Averse, John 4,097,859

(Surname.) (Christian name in full.) (Army serial number.)

Pvt Co H 131 Inf

(Rank and organization.)

State your relationship to the deceased brother

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) Louis Averse

196 Newark Ave Jersey City N.J.

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

Read carefully the letter accompanying this card. 3—6713

Drawn by L.G.

1233-116

1-31-21

G.R.S. Form #114 B
MMB

To The A. G. O.

3529

DEC 17 1925

DATE

1. NAME AVERSE, John SERIAL No. 4097829

RANK Pvt ORGANIZATION Co.H 131st Inf.

DIVISION 33

GRAVE LOCATION St.Mihiel Amer.Cty.Thiaucourt M-et- M 1233
CTY. NAME NUMBER

94 Sec.2 2
GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION 28 Hannonville Meuse 1694
GRAVE COMMUNE DEPT.

COORDINATES

CONCENTRATED TO 4-30-19 94 Sec. 2 2
DATE GRAVE ROW PLOT

St Mihiel 1233
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 Nov 10, 1918

STATE FROM WHICH HE CAME N.J.

MEDALS OR DECORATIONS AWARDED None

SUBSEQUENT REBURIALS
DATE GRAVE ROW PLOT CEMETERY

DATE GRAVE ROW PLOT CEMETERY

RECD DEC 21 1925 U.S.A. G.C.M.

SIGNATURE, AREA SUPERVISOR

3. FINAL GRAVE LOCATION Aug.3, 1922 30 12 Block D
DATE GRAVE ROW PLOT

St.Mihiel American No.1233, Thiaucourt
CEMETERY

R164/3

AUDITED BY DEC 18 1925

A.G.O. DEC 18 1925 WORLD WAR DIV.

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.

Co H.- 131st Infantry
33rd Division

AVERSE, John.- Pvt: 2079229.- 4097 859

John AVERSE was killed on November 7th while out on patrol He was struck by shrapnel and his last words were: "Tell my mother I died game" This was near St Hilaire, France.

Informant: BUTLER, Joseph M.- Sgt: 1387855.
Co H. 131st Infantry
Home: 6438 Blackstone Ave.
Chicago, Ill.

Not signed.

MD

C.C. 341 RLT 12/12.

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Averso 4097859 John
(Surname). (Number). (First Name and Initials).

Pvt K Co H. 131
(Rank). (Organization).

PLACE OF DEATH: .....

CAUSE OF DEATH: .....

DATE OF BURIAL: 14 Nov 18

PLACE OF BURIAL: 47.5 - 50.2

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

.....

.....

GRAVE NUMBER: 24 Row B

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?

.....

NEAREST RELATIVE: .....

ADDRESS: .....

RELATIONSHIP: .....

REPORTED BY: Chaplain W. S. Irwin 1st
813 Pioneer Inf.
U.S.A.

.....
(Signature and Rank of Reporting Officer).

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

Killed Nov. 11

C.C. 341 RLT 12/12

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Averso 4097859 John
(Surname). (Number). (First Name and Initials).

Pvt Co H 131
(Rank). (Organization).

PLACE OF DEATH: .....

CAUSE OF DEATH: .....

DATE OF BURIAL: November 14th 1918.

PLACE OF BURIAL: 47.5--50½.2

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

.....

.....

GRAVE NUMBER: #28 Row B.

HOW MARKED: Name Peg? Yes Cross? Yes

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

IDENTIFICATION TAGS:

Was one buried with body?.....

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:

William S. Irwin, Chaplain
(Signature and Rank of Reporting Officer).

This portion to be sent to Chief of Graves Registration Service

no green carbon

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME Averse John	AVE	3	1 2 5
BURIED	CEMETERY 1233	1	3
	GRAVE 30	2	30
	ROW 12	2	12
	BLOCK D	1	4
STATE	N J	2	35
RANK	Pvt	1	2
DIVISION	33	2	33
ORGANIZATION	131	3	131
ARM	Inf	1	1
MARITAL	No	1	2
NAME		3	
RESIDENCE	STATE	2	
	COUNTY	2	
No loco - No Sm	CITY	3	
RELATION	Mother	1	1
OTHER		1	
ELIGIBILITY	Dead 8-3-32	1	6
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE 29/514/		1	

AUDITED MAR 11 1933

Country

WASHINGTON

Single

DATE February 8, 1930

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
Averse John	Pvt	4097859	Co H 131st Inf	Nov 10 1918

STATE	CTY. NO.	GRAVE	ROW	BLOCK
New Jersey	1233	30	12	D

XC-141 334
2-13-Bm

Check relationship	Living - Deceased	
MOTHER Died 8-3-32	X	
STEPMOTHER (For the year prior to commencement of service)		
MOTHER THRU ADOPTION (For the year prior to commencement of service)		
MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)		
WIDOW (Who has not remarried)		3-7-33

NAME AND ADDRESS

(M) Marianna Pne in Averso,
Piano di Sorrento,
Prov. di Napoli,
Italy.

