

GRAVE LOCATION CARD

LOCATION OF THE GRAVE OF

Bedonix, 50009

Frank

(Surname.)

(Number.)

(First Name and Initials.)

Private Co. C. 23d. Infantry.

(Rank.)

(Organization.)

DATE OF BURIAL

June 7, 1918.

PLACE OF BURIAL

New cemetery at

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

Maux, American Section.

GRAVE NUMBER

Eight (8)

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:

REPORTED BY:

M. G. Guffin 1st Lt 23d Inf

(Signature and Rank of Reporting Officer.)

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

14 AOU R qu

AVRI Box 16341

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF
FEDENIX, 50009 Frank

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

Pvt., Co. C, 23rd Inf.,

(Rank). (Organization).

PLACE OF DEATH: Chateau-Thierry Front.

CAUSE OF DEATH: GSW

DATE OF BURIAL: Unknown

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

FILE

GRAVE NUMBER: Unknown.

HOW MARKED: Name Peg? Cross?

Headboard? Bottle?

IDENTIFICATION TAGS:

Was one buried with body? Unknown

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

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

Chateau Thierry
65 4946

NEAREST RELATIVE: Unknown

ADDRESS: "

RELATIONSHIP: "

REPORTED BY:

A. C. Shaw, Capt 23rd Inf.
(Signature and Rank of Reporting Officer).

3458

Bodonix, Frank, -Deceased

WAR DEPARTMENT,
THE ADJUTANT GENERAL'S OFFICE,
WASHINGTON.

AGO BOARD
RETURNED
UNCLAIMED
MAR 29 1919

Mr. Charlie Bodonix,
North Bergen, N J

Dear Sir:

The War Department desires to ascertain the wishes of the families of officers, enlisted men, and civilian employees regarding the permanent disposition of the bodies of those who have died overseas.

The original plan of the Department was to deliver the body in every case at the home address of the deceased to the person legally entitled to dispose of the remains. A desire has been expressed, however, in numerous instances to have the body remain abroad, and General Pershing is likely soon to enter into negotiations with the French and Allied Governments with the view of establishing permanent cemeteries for members of the American Expeditionary Forces. Marshal Petain in a most courteous letter has informed General Pershing that "France would be happy and proud to retain the bodies of the American victims who have fallen upon her soil."

A bill is now before Congress for the establishment of "Fields of Honor" abroad, which will insure future care by the United States Government as national cemeteries are now cared for. Burials have been made heretofore in cemeteries of the Allied nations or at or near the battle field in land set apart for this purpose as a cemetery, and religious services in accordance with the rites of the Protestant, Catholic, or Hebrew faith have been held at the grave.

In case the remains of a deceased soldier are returned to the United States they will be interred either at the former home of the deceased or at a national cemetery, according to the wishes of the one authorized to direct the disposition of the remains, and all expenses, including transportation, casket, shipping case, flag, and the preparation of the remains for shipment, will be paid by the United States. Hire of a hearse and other burial expenses incurred at the home of the deceased may be paid, on application by the relatives, by the Bureau of War Risk Insurance, Treasury Department.

In order that the proper disposition of the remains may be made, and that such disposition be directed by the person entitled to do so, the War Department will recognize the right to direct the disposition of remains in the following order:

In the case of an unmarried man—

- (1) Father; (2) mother, if father is dead; (3) brother, if both parents are dead; (4) sister, if both parents are dead and there are no brothers.

In the case of a married man—

- (1) Wife; (2) parents or children and other relatives in order set forth above.

It is desired that the information indicated on the inclosed card be furnished concerning the person named thereon at the earliest practicable date. If the card is received by some one not authorized to direct the disposition to be made of the remains, please deliver this circular and the card to the person who is entitled to do so.

The Department is unable to state when it will be possible to begin the removal of the remains of the soldiers, but the information requested is being collected at this time in order that there may be no delay when the time comes for such removal.

In returning the card please use the inclosed addressed penalty envelope, which requires no postage.

Very respectfully,

P. C. HARRIS,
The Adjutant General.

293 Bodonix, Frank

3459

Co. C, 23rd Infantry
2nd Div

BODONIX, Frank - Pvt

Pvt Bodonix was wounded in action about June 1, 1918 at Chateau Thierry, and died on the way to hospital.

No informant given.

SM

file
see
H/af

FILE UNDER NO.

INDEX SHEET

SYNOPSIS

DOCUMENT FILED UNDER NO.

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

3-6642

Name Rodonix, 50009, Frank

Rank Pvt. Co. C { 23rd Inf. }
Regt.

