

To, The A. G. O. 2394

G.R.S. Form #114 B

OCT 6 - 1921 DATE Oct. 21st 1921.

1. NAME BONADIES Nick SERIAL No. 2406819
 RANK Pvt. ORGANIZATION Co. D, 328th Inf. 78 Div
 GRAVE LOCATION Argonne Amer. Romagne/s/Montfaucon 1232 sec 81
 CTY. NAME NUMBER
146 sec 81 3
 GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION Les Isletter (Meuse).
 GRAVE COMMUNE DEPT.
 COORDINATES 35-S.E.. 260.88-N. 300.55-E.
 CONCENTRATED TO 6.2.19. 146 81. 3.
 DATE GRAVE ROW PLOT
Meuse Argonne Cemetery 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 on cross.

DATE OF DEATH Oct 17/18

STATE FROM WHICH HE CAME N.J.

Data form 1.
SUBSEQUENT REBURIALS

MEDALS OR DECORATIONS AWARDED

DATE GRAVE ROW PLOT CEMETERY

DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR

M. B. Birdseye

3. FINAL GRAVE LOCATION Oct. 21st 1921. 61st 1 H
 DATE GRAVE ROW PLOT
Block

Meuse-Argonne Amer. Cty #1232, Romagne-sous-Montfaucon, Meuse.

AUDITED BY
227 443-43

A. G. O.
OCT 6 1926
WORLD WAR DIV

M. B. BIRDSEYE
1st Lt. U.S. Army
Major General
The Adjutant General
OCT 7 1920

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.



GRAVE LOCATION BLANK R

LOCATION OF THE GRAVE OF

Bonadies 2406819 Nick
(Surname.) (Number.) (First Name and Initials.)

Plt. Co L 309 Inf.
(Rank.) (Organization.)

DATE OF BURIAL *Oct 18 / 18*

PLACE OF BURIAL *Les Silettes*

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

American Cemetery

GRAVE NUMBER *41*

HOW MARKED: Name Peg? *yes* Cross? *-*

Headboard? *-* Bottle? *-*

IDENTIFICATION TAGS:

Was one buried with body? *yes*

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

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

REPORTED BY:

E.H.#14
Chas. L. Noure Choffain
(Signature and Rank of Reporting Officer.)

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

Date 12 JUNE 1919

REPORT OF DISINTERMENT AND REBURIAL

Remains of:

Name: BONADEES Nick

Number 2406819

Rank: U nkn

Organization Unkn

Disinterment and Reburial made by Group:

Unit

Disinterred (Date)

from (Give complete location)

2 JUNE 1919

Grave # 64 sec E Plot 1 AEF CTY ,

6

LES ISLETTES MEUSE,

35 SE E 300.55 N 260.88

Reburied (Date)

In: (Give complete location)

2 JUNE 1919

Grave # 146 Sec # 81 Plot # 3

ARGONNE AMERICAN CEMETERY # 1232

ROMAGNE MEUSES?

1232

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

Body buried in Blanket, Body badly decomposed, Burial good,

Was any identification tag found upon the body? Yes

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

Note:

If upon disinterment, effects are found on 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 of identity in doubtful cases, notation whereof will be made and reported to Chief, Graves Registration Service.

Supervised by: Lt Shelton.

SCW

R. H. ROSENTHAL

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

C.O. GEORGE

Unit

10984

2406819

10-17-18

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>Bonadies</i>	<i>BON</i>	3	<i>25⁰4</i>
<i>nick</i>			
BURIED	CEMETERY <i>1232</i>	1	<i>1</i>
	GRAVE <i>6</i>	2	<i>06</i>
	ROW <i>1</i>	2	<i>01</i>
	BLOCK <i>H :</i>	1	<i>8</i>
STATE	<i>ng</i>	2	<i>35-</i>
RANK	<i>Pvt</i>	1	<i>2</i>
DIVISION	<i>78</i>	2	<i>78</i>
ORGANIZATION	<i>309</i>	3	<i>309</i>
ARM	<i>Inf</i>	1	<i>1</i>
MARITAL	<i>Mar</i>	1	<i>2</i>
NAME <i>Bonadies</i>	<i>BON</i>	3	<i>25⁰4</i>
<i>Maria Passaro</i>	STATE	2	
RESIDENCE <i>vedova</i>	COUNTY	2	
<i>All rel. foreign</i>	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	
<i>7</i> ACCEPTANCE <i>29/514</i>	<i>Italy</i>	1	
		2	<i>01</i>