Veterans Bureau Claim Number _____
29/156

G.R.S. FORM NO. 16

Pla[redacted] NEUFCHEATEAU

Date 29th May 1919

1233 Foreign

63899

REPORT OF IDISINTERMENT AND REBURIAL.

Remains of:

Name: AVERSE John Number: 4097859

Rank: Unkn Organization: Unkn

Disinterment and Reburial made by Group Unit

Disinterred (Date) From: (Give complete location)

30th April 1919 American Military Cty. Grave No. 28

HANNONVILLE MEUSE 52NW. 347.5E 250.2N.

Reburied (Date) in: (Give complete location) 1233

30th April 1919 Grave No. 94 Sect. 2 Plot. 2

St. Mihiel American Cemetery #1233

THIACOURT M et M. 52NE. 362.03E 241.44N

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

Body wrapped in blanket, Body badly decomposed, Burial poor.

Was one identification tag found upon the body? No

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

10472

Note:

CONFIRMED No. D 10472

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. Scott

FHH

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

C.O. Group Unit

COMPILATION OF DISPOSITION OF REMAINS DATA

I. Location Index Card: O.K. (2-19-21) ce File #63899 (2-19-21) ce

(a) Name AVERSE, John Ser. No. 4097829 5

(b) Rank Pvt. Organization Co. H., 131st Inf. TYP. evs

(c) Date of death 11/10/18 (d) Cause of death k/a CKR. asw

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

(a) Grave No. 94 Row — Plot 2 Sec. 2 TYP. evs (over)

(b) Emerg. Address Tom Averse, (Brother), 196 Newark, Ave., Jersey City, NJ

III. Files of soldiers dying from contagious diseases — CKR. asw

IV. A. G. O. Disposition Card: O.K. card (2-19-21) ce Date of receipt —

(a) Name Tomas Aversa (b) Relationship Brother

(c) Address 196 Newark Ave, Jersey City, N.J.

(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 L.G. Date 1-31-, 1920.

V. A. G. O. Correspondence shows communication from ——, dated ——

confirming request in Par. IV., item——, above, or requesting that no correspondence

Examiner's Initials L.G. Date 1-31-, 1920.

VI. G. R. S. Files, Correspondence—shows as follows: no request for disposition.

(a) Cancellation memos referred to? Yes JD

Examiner's Initials [illegible] Date 1-31-, 1920.

COUNTRY FRANCE Cemetery No. 1233 Sheet No. 116

G. R. S. Form No. 115
Amended April 6, 1920 3—7729 Make Form No. 11

CARD

H.S. 3-9-21

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 FEB 18 1921, 1920

Par. 2 Not to be returned.

mcH

IX. CORRECTIONS

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

X. SUSPENSION REMARKS: B.G.W.R. Mr. Tom Aversa (Another)
193 Newark Ave., Jersey City, N.J.
(3-16-21) CE
"gone back to Italy"
$120 - 4/9/21 - To above - returned unclaimed. - 1st 8/3/21 mps

Name.....

Rank.....

Serial No.....

Org.....

Remarks

.....Gunnaway 1-31-

A. G. O. Card & Corr.....

.....Discrepancies.....

Name.....

Rank.....

Serial No.....

Org.....

Remarks

.....

G. R. S. Corr.....

.....Discrepancies.....

Name.....

Rank.....

Serial No.....

Org.....

Remarks

.....

Checkers .....

.....Discrepancies.....

Name .....

Rank.....

Serial No.....

Org.....

Remarks

.....