Date of Death

Place

Cause

Date of Burial 6/7/18

Grave No. 8

Cemetery 28

Identified by { Tag
Papers }
Clothing

List of Effects

Field Record Made by I. G. MYERS,
2nd LIEUT. U. S. ARMY, N. A.

Group 1/303 Company..... Graves Registration Service.

For additional data use reverse side

JUL 19 1918
22 JUL 1918

3458

253

GENERAL HEADQUARTERS
AMERICAN EXPEDITIONARY FORCES
ADJUTANT GENERAL'S OFFICE

FROM : ADJUTANT GENERAL.
TO : G.O., Co. C, 23rd Inf.,
SUBJECT : Information for Burial Register.

1. You are directed to transmit without delay to the Chief, Graves Registration Service, the information indicated on enclosed Grave Location Blank as necessary for the completion of official records.

By Command of General Pershing:

Robert C. Davis
Adjutant General.

Note:



In case this item is checked, you will note hereon:

Nearest relative of deceased:

Relationship:

Address:

Bodonix, Frank

Pat Co C, 2327

Letter returned unclaimed
from Mr. Charley Bodonix

28 Sea Cargo Road
Jersey City
N. J.

Also from
North Bergen
N. J.

No further E. C.

can be found.

AGO CARE
RETURNED
UNCLAIMED

WAR DEPARTMENT
GRAVES REGISTRATION SERVICE
Services of Supply
American Expeditionary Forces

Official Business



H. J. Jones
Lieut., Q.M.C.N.A.



Handwritten: 28 Secaucus Rd
Jersey City, N.J.

RETURNED TO WRITER
UNCLAIMED
FROM
Jersey City, N.J.

Charley Bodonix,
28 Secaucus Road,
Jersey City, New Jersey.
U. S. A.



ed. Charlie Robinson (Bro)

28 Congo Road

Jersey City N.J.

FILE

3458

✓

~~Denon, Frank 5000~~

Co C 23 Inf Row 7/13/18

Name appears on



(unc)
Cume. Chateau Thierry Aisne

C-65

~~Denon, Frank # files~~

For further data see Casualty Files

3458

From
16341

2

11262

WAR DEPARTMENT

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

GRAVES REGISTRATION SERVICE

American Expeditionary Forces

OFFICIAL BUSINESS

NOT FOUND

310 B

RECEIVED
UNCLAIMED
From Jersey City, N. J.
No such street in Jersey City, N. J.

U.S. ARMY POST OFFICE
4-1-17

Mr. Charley Bodonix,

28 Sea Cargo Road,

Jersey City, New Jersey.

NEW JERSEY
JAN 28
530PM
N. J.



Lieut. Q. M. Corps U.S.A.
A. 665

WAR DEPARTMENT,
THE ADJUTANT GENERAL'S OFFICE
OFFICIAL BUSINESS

Penalty for private use, \$300.



RETURNED
TO
WRITER
UNCLAIMED
From Jersey City, N. J.

Mr. Charley Bodonix,
28 Sea Cargo Road,
Jersey City, N. J.

NO SUCH STREET IN Jersey City, N. J.
JUN 18 1919
MAILS ON LI



THRIVE by THRIFT
Buy War Savings Stamps.

Entered on list

Frank

Bodonix, Frank,

Pvt Co C 23d Inf.

Died June 7, 1918, of wounds received in action.

Emergency Address:

Charlie Bodonix, brother,
28 Sea Cargo Road,
Jersey City, W. J.

A. G. O. 6/27/18. H.S.P.26.

Write nothing below this line.

G.R.S. Form #114-5 CAUSE OF DEATH - *K.J.A.*

FULL NAME..... BODONIX, Frank *Signs by mark*

RANK..... *O.K.* Private SERIAL..... 50009 *O.K.*

DIVISION & ORGANIZATION..... Co. C, 23rd Inf. *O.K. 2nd Div.*

DATE OF DEATH..... 6-7-18 *O.K.*

STATE FROM WHICH HE CAME..... *New York.*

MEDALS OR DECORATIONS AWARDED..... *None*

FINAL GRAVE LOCATION..... 52 10 B
Date Grave Row Block

61339-257
A.G.O.
MAY 9 1927
DIV.

1764

Cemetery

1979

c.e.c. 7/3 5/10/27

Original

REPORT OF DISINTERMENT AND REBURIAL

Place Meaux (L. M.)
Date May 2 1921

1. REMAINS OF BODONIX, FRANK SERIAL NUMBER 50009
RANK Pvt. ORGANIZATION Co C 23rd Inf

2. Disinterred (date): May 2 1921 From (give complete location): Gr. 8. French Civ. Cem. 253 Meaux (L. M.)
By: Group 2 Unit sect 1.