AUDITED

FEB 25 1938
ATM

em

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

DATE 8-20-31

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
Bonadies, Nick	Pvt	2406819	309th Inf.	10-17-18

STATE	CITY. NO.	GRAVE	ROW	BLOCK
	1232	6	1	H

	<u>Check relationship</u>	<u>Living - Deceased</u>
MOTHER	Camp + us	<input checked="" type="checkbox"/>
STEMOTHER (For the year prior to commencement of service)		<input type="checkbox"/>
MOTHER THRU ADOPTION (For the year prior to commencement of service)		<input type="checkbox"/>
MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)		<input type="checkbox"/>
WIDOW (Who has not remarried)	Single man	<input type="checkbox"/>

all relatives
1-24-33
(m)
Maria Passaro,
vedova Bonadies
San Mango di Sessa
C. Cilento,
Prov. di Salerno
Italy

Veterans Bureau Claim Number C102719
29/156

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

mother
IN REPLY REFER TO QM 293 A-C
Bonadies, Nick.

*Maria Passaro Redora Bonadies,
San Mango di Lessa Cilento,
Prov. di Salerno, Italy.*

June 29, 1929.

Mrs. Louise Soporista,
354-1st St.,
Jersey City, N.J.

*C-102719
7-29 Am*

Dear Madam:

Your attention is invited to the enclosed copy of an Act of Congress approved March 2, 1929, entitled an Act "To enable the mothers and widows of the deceased soldiers, sailors and marines of the American forces now interred in the cemeteries of Europe to make a pilgrimage to these cemeteries".

The records of this office show that you are the sister of the late Private Nick Bonadies, Co. L. 309th Inf., whose remains are now interred in the Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon, Meuse, France.

Will you please advise this office whether or not he is survived by a mother or widow who is entitled under the provisions of the above quoted Act, to make the pilgrimage, and if so, will you please furnish the full names and addresses of the mother and widow in order that action may be taken to extend invitations to them to make the pilgrimage. Both mothers and widows are entitled to make the pilgrimage.

Your attention is particularly invited to Section 4 of the enclosed Act, which defines the terms "mother" and "widow". If the relative is a stepmother, mother through adoption, or any woman who stood in loco parentis to the decedent, a statement as to her relationship is requested. If he was survived by a widow who has since remarried it is also requested that a statement to that effect be made.

For your reply, you may use the enclosed envelope which requires no postage.

For The Quartermaster General,

Very truly yours,

2 incls.
Act of Congress.
Envelope.

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



WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

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Very truly yours,

2 incls.
Act of Congress.
Envelope.

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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

Sept. 18, 1923.

Mrs. Louise Soporista,
354-1st St.,
Jersey City, N.J.

Dear Madam:

The Quartermaster General desires you to be informed that the permanent grave of Private Nick Bonadies, Company L, 309th Infantry, is Grave 6, Row 1, Block H, Meuse-Argonne American Cemetery, Romagnous-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 a headstone of white marble, of suitable design, with name, rank, division, organization, date of soldier's death and State from which he came. 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.

You are assured in effecting removal of the remains, the utmost care and reverence were exercised and more than willingly accorded by those who performed 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. H. Cheal
H. H. CHEAL,
Assistant.

In

9/24
FILE

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

OFFICIAL BUSINESS

WASHINGTON, D. C.

Moved



REGISTER	POSTAGE USE
PAY OR	OF POSTAGE, \$0.00.
INSURE	
VALUABLE MAIL	



Mrs. Louise Soporista

354 -1st St.

Jersey City, N.J.

Sept. 18, 1923.

Mrs. Louise Soporista,
354-1st St.,
Jersey City, N.J.

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Very truly yours,

WPPR

In

O.Q.M.G.
Central Mail & Files B.

✓ H. H. CHEAL,
Assistant.

SEP 19 1923

PILATION OF DISPOSITION OF REMAINS DATA

File #40181

I. LOCATION INDEX CARD:

(a) Name BONADIES, Nick Ser. No. 2406819 } TYP. aeu
 (b) Rank Pvt. Organization Co. I, 309th Inf. } CKR. 30
 (c) Date of death 10-17-18 (d) Cause of death DWRGA

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

(a) Grave No. 146 Row - Plot 3 Sec. 81 TYP. aeu
 (b) Emerg. Address Mrs. Louise Soporista, Sister, 354 -1st St., Jersey City, N.J.

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

IV. A. G. O. DISPOSITION CARD: *no card in file. MBI 4/21/21* 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 _____

Examiner's Initials _____ Date _____, 1920.

