



REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Name John Bono

Number: 2021296

Rank: None

Organization: None

Disinterment and Reburial made by Group 1 Unit 304

Disinterred (Date) May 22/19 From: (Give complete location)

From Grave # 177 Cemetery #19-Forsberg.

#33 SE N286.82 E201.45

Reburied (Date) May 22/19 in: (Give complete location)

Grave #149 Section M. Cemetery #18 Fismes (Marne)

Map #34 Reims. SW. 286.25N-205.75E

617

Report as to nature of original burial and condition of body upon disinterment:  
.Buried 5 feet deep--- Body badly decomposed.

Was one identification tag found upon the body? Yes and one on cross.

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

20646

Note:

If upon disinterment, effects are found upon the 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: Pvt. N.W. McKay

1st. Lt. Oscar W. Forsberg.

C.O. Group 1 Unit 304

1/30/20  
K

Place

# REPORT OF DISINTERMENT AND REBURIAL

Date MARCH 3rd 1921

1. REMAINS OF BONO. JOHN SERIAL NUMBER 2021296  
RANK Pvt. ORGANIZATION Co.F 47th Inf.

2. Disinterred (date) : 3/3/21 From (give complete location) : Gr. I49 Sec. M Pt. 3  
By : Group Foster Unit Section 7

3. Reburied (date) : 3/3/21 In (give complete location) : Gr. I49 Sec. M Pt. 3  
By : Group Foster Unit Sec. 7 Nature of reburial Pine box and burlap.

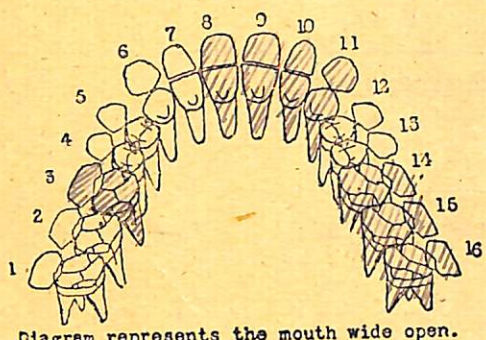
4. Report as to nature of original burial and condition of body upon disinterment :  
Uniform and burlap, entirely decomposed and features unrecognizable.

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

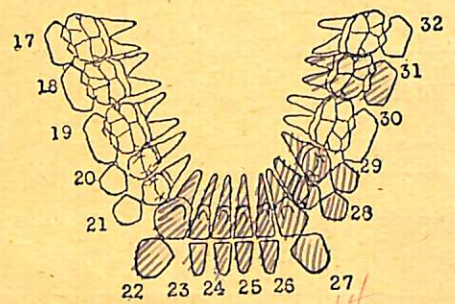
(b) Other means of identification found upon disinterment, and general remarks :  
Org. button 47/5 Identification card John Bono. Detroit Mich.  
Gold ring with initials "R" sent to Hdqrs. A.G.R.S.

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

(a) Height (actual measurement)	<u>Imposs. to determ.</u>
(b) Weight (estimated)	<u>" " " " "</u>
(c) Hair—Color	<u>" " " " "</u>
Quantity	<u>" " " " "</u>
Characteristics	<u>" " " " "</u>
(d) Hair on face—Color	<u>" " " " "</u>
Location	<u>" " " " "</u>
Quantity	<u>" " " " "</u>



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



(f) Wounds or missing parts (received at time of casualty) :  
Impossible to determine

# 3 ext. 8, 9, 10, 11 miss., 15, 16, 22, 23, 24, 25, 26, 27, 28, 29, incl. miss. 31 ext.

7. Disinterment supervised by M.B. BIRDSEYE  
IST. LT. Q.M.G.  
8. Reburial supervised by M.B. BIRDSEYE  
IST. LT. Q.M.G.  
G.H.H.  
S.C.L.

Approved: E.W. AUSTIN  
F.A.  
(Title) MAJOR F.A.  
Approved :  
(Title)

D-30858






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

# 2021296 20.30 8/10/18 ✓

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	BONO - John	3	2 3 4
BURIED	CEMETERY	1	2
	GRAVE	2	10
	ROW	2	27
	BLOCK	1	3
STATE	mich	2	26
RANK	Priv	1	21
DIVISION	4	2	04
ORGANIZATION	47	3	047
ARM	Inf	1	1
MARITAL	No	1	2
NAME	Bono	3	2 3 4
RESIDENCE	Filippa Licari all rd foreign	2	
STATE		2	
COUNTY		2	
CITY		3	
RELATION	Mother	1	1
OTHER		1	
ELIGIBILITY	Foreign	1	4
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF TRIP	MO.	1	
	YR.	1	
ACCEPTANCE	Country	1	01
	Italy	1	