3. Reburied (date): May 2 1921 In (give complete location): Gr. 8 French Civ. Cem. 253, Meaux (L. M.)
By: Group 2 Unit sect 1. Nature of reburial paper and burlap.

4. Report as to nature of original burial and condition of body upon disinterment:
in uniform and blanket.
body decomposed, unrecognizable.

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

(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 estimate.

(c) Hair—Color no hair on skull

Quantity none

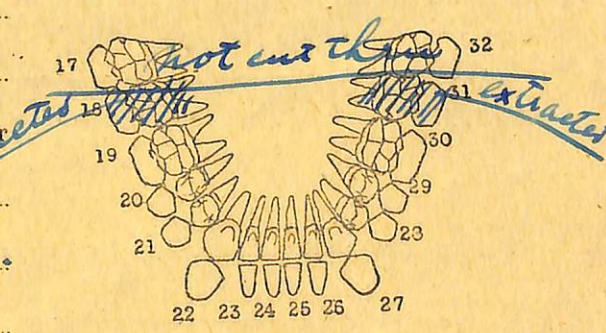
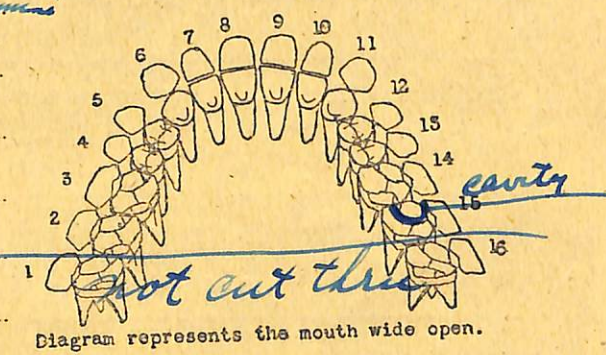
Characteristics none.

(d) Hair on face—Color no hair on face

Location none

Quantity none

(e) Permanent marks on body (old scars, peculiarities or missing parts) impossible to report.



(f) Wounds or missing parts (received at time of casualty) fractures femur (right) middle tibia and lower tibia

cut

D-50691






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".

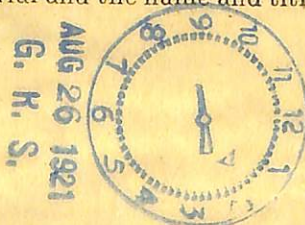
(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying 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.

<p>MISSING TEETH.....All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus :</p>	 <p align="center">TOOTH MISSING TOOTH MISSING</p>
<p>CROWNED TEETH.....Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus :</p>	 <p align="center">GOLD CROWN PORCELAIN CROWN</p>
<p>BRIDGE WORK.....Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :</p>	 <p align="center">GOLD AND PORCELAIN BRIDGE GOLD BRIDGE</p>
<p>FILLINGS.....Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus :</p>	 <p align="center">SILVER FILLING GOLD FILLING</p> <p align="center">GOLD FILLING GOLD FILLING</p>
<p>CARIES (CAVITIES).....Outline location and size of cavity, shade in thus :</p>	 <p align="center">CAVITY DECAYED DECAYED</p>
<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."</p>	

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.



CODE SLIP

green carbon

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>Bodonix</i>	<i>BOD</i>	3	<i>2 3⁰ 4</i>
<i>xc 2 dets Frank</i> BURIED <i>all relating in Poland</i> <i>257 2120618</i>	CEMETERY <i>1764</i>	1	<i>4</i>
	GRAVE <i>52</i>	2	<i>52</i>
	ROW <i>10</i>	2	<i>10</i>
	BLOCK <i>13</i>	1	<i>2</i>
STATE	<i>N Y</i>	2	<i>37</i>
RANK	<i>Priv</i>	1	<i>2</i>
DIVISION	<i>2</i>	2	<i>02</i>
ORGANIZATION	<i>23</i>	3	<i>023</i>
ARM	<i>Inf</i>	1	<i>1</i>
MARITAL	<i>no</i>	1	<i>2</i> <i>for</i>
NAME <i>Bodonix</i>	<i>Bod</i>	3	<i>2 3⁰ 4</i>
<i>Mrs.</i> RESIDENCE	STATE	2	
	COUNTY	2	
	CITY	3	
RELATION	<i>Mother</i>	1	<i>1</i>
OTHER		1	
ELIGIBILITY	<i>Foreign</i>	1	<i>4</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

JAN 16 1938

RAM

9B
29/514/
Country - Poland

10 *M*

DATE February 8, 1930.

