ...
- 5. ...

NOTES FORM 112

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APR 13 1921

APR 13 1921

RECEIVED

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98764

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Dirk 3141971 Din Oudens
(Surname). (Number). (First Name and Initials).

Pvt. Co. A. 176 Inf. 2
(Rank). (Organization).

PLACE OF DEATH: 127 F. H. Bin Chumiss

CAUSE OF DEATH: S.M. right leg

DATE OF BURIAL: Oct. 5, 1918

PLACE OF BURIAL: A. E. F. Cemetery

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

Just East of Bin Chumiss

GRAVE NUMBER:

HOW MARKED: Name Peg? 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:

OMME. Montfaucon (Meuse)

(C 238 35 A.E. COORD {E-309.8} {N-275.8})

NEAREST RELATIVE: Mr. Antonio Denouden,

ADDRESS: Putten, Gelderland, Holland.

RELATIONSHIP: Father.

REPORTED BY:

James O. Williams
(Signature and Rank of Reporting Officer).



Communit. List No. 238-1736
Daily Report No.

Sketch 31

49581

A E F Cemetery # 1

Soldier's No 3141971

Soldier's Name- Dirk Den-Ouden

Rank, Pvt Co A 126 Infantry

Date of Death Oct 5, 18

Date of Burial, Oct 5, 18

Cause of Death, Killed in Action

Cemetery A E F # 1

Town or commune, Montfaucon, State, Meuse

Grave # 15, plot 1, Row 1, Cross

Grave located in cemetery, cemetery located about 2 1/2 kilos fr Montfaucon S W and off the left of the Cheppy ~~and Vary~~ Road going to Cheppy fr Montfaucon and about 1/2 kilo off road, ant at the East edge of the Bois Chehemin woods. 275⁵N by 309.5 E Map Verdun S E 35.

Burial Officer, Chaplain J O Williams

Signed Pvt B Phillips, Group 1, GRS 306

RB BH/520

Sketch 31

49581

A E F Cemetery # 1

Soldier's No 3141971

Soldier's Name - Dirk Den-Ouden

Rank, Pvt Co A 126 Infantry

Date of Death Oct 5, 18

Date of Burial, Oct 5, 18

Cause of Death, Killed in Action

Cemetery A E F # 1

Town or commune, Montfaucon, State, Meuse

Grave # 15, plot 1, Row 1, Cross

Grave located in cemetery, cemetery located
 about 2 1/2 miles fr Montfaucon S W and off
 the left of the Guepy ~~and~~ Road going
 to Guepy fr Montfaucon and about 1/2 kilo
 off road, and at the East edge of the Bois
 Chemamin woods. 275m by 509.5 E Map Verdun
 S E 55.

Burial Officer, Chaplain J O Williams

Signed Pvt B Phillips, Group 1, GRS 306

RS 41/200

File 49851

Log. Cards.

April 12

1919

495-21

G.R.S. Form No. 8: Central Records Liaison.

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

Subject: Information required for G.R.S.

FILE.

1. Items checked are to be completed:

- () Surname: **Denouden**
- () Number: **3141971**
- () First Name: ~~Park~~ *Dirk*
- () Rank: **Pvt**
- () Company: **Co A,**
- () Organization: **126th Inf**
- () Date of Death: **Oct 4th 1918**
- () Cause:
- () Place:

Location of hospital:

- () Number " *"Miss Anna Baker"*
- () Class " *"Miss Anna Baker"*
- () Relative: **Miss Anna Parker,**
- () Relationship: **Friend**
- () Address: **Big Sandy, Mont.**

- () Authority:
- () Cablegram No.: **309**
- () Telegram from:

dated: *over*

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

(Underscore the "official" C.C.)

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

Burial notification was sent to this address and returned, advise correct address,

Lieut.-Colonel *[Signature]*, C.M.C., U.S.A.

Initials of Reporter:

[Handwritten initials and scribbles]



Grave Location Blank
Gives

Mr Antonio Demouden
Father
Pittin, Olderland
Holland

L

WAR DEPARTMENT

GRAVES REGISTRATION SERVICE

American Expeditionary Forces

OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, \$ 300



JR

4985
FILE

Miss Anna Parker.

~~Big~~ Sandy, Mont.

U.S.A.

not at

Box E lded

EPD 90





WAR DEPARTMENT.

MAILS REGISTRATION SERVICE,
WASHINGTON, D. C.

OFFICIAL BUSINESS.



PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE \$300.