**AUDITED**

FEB 4 1938

*RTM*

*22*

*RTM* ACCEPTANCE 27/514 Country

WAR DEPARTMENT  
 OFFICE OF THE QUARTERMASTER GENERAL  
 WASHINGTON

DATE 8/18/31

NAME RANK SERIAL ORGANIZATION DATE OF DEATH  
 Bono, John Pvt. 2021296 Co. F, 47th Inf. 8/10/18

STATE Mich. CTY. NO. 608 GRAVE 10 ROW 27 BLOCK C

	<u>Check relationship</u>	<u>Living - Deceased</u>	
NAME	MOTHER <i>comp</i>	: ✓ : :	
AND	STEPMOTHER (For the year prior to commencement of service)	: : : :	<i>all up foreign 1-19-32</i>
ADDRESS	MOTHER THRU ADOPTION (For the year prior to commencement of service)	: : : :	<i>M</i>
	MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	: : : :	<i>Filippa Licari</i>
	WIDOW (Who has not remarried)	: : : :	<i>vedova Bono</i>
	<i>Single man</i>	: : : :	<i>Corso Castenzio di Bella</i>
		: : : :	<i>Montelepre</i>
		: : : :	<i>Prov. di Palermo</i>
		: : : :	<i>Italy</i>

Veterans Bureau Claim Number XC 248325  
 29/156

*8/27/31*

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C  
Bono, John.

June 21, 1929.  
XC 248325

Mr. Thomas Lombardo,  
459 Fort St.,  
East Detroit, Mich.

(M) Filippa Licari in Bono  
corso Castenzio di Bella  
Montelepre  
Prov di Palermo, Italy.

Dear Sir:

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

The records of this office show that you are the uncle of the late Private John Bono, Co. F, 47th Inf., whose remains are now interred in the Oise-Aisne American Cemetery, Seringes-et-Nesles, Aisne, France.

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

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

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

For The Quartermaster General,

Very truly yours,

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

2 incls.  
Act of Congress.  
Envelope.



WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C  
Bono, John.

June 21 1929.

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459 Fort St.,  
East Detroit, Mich.

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

For The Quartermaster General,

Very truly yours,

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

2 incls.  
Act of Congress.  
Envelope.

RECEIVED  
JUN 21 PM 4 32

Handwritten initials or signature.

QM 293 A-C

BONO, John - Pvt.

January 22, 1925

Mr. Thomas Lombardo,  
459 Fort St.,  
East Detroit, Mich.

Dear Sir:

The Quartermaster General desires to invite your attention to the inclosed card which gives the permanent cemetery location of the soldier's grave in which you are interested.

This American military cemetery is one of those to be maintained by the United States for all time in Europe. Each grave will be marked by a headstone of white marble, of dignified design, with the 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.

Please be assured that in effecting removal of the dead, the utmost reverential care was exercised and more than willingly accorded by those who performed this sacred duty. For the future, these graves will be perpetually maintained by the Government in a manner befitting the last resting place of our heroes.

Very truly yours,

R.P.HARBOLD,  
Major, Q.M.C.  
Assistant.

1-Incl.  
Record card.

RD

752



COMPILATION OF DISPOSITION OF REMAINS DATA

File #101162

I. LOCATION INDEX CARD:

(a) Name BONO, John Ser. No. 2021296
(b) Rank Pvt. Organization Co.F, 47th Inf.
(c) Date of death 8/10/18 (d) Cause of death KIA
TYP. HB
CKR. E.M.

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

(a) Grave No. 149 Row - Plot 3 Sec. M TYP. HB
(b) Emerg. Address Thomas Lombardo(uncle) 459 Fort St., East Detroit, Mich.

III. Files of soldiers dying from contagious diseases - CKR. E.M.

no card in file - 44-12-1-20

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. G. CORRESPONDENCE shows communication from

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

Examiner's Initials Date, 1920.

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

No request for disposition

(a) Cancellation memos referred to? Yes, S.M.

Examiner's Initials S.M. Date 12-2-1920.