*no record of ul
marked to locate - Prof - 12/5/32*

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
BODONIX, Frank	Pvt.	50009	Co. C 23 Inf.	6/7/18.

STATE	CTY. NO.	GRAVE	ROW	BLOCK
New York	1764	52	10	B

NAME AND ADDRESS	Check relationship	Living - Deceased		
		Living	Deceased	
	MOTHER	:	:	<i>Has a brother, have been unable to locate him, as no add. Such as he gave.</i>
	STEPMOTHER (For the year prior to com- mencement 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)	:	:	
		:	:	

Single manVeterans Bureau Claim Number C 20618
29/156

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

DATE 7-20-29

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
BODONIX, Frank	Pvt.	50009	Co. C, 23rd Inf.	6-7-18

STATE	CTY. NO.	GRAVE	ROW	BLOCK
	1764	52	10	B

<u>Check relationship</u>	<u>Living - Deceased</u>		
MOTHER	:	:	:
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)	:	:	:

Bureau Claim Number C-20618

7/23P

of origin

(Date)
 (Office)

MMB

293

DATE _____

1. NAME BODONIX, Frank SERIAL No. 50009

RANK Pvt ORGANIZATION Co.C 23rd Inf.

GRAVE LOCATION French Civ.Cty. Meaux, Seine-et-Marne #253
CTY. NAME NUMBER

8

GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION

GRAVE COMMUNE DEPT.

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.

(No data available)

SUBSEQUENT REBURIALS _____

DATE GRAVE ROW PLOT CEMETERY

DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR G.F. WAUGH, Major, Inf., Supervisor, Area f-2

3. FINAL GRAVE LOCATION Dec. 17, 1922 52 10 Block B

DATE GRAVE ROW PLOT

Aisne Marne American Cemetery #1764, Belleau Aisne
CEMETERY

Quadrant

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.

1764

GRAVE LOCATION BLANK.

LOCATION OF THE GRAVE OF

Dodson *50009* *Frank*
(Surname.) (Number.) (First Name and Initials.)
Private *Co. C. 23rd* *Infantry*
(Rank.) (Organization.)

DATE OF BURIAL *June 7, 1918*

PLACE OF BURIAL *New Cemetery*

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

at Meaux American
section.

GRAVE NUMBER *Eight (8)*

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:

REPORTED BY:
M. G. Griffin 1st Lt 23rd Inf.
(Signature and Rank of Reporting Officer.)

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

File
1/14/27
SKS

1764

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 28, 1918.

3-0727

To be prepared in triplicate.

DATE Nov 25-21

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 BODONIX, Frank
 2. No. 50009
 3. Rank Pvt
 4. Org. Co.C 23rd Inf.
 5. D.D. 6-7-1918
 6. C.D. D.O.W.ria

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

Discrepancy found upon disinterment

7. Grave No. 8 Sec. _____
 8. Plot _____ Row _____
 9. _____

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

18. Cemetery French Civ.
 20. Dept. or County Seine-e-Marne
 22. G.R.S. Hdqrs. Code No. #253

19. Commune or town Meaux
 21. Country France

23. Disinterred (Date) Nov 25-21

By S.I. Talmage

24. Inscription on grave marker:

Name Frank BODONIX
 Rank Pvt.

Serial No. _____
 Organization Co.C. 23rd Inf.

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

E. J. Cook
 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).

Bottle record agrees Grave marker tag checks.

27. Condition of body Badly decomposed recognition impossible.

28. Nature of burial In burlap and wooden box. Found under cross.

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 Nov 25-21 By S.I Talmage

31. Casket sealed by S.I. Talmage

Signature of Embalmer, (Supervisor) [Signature]
S.I. Talmage

10/24/21

SHIPMENT. (Show actual marking of box.) Box No. ~~XXXXXXXX~~ C - 17077

32. Designation of body:

Name Frank BODONIX Serial No. 50009

Rank Pvt Officer in Charge Organization Co. C 23rd Inf.

33. Consigned to:

Name of Permanent Cemetery Nov 25-21 S.I. Palmage
Aisne-Marne Amer. Cty. #1764 Belleau, Aisne

34. Casket boxed and marked (Date) _____ By _____

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

Signature of G.R.S. Inspector [Signature]

36. Remarks _____

Nov 25-21

Aisne Marne Am. Cty. 1764 Belleau Aisne.