S-1357/MB

SW pmt 2-3-21

checked 1-31-21 MBM

G.R.S. FORM #114-A. STATION Thiaucourt, France,

To be prepared in triplicate. DATE Aug. 3, 1922

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

1. Name AVERSE, John
2. No. 4097829
3. Rank Pvt
4. Org. Co.H 131st Inf.
5. D.D. 11-10-18
6. C.D. K.I.A.

Discrepancy found upon exhumation of body

10. Name
11. No. 4097859
12. Rank
13. Org.
14. (a) D.D.
(b) D.B.

Discrepancy found upon disinterment

7. Grave No. 94 Sec. 2
8. Plot 2 Row
9.

15. Grave No. Sec.
16. Plot Row
17. None

18. Cemetery St.Mihiel Amer.
19. Commune or town Thiaucourt
20. Dept. or County M-et-M
21. Country France
22. G.R.S. Hdqrs. Code No. 1233
23. Disinterred (Date) Aug.3, 1922 By Edmo Maire
24. Inscription on grave marker:
Name AVERSe, John Serial No. 4097829
Rank Pvt. Organization Co.H. 131st Inf.
25. Was identification disc found on grave marker? No On body? Yes

E. E. Cohn
Signature Junior Technical Assistant

PREPARATION

E.E.Cohn

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).

Tag on body reads: John Averse, 4097859.

27. Condition of body Badly decomposed, features unrecognizable.
28. Nature of burial Wooden box, burlap and U.S. uniform
29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? XXXX See Par.11.
30. Body prepared and placed in casket: Date Aug.3, 1922 By Edmo Maire
31. Casket sealed by Edmo Maire

AUDITED BY 101 11-12-23

Signature of Embalmer, (Supervisor) Edmo Maire

Edmo Maire

MMB

FILE 101 1-2-23

SHIPMENT. (Show actual marking of box.) Box No. C - 28794

32. Designation of body:

Name John Averse Serial No. 4097829

Rank Pvt Organization Co.H 131st Inf.

33. Consigned to:

Name of Permanent Cemetery St.Mihiel Amer.Cty.1233 Thiaucourt M-et-M

34. Casket boxed and marked (Date) Aug.3, 1922 By Edmo 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 O.E.Davis, 1st Lt., Q.M.C.

36. Remarks None

37. Shipped from point of Operation: (Date) Aug.3, 1922

To point of Concentration

Convoyer (Name) Signature Shipping Officer

38. Received at Railhead or Point of Concentration: Date

By G.R.S. Representative

39. Shipped from Railhead or Point of Concentration: Date

To Permanent Cemetery St.Mihiel Amer.1233, Thiaucourt, France.

Convoyer (Name) Signature Shipping Officer O.E.Davis, 1st Lt., Q.M.C.

40. Received: Date

G.R.S. Representative

41. Reinterred Aug. 3 1922 (Date)

42. Grave No. 30 Section

43. ~~XXX~~ Block D Row 12

G.R.S. Representative A E Dewey Ist. Lt. QMC

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

REPORT OF DISINTERMENT AND REBURIAL

Place Thiaucourt, France

Date August 3,1922.

1. Remains of Averse, John Serial Number 4097829

Rank Pvt Organization Co H 131st Inf

2. Disinterred (date) : From (give complete location):

August 3, 1922 Gr. 94, Sec. 2 Plot 2 Cem. 1233

By : Group 4 Unit Sec. 1.

3. Reburied (date) Aug. 3 1922 In (give complete location) : Gr. 30 Bk.D Row 12 Cty. # 1233

By : Group Reburial Unit Casket & shipping case Nature of reburial

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

Wooden box burlap and U. S. uniform.
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 :

Tag on body reads "John Averse 4097859"

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

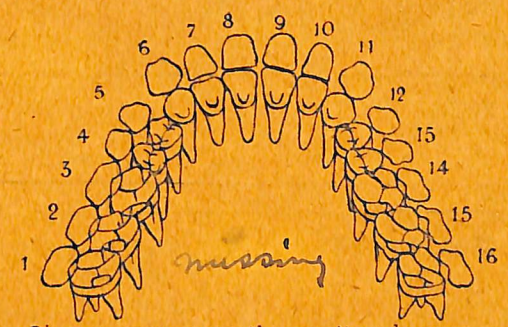
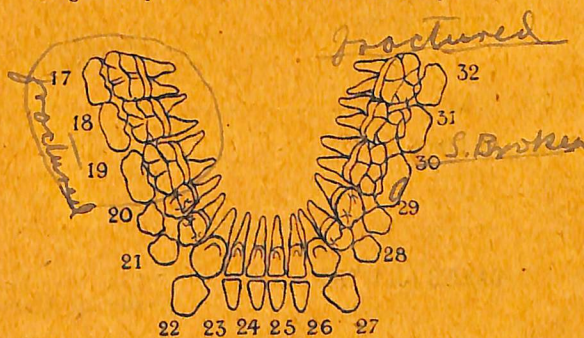


Diagram represents the mouth wide open



(*e*) Permanent marks on body (old scars, peculiarities, or missing parts) none visible

fractures between 19,20
fractured natel, slightly broken 30.