COUNTRY France CEMETERY No. 617 SHEET No. 111

FORM 115 - A COMPLETED JAN 18 1921 - dcp

CARDED checked by H.H. 12-2-20



COMPILATION OF DISPOSITION OF REMAINS DATA

File #101162

I. LOCATION INDEX CARD:

**BONO, John** 2021296  
 (a) Name **Pvt.** Ser. No. **Co. F, 47th Inf.** } TYP **HB**  
 (b) Rank **8/10/18** Organization **KIA** } *E.M.*  
 (c) Date of death Cause of death

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

(a) Grave No. **Thomas Lombardo (uncle) 459 Fort St., East Detroit, Mich.** Row Plot Sect. TYP **HB**  
 (b) Emerg. Address

III. Files of soldiers dying from contagious diseases. CKR *E.M.*

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

*Also Card - No card in file.*  
*G.R.S. Files Corres - No request for disposition.* 1/8/21 *P.*

V. Following advice forwarded to Europe by (cable on 192 / Letter of transmittal on 12/22/1920)

*Par. # 2. Not to be returned. (P)*  
**JAN 18 1921**

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
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VIII. Form 115 received from G.R.S. Hoboken, N.J. 192

COUNTRY CEMETERY NO. SHEET NO.

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

617

111

# REPORT OF DISINTERMENT AND REBURIAL

1. REMAINS OF Bono, John SERIAL NUMBER 2021295<sup>6</sup>  
RANK Pvt. ORGANIZATION Co. F. 47th Inf.

2. Disinterred (date): Jan. 26, 1922. From (give complete location): Gr. 149. Sec. M. Plot 3. Cty. 617.

By: Group 5 Unit F.S. #7.

3. Reburied (date): Aug. 17, 1922 In (give complete location): Gr. 10, Block C, Row 27, Oise-Aisne Cem. 608, Seringes et Nesles (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:  
Entirely decomposed. Features unrecognizable. Wooden box & Burlap

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

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

Bottle record agrees with Form 114-A

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

(a) Height (actual measurement) Imp. to Det.

(b) Weight (estimated) \_\_\_\_\_

(c) Hair—Color \_\_\_\_\_

Quantity \_\_\_\_\_

Characteristics \_\_\_\_\_

(d) Hair on face—Color \_\_\_\_\_

Location \_\_\_\_\_

Quantity \_\_\_\_\_

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

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

None visible

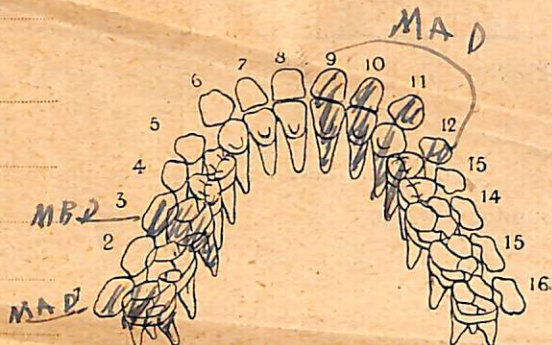
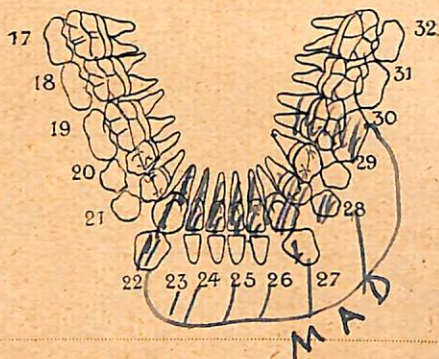


Diagram represents the mouth wide open



7. Disinterment supervised by Roy M. Perry  
Roy M. Perry

Approved: [Signature]  
R. Richards  
(Title) 1st Lieut. QMC

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

Approved: [Signature]  
G. J. Blak, Jr.  
(Title) Capt., 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 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.

To be prepared in triplicate.

DATE Jan. 26, 1922.

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 BONO, John  
 2. No. 2021296  
 3. Rank Pvt.  
 4. Org. Co. F. 47th Inf.  
 5. D.D. Aug 10 1918  
 6. C.D. MIA

10. Name None  
 11. No. \_\_\_\_\_  
 12. Rank \_\_\_\_\_  
 13. Org. \_\_\_\_\_  
 14. (a) D.D. \_\_\_\_\_  
 (b) D.B. \_\_\_\_\_

Discrepancy found upon disinterment

7. Grave No. 149 Sec. M  
 8. Plot 3 Row \_\_\_\_\_  
 9. \_\_\_\_\_

15. Grave No. \_\_\_\_\_ Sec. \_\_\_\_\_  
 16. Plot \_\_\_\_\_ Row \_\_\_\_\_  
 17. No disc.

18. Cemetery American  
 20. Dept. or County Marne  
 22. G.R.S. Hdqrs. Code No. 617

19. Commune or town Fismes  
 21. Country France

23. Disinterred (Date) Jan. 26, 1922.

By Roy M. Perry

24. Inscription on grave marker:

Name Bono, John  
 Rank Pvt.