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

J.S. Hughes J.P. Glandon Capt. QMC

To point of Concentration _____

Convoyer _____ Signature Shipping Officer [Signature] (Name)

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 Nov. 26/21

G.R.S. Representative Ad. Skuss.

41. Reinterred Dec. 17, 1922. Aisne-Marne Cem. 1764.
(Date)

42. Grave No. 52 Section _____

43. Plot Block B Row 10

G.R.S. Representative W.D. Cleary

W. D. CLEARY, Lt. Chaplain USA

Place MEAUX,

REPORT OF DISINTERMENT AND REBURIAL

Date Nov 25-21

1. REMAINS OF BODONIX Frank

SERIAL NUMBER 50009

RANK Pvt.

ORGANIZATION Co. C. 23rd Inf.

2. Disinterred (date) Nov 25-21

From (give complete location) Grave 8 Cem.

By : Group 1

253.

Unit Fld Section 3.

3. Reburied (date) :

In (give complete location) :

Dec. 17, 1922.

Grave 52, Row 10, Block B, Cem. 1764, 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 :

In burlap and wooden box. bottle record does not statenature of original burial Badly decomposed recognition impossible.

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

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

No effects. Bottle record checks Grave marker tag agrees with GRS records.

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

Not cut 1 16 flavity 15

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

(b) Weight (estimated) **impossible to estimate**

(c) Hair—Color **None visible.**

Quantity **None visible.**

Characteristics **None visible.**

(d) Hair on face—Color **None visible.**

Location **None visible.**

Quantity **None.**

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

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

None visible.

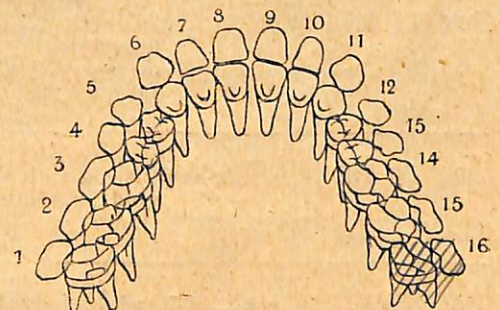
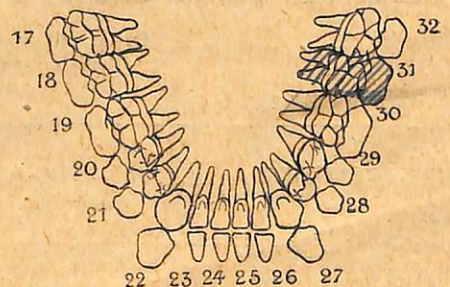


Diagram represents the mouth wide open
Not cut 17 32 MBD 16 31



7. Disinterment supervised by

S.I. Talmage

Approved:

J.P. Glandon Capt. QMC.

(Title)

8. Reburial supervised by

L.D. HAYS

Approved:

W.D. Cleary Lt. Chaplain USA

(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.

COMPILATION OF DISPOSITION OF REMAINS DATA

File #3458

*4/22/22 Exhumed
for Concentration
Aisne-Marne
att 5/7/22
1764*

I. LOCATION INDEX CARD:

(a) Name BODONIX, Frank Ser. No. 50009
(b) Rank Private. Organization Co.C, 23rd Inf.
(c) Date of death 6/7/1918 (d) Cause of death DWRIA

TYP. EK

CKR. _____

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

(a) Grave No. 8 Row -- Plot Amer Sec. -- TYP. EK
(b) Emerg. Address Charley Bodonix (mother) 28 Sea Cargo Road,
Jersey City, N.J. Secaucus, Road.

over

III. Files of soldiers dying from contagious diseases

CKR. _____

no card in file - Es. 2-15-21

IV. A. G. O. DISPOSITION CARD:

Date of receipt _____

(a) Name _____ (b) Relationship _____
(c) Address _____
(d) Remains to be brought to U. S.? _____
(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 _____ Date _____, 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 Es. Date 2-15-21, 1920.

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

no request for disposition

(a) Cancellation memos referred to? Yes Es.

Examiner's Initials Es. Date 2-15-21, 1920.

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 25 1921, 1920

PARAGRAPH 2 - NOT TO BE RETURNED *am*

IX.

CORRECTIONS

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

X. SUSPENSION REMARKS:

*w.R.C.C.
6-24-21
w.*

*- Mr. Charles Bodonix, (Brother)
28 - Sea Barge Road,
Jersey City, N.J.
(Cm. address)*

114-B or

Claim 20618

~~23 Sea~~

~~Walt J.
1416 Ford St
Bethel
Pa.~~

Bodonix,

(Surname.)