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

No request for disposition

(a) Cancellation memos referred to? _____

EM Examiner's Initials EM Date 4/21, 1921

COUNTRY France CEMETERY No. 1232, Sec. 81 SHEET No. 22

*Checked
MBA 8/22/21*

Duplicate

G.R.S. FORM #114-A.

STATION

Romagne s.s Montfaucon

To be prepared in triplicate.

DATE Oct. 19, 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

- 1. Name BONADIES, Nick
- 2. No. 2406819
- 3. Rank Pvt.
- 4. Org. Co. L. 309th Inf.
- 5. D.D. 10-17-18
- 6. C.D. D.O.W. r.i.a.
- 10. Name "Bonadies" on tag on body
- 11. No. _____
- 12. Rank _____
- 13. Org. _____
- 14. (a) D.D. _____
- (b) D.B. XXXXXXXX

Discrepancy found upon disinterment

- 7. Grave No. 146 Sec. 81
- 8. Plot 3 Row _____
- 9. _____
- 15. Grave No. _____ Sec. _____
- 16. Plot _____ Row _____
- 17. No descp.
- 18. Cemetery Argonne American
- 19. Commune or town ROMAGNE-SOUS-MONTFAUCON
- 20. Dept. or County Meuse
- 21. Country France
- 22. G.R.S. Hdqrs. Code No. 1232 Sec. 81
- 23. Disinterred (Date) 10-19-21 By E. G. Howell
- 24. Inscription on grave marker:
 - Name Nick Bonadies
 - Rank Pvt.
 - Serial No. 2406819
 - Organization Co. L. 309th Inf.
- 25. Was identification disc found on grave marker? No On body? Yes

E. G. Howell
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).
Tag on body partly corroded "Bonadies" only legible Tag on peg over body agrees except last name which read "(Bonadies)"
- 27. Condition of body Badly decomposed features unrecognisable
- 28. Nature of burial US Uniform, burlap and pine box.
- 29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? see items 10, 24.
- 30. Body prepared and placed in casket: Date 10-19-21 By E.G. Howell
- 31. Casket sealed by E.G. Howell

Signature of Embalmer, (Supervisor) *E. G. Howell*

SHIPMENT. (Show actual marking of box.) Box No. C-7885

32. Designation of body:

Name BONDALES, Nick Serial No. 2406819

Rank Pvt. Organization Co.L. 309th Inf.

33. Consigned to:

Name of Permanent Cemetery Argonne American ROMAGNE-sous-MONTEAUCON, 1232

34. Casket boxed and marked (Date) 10-19-21 By E.G. Howell

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 F. B. Daniels, Capt. G.M.C.

36. Remarks

37. Shipped from point of Operation: (Date) 10-19-21

To point of Concentration Meuse Argonne Cem. #1232

Convoyer W. J. Royed Signature Shipping Officer G. F. Spain, Capt. G.M.C. cjt

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

40. Received: Date

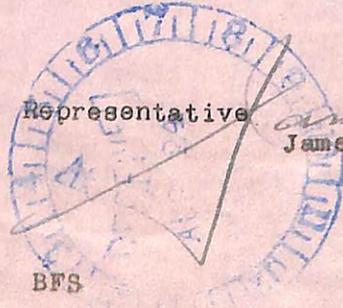
G.R.S. Representative

41. Reinterred Oct. 21, 1921 Meuse-Argonne Cty. 1232

42. Grave No. 6 Section

43. ~~Plot~~ Bl. H Row 1

G.R.S. Representative James W. Younger, Capt., G.M.C.



AUDITED BY

Concentration.

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

Place Romagne 1232.

REPORT OF DISINTERMENT AND REBURIAL

Date Oct. 19, 1921.

1. REMAINS OF BONDAIES, Nick SERIAL NUMBER 2406819

RANK Pvt. ORGANIZATION Co. 1, 309th Inf.

2. Disinterred (date): Oct. 19, 1921 From (give complete location): gr. 145, sec. 81, plot 3.

By: Group 3 Unit sec 1

3. Reburied (date): Oct. 21, 1921 In (give complete location): Meuse-Argonne Cty. 1232 Gr. 6, Bl. H, row 1.

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

4. Report as to nature of original burial and condition of body upon disinterment: wooden box and burlap and uniform, badly decomposed, features not recognizable.