REASON FOR
NON-DELIVERY

UNDELIVERED BY REGISTERED MAIL

DECEASED NEW ADDRESS

MOVED ADDRESS REFUSED

NO SUCH POST OFFICE IN STATE NAMED

~~Miss Anna Parker,~~

~~Big Sandy, Mont.~~

4958

FILE

Handwritten notes:
2/21/20
2/22/20

ODP & S.M. & R.B.
MAR 12
2-PM
1920

WILLIAMSON
MAR 12
1920

Great Falls Mont Feb 1/1920

To the War Department
the adjutant general's office
Washington

Ben O'Brien -
DEN O'BRIEN

Dear Sir

there my adress has chanded
I was not able to answer the
questions of the card wich was
sent to me August 18 1919 at Big Sandy
mont. it would be appreciated
very much if you be so kind and
let me know where my sweetheart
was buried or how. he died of
wounds received in ation October
the 4th 1918. he also carried a few
little things with him. I would like to
get them. ~~if I could~~

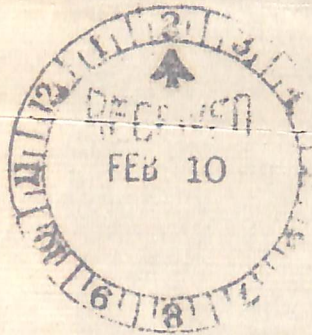
Anna Bakker

401 - 4th ave north

Great Falls mont and

912

Amer City.



ent. 6-28-18
Bou-1-20-93

den Ouden, Dirk C 95 005 Pvt. Co. A, 126th Inf. Montana

Date of mother's death. before 1918

SM?

Loco?

Single

} no record. ins to father
Antoinis Jan Ouden
Holland.

Seebode

old ad. of bo - William Jan Ouden
Bot 21 - Soon
Dorra

Dup.

Den Ouden,

Dirk

3,141,971

(name.)

(Christian name in full.)

(Army serial number.)

Pvt. Co. A

126th Inf.

(Rank and organization.)

State your relationship to the deceased *engaged to his 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 }
with 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)

(Number and street or rural route.) (City, town, or post office.) (State.)

Read carefully the letter accompanying this card.

over

F.M.



checked HM

Card sent to

4-11-11

Anna Bakker,
401 - 4th Ave., North,
Great Falls, Montana



12-6-4
1232-211-53
Held by museum

COMPILATION OF DISPOSITION OF REMAINS DATA

File 49581

I. LOCATION INDEX CARD:

(a) Name *Dem Ouden* ^{(4-18-21) E.M.} DENOUDEN, Dirk Ser. No. 3141971
 (b) Rank Pvt. Organization Co. A, 126th Inf.
 (c) Date of death 10-4-18 (d) Cause of death DWRIA

TYP. B
 CKR. 30 ✓

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

(a) Grave No. 178 Row - Plot 4 Sec. 40 TYP. B
 (b) Emerg. Address Miss Anna Parker (friend) Big Sandy, Mont. ^{ok. (4-18-21) E.M.} *over*

III. Files of soldiers dying from contagious diseases / / / / / / / / CKR. 30

IV. A. G. O. DISPOSITION CARD:

Date of receipt _____

(a) Name _____ (b) Relationship Francis
 (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 MH Date 4/9, 1920

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

Anna Parker (Francis)
401-4th Ave. North, dated Feb 1, 1920
Great Falls Mont
 confirming request in Par. IV., item _____, above, or requesting that this location of grave, also his personal effects

Examiner's Initials MH Date 4/9, 1920

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

No request for disposition
Ed. Mr. Antonia Denouden, Gutter Oederland Holland
 (a) Cancellation memos referred to? Yes
 Examiner's Initials MH Date 4/9, 1920 ✓

COUNTRY FRANCE CEMETERY No. 1232-Sec.40 SHEET No. 53

8/7/6/21
6-30-21

VII. G. R. S. Form No. 114 made _____, 1920.

Typed by _____, Checked by _____, 1920.

VIII. FINAL ACTION:

Following advice forwarded to Europe by { cable on _____, 1920
letter on 4/19, 1920

Sec 40
Par 2 not to be returned L.P.W.
den Linden, Dirk

IX.

CORRECTIONS

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

X. SUSPENSION REMARKS:

W. R. E. A. - no address.
6-30-21,
W.

To be prepared in triplicate.

DATE Dec. 16, 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

gc

1. Name *den Ouden*
DENOUEN, Dirk

2. No. 3141971

3. Rank Pvt.

4. Org. Co. A., 126th Inf.

5. D.D. 10-4-18

6. C.D. WRIA

10. Name _____

11. No. _____

12. Rank _____

13. Org. _____

14. (a) D.D. _____

(b) D.B. None.



Discrepancy found upon disinterment

7. Grave No. 178 Sec. 40

8. Plot 4 Row _____

9. _____

15. Grave No. _____ Sec. _____

16. Plot _____ Row _____

17. None.

18. Cemetery Meuse-Argonne American

20. Dept. or County Meuse

22. G.R.S. Hdqrs. Code No. 1232.Sec.40

19. Commune or town Romagne-sous-Montfaucon

21. Country France.

23. Disinterred (Date) Dec. 16, 1921.

By J. L. Haky

24. Inscription on grave marker:

Name Dirk Denouden

Rank Pvt.