Serial No. 2021296  
 Organization Co. F. 47th Inf.

25. Was identification disc found on grave marker? Yes On body? Yes

R. L. de Montozon  
 Signature Junior Technical Assistant

R.L. de Montozon

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 with Form 114-A

27. Condition of body Entirely decomposed. Features unrecognizable.

28. Nature of burial Wooden box and burlap.

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 Jan. 26, 1922 By Roy M. Perry

31. Casket sealed by Roy M. Perry

Signature of Embalmer, (Supervisor)

Roy M. Perry  
 Roy M. Perry

AUDITED BY  
8/13/26/24

SHIPMENT. (Shew actual marking of box.) Box No. C-22864

32. Designation of body:

Name John BONO Serial No. 2021296

Rank Pvt. Organization Co. F 47th Inf.

33. Consigned to:

Name of Permanent Cemetery Oise-Aisne Amer.#608, Seringes-et-Nesles,Aisne

34. Casket boxed and marked (Date) Jan. 26, 1922. By Hoy M. Perry

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 *R. Richards*  
R. Richards. 1st Lieut. OMC.

36. Remarks None

37. Shipped from point of Operation: (Date) \_\_\_\_\_

To point of Concentration \_\_\_\_\_

Convoyer *W. J. ...* (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 Oise-Aisne Amer.Cty.608 SERINGES-et-NESLES,Aisne

Convoyer \_\_\_\_\_ (Name) *R. Richards*  
Signature Shipping Officer \_\_\_\_\_

R. Richards, 1st Lt. OMC

40. Received: Date FEB 3 1922

G.R.S. Representative *R. H. Wood*

41. Reinterred Aug. 17, 1922, Oise-Aisne Cem. 608, Seringes et Nesles (Aisne)

42. Grave No. 10 (Date) \_\_\_\_\_

Section \_\_\_\_\_

43. Plot BLOCK C Row 27

G.R.S. Representative *C. J. Flake*  
C. J. Flake,  
Capt., OMC.

tab

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

CEMETERIAL DIVISION

WASHINGTON  
HOBOKEN, N.J.

JAN 27 1921

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

To: Mr. Thomas Lombardo, 459 Fort St., East Detroit, Michigan.

SUBJECT: Remains of Pvt. John Bono, Ser. No. 2021296, Co. F, 47th Inf.

The records of this office show that ~~no request has been made for the body of the above named~~ no request has been made for the disposition of his remains.

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

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

By authority of the Quartermaster General.

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

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

Was soldier married? .....

NAME OF—	NO. AND STREET.	TOWN.	STATE.
Soldier's widow .....			
Soldier's children. (Name oldest first.)	1 .....		
	2 .....		
	3 .....		
Father .....			
Mother .....			
Brothers. (Name oldest first.)	1 .....		
	2 .....		
	3 .....		
Sisters. (Name oldest first.)	1 .....		
	2 .....		
	3 .....		

Date .....

Signature .....

Address .....

Relationship .....

RECEIVED

1921

(over)

Address \_\_\_\_\_ Relationship \_\_\_\_\_, 192

Date \_\_\_\_\_ Signature \_\_\_\_\_

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.

10/1/62

FILE

Co. F. 47th Inf.  
4th Div.

BONO, John.- Pvt. 2021296.

Missing in action, Aug. 10/18.  
I saw Pvt. BONO get shot and fall on the North bank of the Vesle River.  
But I do not think he got killed. That is all I know about him. This was  
at St. Thibaut.

Informant: BUTLER, Patrick F.- Pvt. 2004863.  
Co. F. 47th Inf.  
Home : 1030 East Washington, Indianapolis, Ind.

Signed: Thomas W. STARK,  
1st Lieut. 47th Inf.,

I.C.

Address reply to  
DIRECTOR OF PURCHASE & STORAGE  
Munitions Building  
Bono, John.

WAR DEPARTMENT  
OFFICE OF THE DIRECTOR OF PURCHASE AND STORAGE  
WASHINGTON  
1st Ind.

101162  
FILES  
/ERS

Graves Registration Service, Office of the Quartermaster General  
18th St., & Va Ave., N.W. Washington, D. C. January 23, 1920.  
To- Adjutant General's Office, War Department, Washington, D. C.

1. The records of this office show that the remains of Pvt. John Bono, #2021296 was buried in Grave 177, American Plot, Row G. American Cemetery, Bazoches, Department of Aisne, on December 11, 1918, and reburied in Grave 149, Sec M., Fismes, Department of Marne on May 22, 1919. One identification tag buried with body.