Frank

(Christian name in full.)

(Army serial number.)

Pvt

Co C 23rd Infantry

(Rank and organization.)

State your relationship to the deceased

Do you desire the remains brought to the United States?

(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)

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

RECEIVED
UNCLAIMED

COMPILATION OF DISPOSITION OF REMAINS DATA

File #3458

See Form 115
Att 5/7/22

I. LOCATION INDEX CARD:

(a) Name BODONIX, Frank Ser. No. 50009
 (b) Rank Private. Organization Co. C, 23rd Inf. } TYP HK
 (c) Date of death 6/7/1918 (d) Cause of death DWRIA } I

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

(a) Grave No. 8 Row --- Plot AMER Sec. (3-8-21) TYP. HK
 (b) Emerg. Address Charley Bodonix (mother) 28 Sea Cargo Road,
Jersey City, N.J. Secaucus, Road,

III. Files of soldiers dying from contagious diseases --- CKR. L

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

No card in file. Es. 2-15-21.
No request for disposition (alt 4/21/21)

V. Following advice forwarded to Europe by { cable on _____, 192
 letter of transmittal on FEB 25 1921, 192

PARAGRAPH 2 - NOT TO BE RETURNED

VI. Form 115 forwarded to G. R. S., Hoboken, N. J., _____, 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. _____

WP 4/28/21

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

*Please
send*

Harlow (Suspense - 3rd Request)

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

Bodonix, Frank, Pvt.

253 - 6

5/23/21

SERIAL NUMBER

ORGANIZATION

DATE OF DEATH

50009

Co. C, 23rd Inf.

6/7/18

Copy forwarded to
Adjustment Department

WAR RISK INSURANCE INFORMATION

C-20618

Date 5-24-21-W

DATE

7,4098

PERSON NAMED BY SOLDIER TO BE BENEFICIARY OF INSURANCE

RELATIONSHIP

J.
ADDRESS

NO PLATE

Mr Charles Bodonix.

(Brother)
RELATIONSHIP

PERSON RECEIVING DEATH COMPENSATION

28. Sea Barge Road. Jersey City, N.J. (Em address)
NO PLATE

OSP-SS
Form No. 1009

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

*Please
mail
20618*

Harlow F.M.		
NAME OF DECEASED SOLDIER	CEMETERY NO.	DATE
Bodonix, Frank, Pvt.	253 - 6	4/5/21.
SERIAL NUMBER	ORGANIZATION	DATE OF DEATH
50009	Co. C, 23rd Inf.	6/7/18.

WAR RISK INSURANCE INFORMATION

*Previously noted
on 7.115
(7-18-21)
JTB*

DATE _____

Mr. Charlie Bodonix	Brother
PERSON NAMED BY SOLDIER TO BE BENEFICIARY OF INSURANCE	RELATIONSHIP

28 - Sea Cargo Road - Jersey City, N.J.
ADDRESS

No address

PERSON RECEIVING DEATH COMPENSATION	RELATIONSHIP
-------------------------------------	--------------

ADDRESS

*no record
JTB*

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 2/16/21.

File No. Requisition.

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.

687
a. Surname ^{OK} Bodonix

f. Date of death ^{OK} 6/7/18.

b. Christian name ^{OK} Frank

g. Cause of death ^{OK} DWRIA.

c. Serial Number ^{OK} 50009

h. Authority (C.O.#)

d. Organization ^{OK} Co. C, 23rd Inf.

i. Emergency address ^{OK} Darley Bodonix

e. Rank ^{OK} Pvt.

j. Relationship ^{OK} Brother. Jersey City, N.J.

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

C.W.
CEMETERY NO: 253

SHEET NO: 6
TYPED BY: I.W.

S/713/LML

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

BY: *H. J. Conner*

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

WAR DEPARTMENT, A.G.O.

FEB 12 1921

18

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

PLEASE
EXPEDITE

JUL 27 1951

OSP-SS

Form No. 1009

File No. **3458**OFFICE OF THE QUARTERMASTER GENERAL
CEMETERIAL DIVISION
OVERSEAS PROJECT SUB-SECTION**FILE****COPY**

Harlow (Suspense - 3rd Request)

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

Bodonix, Frank, Pvt.

253 - 6

5/23/21

SERIAL NUMBER

ORGANIZATION

DATE OF DEATH

50009

Co. C, 23rd Inf.