Serial No. 3141971

Organization Co. A., 126 Inf.

25. Was identification disc found on grave marker? No On body? Yes

C. T. Brown
Signature Junior Technical Assistant
C. T. 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).

None.

27. Condition of body Badly decomposed; features unrecognizable.

28. Nature of burial Wooden box, burlap and uniform.

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 Dec. 16, 1921. By J. L. Haky

Casket sealed by J. L. Haky

Signature of Embalmer, (Supervisor) J. L. Haky

AUDITED BY

SHIPMENT. (Show actual marking of box.) Box No. C-18401

32. Designation of body:
Name Dirk DEBOUDIN Serial No. 3141971

Rank Pvt. Organization Co. A., 126th Inf.

33. Consigned to:
Name of Permanent Cemetery Musee Arg. Amer. Cty. 1232. Romagne-sous-Montfaucon. Musee.

34. Casket boxed and marked (Date) Dec. 16, 1921. By J. L. Haky

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 H. S. Harpole, 1st Lieut. M.C.

36. Remarks None.

37. Shipped from point of Operation: (Date) Dec. 16, 1921.
To point of Concentration Morgue, Romagne.
Convoyer W. J. Royed. Signature Shipping Officer J. Gerald Cole
(Name) Captain, C. A. C.

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 _____ Signature Shipping Officer _____
(Name)

40. Received: Date _____
G.R.S. Representative _____

41. Reinterred, Musee Argonne Cemetery 1232. Dec. 16th, 1921.
(Date)

42. Grave No. 25 Section _____

43. Plot G Row 19
~~Block.~~

JRL

G.R.S. Representative James W. Younger
James W. Younger,
Captain Q.M.C.

CONCENTRATION

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

Place Room 1232.

REPORT OF DISINTERMENT AND REBURIAL

Date Dec 16 1921

1. REMAINS OF den Ouden ~~BENCOUDER~~, Dirk SERIAL NUMBER 3141971

RANK Pvt. ORGANIZATION Co A 126 Inf.

2. Disinterred (date) : Dec 16 1921 From (give complete location) :
Gr 178 Sec 40, plot 4, com 1232.

By : Group 3 Unit Section 1

3. Reburied (date) : Dec. 16th, 1921. Grave 23, Row 19, Block G, Cemetery 1232. In (give complete location) :
Unlined Casket

By : Group Reburial S Unit Nature of reburial

4. Report as to nature of original burial and condition of body upon disinterment :
Wooden box, burlap and uniform.
Body badly decomposed features unrecognizable.

5. (a) Identification tags : Buried with body ? Yes On grave marker ? No

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

Quantity do

Characteristics do

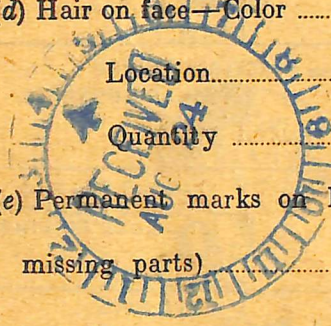
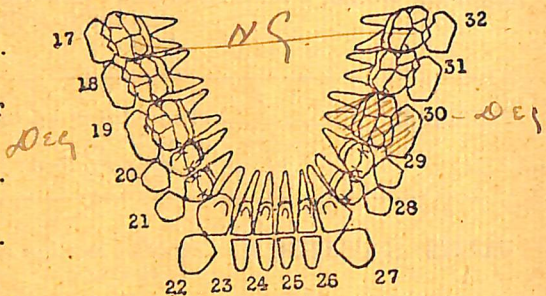
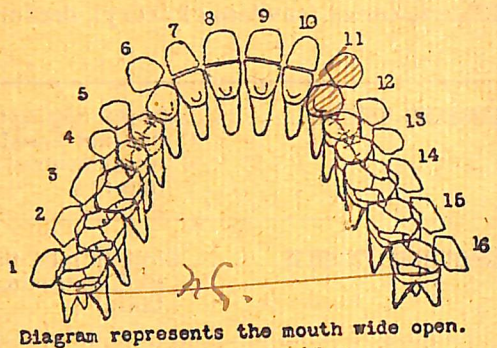
(d) Hair on face—Color do

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) Right leg missing from knee down.



7. Disinterment supervised by J. L. Stokely
J. L. Stokely

Approved : H. S. Harpole
H. S. Harpole,
(Title) 1st Lieut.
Inf.

8. Reburial supervised by A. U. Dufault
A. U. Dufault,
JEL

Approved James W. Younger
James W. Younger,
(Title) Captain U.S. Army

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.