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 partly corroded, "^{adi}Bonadies" only legible. Tag on peg over body agreed except last name which read "Bonadies"

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

(a) Height (actual measurement) impossible to determine

(b) Weight (estimated) do

(c) Hair—Color do

Quantity do

Characteristics do

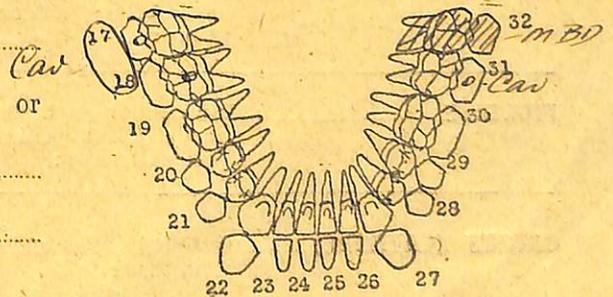
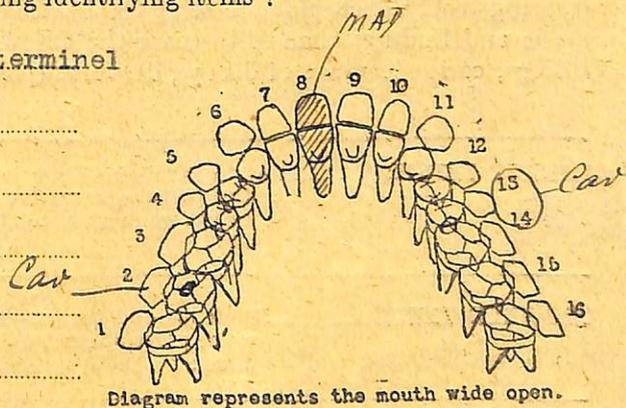
(d) Hair on face—Color do

Location do

Quantity do

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

(f) Wounds or missing parts (received at time of casualty) none visible.



7. Disinterment supervised by E. G. Howell
E. G. Howell

Approved: F. B. Daniel
F. B. Daniel, Capt. Q.M.C.
(Title)

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

Approved: James W. Younger
James W. Younger, Capt. Q.M.C.
(Title)

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

Enter information, as noted below, on reverse side of sheet in the *corresponding numbered space*. This form is supplemental to and is to be forwarded with G. R. S. Form 1-a, reporting reburial locations. To be used in answer to Question 26, Form 114, in case no means of identification on body.

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.
2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
3. Give date and accurate information as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.
5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".
 (b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6.
6. Give all information as to body description and dental chart as nearly correctly as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspid (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 #40181

I. LOCATION INDEX CARD:

(a) Name BONADIES, Nick Ser. No. 2406819
 (b) Rank Pvt. Organization Co. L, 309th Inf. } TYP. aeW
 (c) Date of death 10-17-18 (d) Cause of death DWRJA } 30

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

(a) Grave No. 146 Row - Plot 3 Sec. 81 TYP. aeW
 (b) Emerg. Address Mrs. Louise Soporista, Sister, 354 -1st St., Jersey City, N.J.

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

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

.....

V. Following advice forwarded to Europe by { cable on, 192
 Section-81 { letter of transmittal on 5-2-, 1921
 Par. 2. not to be returned (Jew)

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.

40281

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Bonadies 2406819 Nick

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

Pvt. G.I. 309 Inf.

(Rank.) (Organization)

DATE OF BURIAL

Oct 18th '18

PLACE OF BURIAL

Les Islettes

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

American Cemetery

GRAVE NUMBER

41

HOW MARKED: Name Peg?

yes

Cross?

Headboard?

Bottle?

IDENTIFICATION TAGS:

Was one buried with body?

yes

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

yes

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

586

REPORTED BY:

Chas L. Nurse Chaplain E.H. 14

(Signature and Rank of Reporting Officer)

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

28 Oct 18

no.
1. G. R. S. Form No. 1,

Hq. G. R. S. File

2. Soldier's No. 2406819

3. Banadies Nick
Surname (In block letters) First Name and Initials

4. Rank Company Regt. or Corps

5. Oct. 18. 18. Died of wounds
Date of Death Cause, if known

6. Oct. 18. 18. American
Date of Burial Cemetery

7. Les Issellettes Meuse
Town or Commune (In block letters) Department

8. 145 Sec. L. 3
Grave No. Plot No. or Letter

9. Name Peg? Yes. Cross? Headboard? Bottle?
Check Method of Marking

10. Buried with Body? Yes. Attached to Grave Marker? Yes.
Identification Tags

11. If name unknown and tags missing, give marks and description.

12. Map Reference, if interment is outside of cemetery

13. Buried by Chaplain Chas. L. Nourse, E.H. 14
Give name of Chaplain or Burial Officer

Signed Sgt. R. E. Jett

Group 3..... Unit 302... G. R. S.

4018

NOV 1918