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

Both radius and ulnas fractured, skull shattered
Both femurs and L ft tibia and right humerus fractured

A&C

7. Disinterment supervised by Edmo Maire Approved : O.K. Davis

Edmo Maire (Title) 1st Lieut Q.M.C.

8. Reburial supervised by H L Kramer Approved : A E Dewey

H L Kramer (concentration) (Title) A E Dewey 1st. Lt. QMC

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 jwas 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, porcela n, or gold and porcelain), thus :	
BRIDGE WORK	Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge) thu :	
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.

COMPILATION OF DISPOSITION OF REMAINS DATA

File #63899

I. LOCATION INDEX CARD: O.K. 6-18-21 ce   4097819 (2-19-21) ce

AVERSE, John   evs

(a) Name... Pvt. .... Co. H., 131st. Inf.   TYP....... a.c.w

(b) Rank .... 11/10/18 Organization .... k/a ....

Cause of

(c) Date of death........... death ....

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

(a) Grave No..... 94 Row... Plot... Sect. Tom Averse, (Brother), 196 Newark, Ave., Jersey City, NJ

(b) Emerg. Address ....

III. Files of soldiers dying from contageous diseases.................CKR...... a.c.w

---

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

....

....

....

....

V. Following advice forwarded to Europe by -(cable on..................192.....
-(letter of transmittal on FEB 18 1921

Par. 2 Not to be returned.

mcw

VI. Form 115 forwarded to G.R.S. Hoboken, N.J..... MAR 17 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.
FRANCE	1233	116

G.R.S. FORM 115-A
August, 1920

S/666/LML

Priority 104

H.S. 3-9-21

Copy

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

Harlow C.W.

NAME OF DECEASED SOLDIER | CEMETERY NO. | DATE

Averse, John, Pvt. | 1233 - 116 | 2/21/21.

SERIAL NUMBER | ORGANIZATION

4097859 | Co. H, 131st Inf.
Date of death - 11/10/18.

WAR RISK INSURANCE INFORMATION

Adjustment Made 5-6 1922

NOTED FORM 115
DATE 3.16.21 - CL

DATE

63899

File No.

NAME OF BENEFICIARY | RELATIONSHIP

Mr. Tom Averse | Brother

Address

193 Newark Ave, Jersey City, N.J.

S/709/LML

C-1415554

Please rush-

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

Harlow C.W.

NAME OF DECEASED SOLDIER | CEMETERY NO. | DATE

Averse, John, Pvt. | 1233 - 116 | 2/21/21.

SERIAL NUMBER | ORGANIZATION

4097859 | Co. H, 131st Inf.
Date of death - 11/10/18.

Copy forwarded to
Adjustment Department
Date 3-16-21-cl

WAR RISK INSURANCE INFORMATION

DATE March 12, 1921.

NAME OF BENEFICIARY | RELATIONSHIP

Mr. Tom Aversa, | Brother
Address

193 Newark Ave., Jersey City, N.J.

S/709/LML

63849

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Averse (Surname). 4097859 (Number). John (First Name and Initials).

Pvt. Co. H 131st (Rank). (Organization).

PLACE OF DEATH:

CAUSE OF DEATH:

DATE OF BURIAL: November 14th 1918.

PLACE OF BURIAL: 45.5-50/.2

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

GRAVE NUMBER: 428 R.C.B.

HOW MARKED: Name Peg? Yes Cross? Yes

Headboard? Bottle?

IDENTIFICATION TAGS:

Was one buried with body?

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

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

(Private)

Hannonville sous les Cotes.

NEAREST RELATIVE: 4/9 51 N.W. (E 347.5 N 250.2)

ADDRESS:

RELATIONSHIP:

REPORTED BY:

William S. Irvin, Chaplain.

(Signature and Rank of Reporting Officer).

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

Communal List No. 419-702

Daily Report No.

1.3899.

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Avena 4097859 John
(Surname). (Number). (First Name and Initials).