6/7/18

WAR RISK INSURANCE INFORMATION

DATE _____

Original Attached to

Form 119

Date 6-24-21-W.

PERSON NAMED BY SOLDIER TO BE BENEFICIARY OF INSURANCE

RELATIONSHIP

ADDRESS

PERSON RECEIVING DEATH COMPENSATION

RELATIONSHIP

Mr. R. Gordon Bodonix, Brother

28 - Sea Ledge Road, Jersey City, N.J., (Cm. address)

File # 3458

TO: - REGISTRATION BRANCH, G.R.S.

From: - M. F. Fulkerson

Please furnish information as indicated below

NAME Frank Bodorix

RANK *Par* ORGANIZATION *Co C 31*
Rank and organization

No.	Question	
✓ 1	Do particulars of soldier given above agree with Records?	(1)
✓ 2	Date of Death	(2)
✓ 3	Cause and place of death	(3)
✓ 4	Number of Casualty Cablegram	(4)
5	Date buried	
✓ 6	Grave location (a) complete record required (b) name of cemetery or commune only required.	(6)
7	Who reported burial?	
✓ 8	Has report been confirmed by G.R.S.	(8)
9	Report as to grave marker.	
10	Report as to identification tags.	
✓ 11	Who is nearest relative?	(11)
12	Has N/R been notified (give date)?	
13	Report the exact position of your inquiry on this case. (Reply in all cases if no information on record).	
14	What is the photograph No.?	

13/4/18
R.P.B.

FROM: C. Q. M. G.
CEMETERIAL DIVISION
Munitions Building
Room 1109

PLEASE
EXPEDITE

INVESTIGATION AND ADJUSTMENT DEPARTMENT

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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
WASHINGTON

FILE

Date **March 29, 1921**

File No. **3458** Registration.

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

To: The Adjutant General of the Army, Sixth and B Streets NW., 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.

- a. Surname. **BODONIX** *O.K.*
- b. Christian name. **Frank** *O.K.*
- c. Serial number. **50009** *O.K.*
- d. Organization. **Co. C. 23rd Infantry** *O.K.*
- e. Rank. **Pvt.** *O.K.*
- f. Date of death. **6-7-18** *O.K.*
- g. Cause of death. **DWRIA** *O.K.*
- h. Authority (C. C. No.) **161** *O.K.*
- i. Emergency address. **Charley Bodonix, 28 Sea Cargo Road, Jersey City, N. J.** *O.K.*
- j. Relationship. **Mother** *Brother (A.G.O.)*

BODY DESCRIPTION.

(See page 2 of the Service Record.)

- a. Age at 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.							

FILE

*Accountly - Mr. Eul. Pers. Sec.
W 78-3. 3-30-21.*

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

By

[Signature]
H. J. CONNER,
1st Lt. *Captain*, Q. M. C.

Mr. Wilson
DTD

*Rec'd World War Div.
Date MAR. 29. 1921*

[Handwritten mark]

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
WASHINGTON

Date: March 31, 1921

Registration

File No. 3558

From: The Quartermaster General, U. S. Army, in general division.

To: The Adjutant General of the Army, 1921, and R. Street, W. H. Washington, D. C.

Subject: Information required for G. R. S.

It is requested that the items checked below be completed. Repeat continuation of all information (not shown)

A. Date of death, 4-7-18

B. Summary - 200 only

C. Cause of death, 200 only

D. Christian name, 200 only

E. Address at G. R. S. 181

F. Social number, 200 only

G. Emergency address, Charles Hobson

MAR 31 1921

H. 28 East 67th Street, Jersey City, N. J.

I. Relationship, Mother

RECEIVED

J. Home, 200 only

GENERAL CHARTS

BODY DESCRIPTION

1. Name of person or organization for whom prepared

2. Name of person for whom prepared

3. Name of person or organization

4. Name of institution

5. Name of person or organization

6. Color of eyes

7. Name of person or organization

8. Color of hair

9. Name of person or organization

10. Name of person or organization

11. Height

12. Weight

13. Examination (mental and physical)

14. History of entrance (if any)

15. (Indicate on check)

H. J. ROBERTS

H. J. ROBERTS

1st Lt. Colonel, U. S. Army

H. J. ROBERTS

FROM: O. Q. M. G.
CEMETERIAL DIVISION
Munitions Building
Room 1109

PLEASE
EXPEDITE

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
WASHINGTON

34581

Date March 29, 1921

File No. ~~16341~~ Registration.

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

To: The Adjutant General of the Army, Sixth and B Streets NW., 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.