Pvt Co H 131
(Rank). (Organization).

PLACE OF DEATH: .....

CAUSE OF DEATH: .....

DATE OF BURIAL: 14 Sept 19

PLACE OF BURIAL: 47.E.50.2 (Squares)

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

Hannonville-sous-les-Cotes

419 52 N.W. E 347.5 N 250.2 approx

GRAVE NUMBER: 24

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?

.....

NEAREST RELATIVE: .....

ADDRESS: .....

RELATIONSHIP: .....

REPORTED BY: Chaplain W.S. Downing 2nd
813 Pioneer Inf
AEF

.....
(Signature and Rank of Reporting Officer).

portion to be sent to Chief of Graves Registration Service

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

Adjustment Made MAR 2 1921

63899

Special

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

Date 2-2-21

File No. Requistration.

File No.

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.

FILE

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

a. Surname AVERSE, (AVERSA) OK.
b. Christian name John OK.
c. Serial Number ~~4097829~~ (4097859) OK
d. Organization Co. H, 131st Inf. OK
e. Rank Pvt. OK

f. Date of death 11-10-18 OK. (Determined)
g. Cause of death K/A OK.
h. Authority (C.O.#)
i. Emergency address
j. Relationship

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

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

Donnelly - Em B.
ERS. W8 - 2/5/21

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

BY: H J Conner
H. J. CONNER,
1st. Lieut. Q.M.C.

CEMETERY NO: 1233
SHEET NO: 116
TYPED BY: DB

Rec'd World War Div.
Date ......

R. & S. Div., A.G.O.
FEB 4 1921 6

S/713/LML

4

WAR DEPARTMENT.

~~Graves Registration Service~~
Hoboken, N. J.

OFFICIAL BUSINESS.

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

MILITARY POST OFFICE
APR 9 1921
HOBOKEN

CEMETERIAL DIVISION

APR 18 1921

Removed to

Gone back to
Italy

JERSEY CITY N. J.
APR 14 7:30 PM 1921

JERSEY CITY N. J.
APR 16 6 PM 1921

Mr. Tom Aversa
~~12_ Newark Ave.,~~
Jersey City, N.J.

RETURNED TO WRITER
UNCLAIMED
FROM
Jersey City N.J.

G. R. S. Form No. 120
Shipping Inquiry
(Ed. of Jan. 1, 1921)

1233-116 ho

NR

WAR DEPARTMENT

Office of the Quartermaster General of the Army

Cemeterial Division

Washington

APR 9 - 1921

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

To: Mr. Tom Aversa, 193 Newark Ave., Jersey City, N.J.

Subject: Remains of Pvt. John Aversa, Ser. No. 4097859, Co. H. 131st Inf.

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

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.

George H. Penrose,
Colonel, Q. M. C.

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? ----------

NAME OF—	NO. AND STREET.	TOWN.	STATE.
Soldier's widow			
Soldier's children. (Name oldest first.) 1			
2			
3			
Father			
Mother		Wood 115	
Brothers. (Name oldest first.) 1		H 8/24/21	
2		mrs	
3			
Sisters. (Name oldest first.) 1			
2			
3			

Date ---------- Signature ----------

Address ---------- Relationship ----------

Important.—CAREFULLY read instructions before filling out this paper. 3—7860 (over.)

----------, 192

I, the undersigned, am the ---------- and nearest living next of kin of the within-named
(Relationship.)

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 ---------- National Cemetery.

4. To remain in Europe, for burial in a permanent American Cemetery.

Signature----------

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.

3—7860

FILE.

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON

A.H.-A.H. 1-209.

63899

IN REPLY REFER TO

201(Averse, John.)W.W.

Feb.7, 1920.

From: The Adjutant General of the Army

To: The Quartermaster General of the Army
Washington, D. C.

Subject: Date of death of Pvt. John Averse, #4097859 Co.H,131 In

1. Upon investigation, it has been ascertained that the date of death of the above named man heretofore communicated to you, is erroneous, and that Pvt. John Averse Co.H 131 Inf.was killed inaction November 10, 1918.

2. For purpose of identification, you are advised that the records show that the deceased was enlisted July 26, 1918. and the name of the person to be notified in case of emergency was given as: Tom Averse(brother)196 Newark Ave.,Jersey City, N.J.

By order of the Secretary of War:

P. C. Harris.
The Adjutant General.
per RRC