- ✓ *one* a. Surname. **FEDENIX** *Bodonix (a.g.o.)*
- ✓ b. Christian name. **Frank** *O. K.*
- ✓ c. Serial number. **50,009**
- ✓ d. Organization. **Co. C. 23rd Infantry**
- ✓ e. Rank. **Pvt.** *O. K.*

- ✓ f. Date of death. ~~7-13-18~~ *June 7, 1918 (a.g.o.)*
- ✓ g. Cause of death. **W/A** *O. K.*
- ✓ h. Authority (C. C. No.) ~~247-161~~ *(a.g.o.)*
- ✓ i. Emergency address. *Charley Bodonix
28 Sea Cargo Road, Jersey City, N. J.*
- ✓ j. Relationship. *Brother.*

BODY DESCRIPTION.

(See page 2 of the Service Record.)

- a. Age at 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.							

FILE

*Sounelly - Mr. Col. Pers. Sec.
20-8-3-4-1-21.*

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

By

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

[Handwritten mark]

Rec'd March 30 1921
Date

Mr. Wilson
DTD

MAR 31 1921

[Handwritten mark]

Hdqrs. Graves Registration Service
Quartermaster Corps
American Expeditionary Forces

Reference #3458

January 2, 1919

FROM: Chief, Graves Registration Service, American E. F.
TO: Mr. Charley Bodonix, 28 Sea Cargo Road, Jersey City, N. J.
SUBJECT: Private Frank Bodonix, Co. C., 23rd Infantry, American E. F.

1. On August 24th, 1918 I wrote you notifying you that your brother Frank was buried in a cemetery whose location could not, at that time, be given. I wish now to notify you that in respect of place of burial of the above mentioned soldier, the records of this office show that Private Frank Bodonix's body was interred in the American Section of the cemetery at Meaux.

By direction

CHARLES C. PIERCE,
Lieut.-Colonel, Q.M.C., A.E.F.

per

MAURICE B. DIX,
Capatin, American Red Cross,
Representative assigned to
Graves Registration Service.

MBD-im.

Hdqrs. Graves Registration Service
Quartermaster Corps
American Expeditionary Forces

400 Boyd
3458
January 2, 1919

Reference #3458

FROM: Chief, Graves Registration Service, American E. F.

TO: Mr. Charley Bodonix, 28 Sea Cargo Road, Jersey City, N. J.

SUBJECT: Private Frank Bodonix, Co. C., 23rd Infantry, American E. F.

1. On August 24th, 1918 I wrote you notifying you that your brother Frank was buried in a cemetery whose location could not, at that time, be given. I wish now to notify you that in respect of place of burial of the above mentioned soldier, the records of this office show that Private Frank Bodonix's body was interred in the American Section of the cemetery at Meaux.

By direction CHARLES C. PIERCE,
Lieut.-Colonel, Q.M.C., A.E.F.

per *M. B. Dix*
MAURICE B. DIX,
Captain, American Red Cross,
Representative assigned to
Graves Registration Service.

MBD-im.

✓
Capit Dist

Eng. 123rd

28 Sea Cargo Road

AMERICAN EXPEDITIONARY FORCES
HEADQUARTERS SERVICES OF SUPPLY
GRAVES REGISTRATION SERVICE

Try this
address
Second
address

August 24th, 1918.

FROM: Chief, Graves Registration Service, A.E.F.
TO: Mr. Charley Bodonix, 28 Secaucus Road, Jersey City, N.J.
SUBJECT: Location of Grave.

While it is a very sad subject that commands my attention this day, I assure you that it is my purpose to bring to you a bit of consolation rather than to intrude upon your grief. Death is inevitable for all of us, and America will probably have peace and liberty in coming years only through the sacrifice of her sons, whose bodies rest here in the soil of France.

✓ It is about one historic spot that I am writing you and it will be a comfort to you to know that the body of your brother, Frank Bodonix, lies buried in a cemetery whose location cannot now be given, because of military reasons, but which is duly listed on our records as Cemetery No. 253.

We shall care for this place to the best of our ability and just as you would wish us to do if you were present. The bodies of our dead must rest here in Europe until after the close of hostilities, but you need have no fear that we shall be lax in our duty or neglectful in our treatment of a place which means so much to you.

CCP*M

Charles Reice
MAJOR, A.Q.M., U.S.A.

Miss Fulkerson

- 1. Notify on new form
- 2. Give name & cemetery
- 3. Use new address of son to Registration to note demand.

WSD

DU. 4. 1918