This information has not been released to the emergency address in as much as your confirmation of the death of this soldier has not been received. It is respectfully requested that confirmation together with casualty cablegram number be forwarded to this office, so that relatives may be notified and our records changed accordingly.

By Authority of the Quartermaster General:

Charles C. Pierce,  
Colonel, U. S. Army,  
Chief, Graves Registration Service.

By:

Charles J. Wynne,  
Captain, U. S. Army,  
Graves Registration Service.

RECEIVED  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON, D. C.

(COPY)

AD YAD 2-201

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

201 (Bono, John) DR

January 16, 1920.

From: The Adjutant General of the Army  
To: The Quartermaster General of the Army, Washington, D. C.  
Subject: Burial Record.

For report relative to the date and place of burial, and if reburied, the date of the original burial of Private John Bono, #2,021,296, Company I, 47th Infantry, and any other information which your records afford from which this office may ascertain the date of death.

By order of the Secretary of War:

P. O. Harris Per

*P. O. Harris*  
The Adjutant General.

Verify date and cause of death.

6/17

BONO, 2021296, John  
Pvt. Co. F, 47th Infantry.

AGO reports MIA 8-10-18

To whom was serial assigned and status of case.  
Serial 2021295.

AGO-5/28/24.

K/A-8/10/18. Serial 2021295 belongs to a  
discharged man. B.W.

6/11/80 GAB

Card Dept. File No. 4-4-19

*OK* 101162 *Qty. # 847*

G.R.S. Form No. 6; Card - 1 Records Liaison.  
Memo For: G.R.S. representative, C.R.O.  
SUBJECT: Information required for G.R.S.

1. Items checked are to be completed:

- Surname: BONO
- Number: 2021296
- First name: John.
- Rank: *Pvt.*
- Company: *F.*
- Organization: *47th. Infantry*
- Date of death:
- Cause: *missing in action*
- Place: *Identified* *OVER 8/10/18*

Location of hospital: *now reported re-buried.*

Number " "  
Class " "

- Relative: *Thomas Lombardo*
- Relationship: *Uncle*
- Address: *459 Fort St, East, Detroit Mich'*
- Authority: *C. C. 241*
- C. C. No: *cc549SP55*
- Telegram from: *cc549SP55*

- dated:
- Reported to Washington:
- C.C. Nos:
- (Under score the "official" C.C.)
- Remarks:
- Show present status on reverse side.

CHARLES C. PIERCE,  
Lieut.-Colonel, G.M.C., U.S.A.

Initials of Reporter:

*EL*  
*VBR*

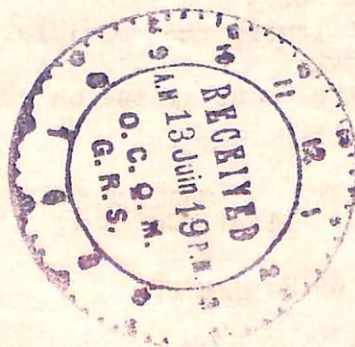
*My*

Buried 12-11-18

Cty. 847.

Amer. Cty. Bazoches (Aisne)

Reptd. by G.R.S.



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

Date 1/20/19

FROM:- INQUIRY BRANCH.

Please furnish information as checked (✓) below regarding the following soldier:

NAME *Bono, John*

Serial Number 2021296

RANK *Pvt.* ORGANIZATION *Co. J. 47th Inf.*

NO.	QUESTION	REPLY
1.	Do particulars of soldiers given above agree with Records?	1) Organization not given
2.	Date of Death	2) No record
3.	Cause and place of death	3) " "
4.	Number of Casualty Cablegram	4) " "
5.	Date buried	5) 12/11/18
6.	Grave Location (a) Complete record required. (b) Name of Cemetery or Commune only required. (c) Note reinterments.	6. Grave 177 - Amer. P Det Row 9. Amer. Cty. Baginches
7.	Who reported burial?	Dept of War # 847.
8.	Confirmed by G.R.S.?	Reburied. 5/22/19.
9.	Report as to Grave Marker	Grave 149 - Sect M. Cemetery # 617
10.	Identification Tags: (a) Buried with body? (b) Attached to grave marker?	File made - Dept of War
11.	Complete Emergency Address?	10) No record
12.	Has above been notified? (Give date)	11) Yes
13.	Report the exact position of your inquiry on this case. (Reply in all cases if no information on record)	11) No record
14.	What is the Photograph No.?	12) " "
15.	Inquiry made by?	

N.B. All Proper names to be typewritten, or printed in PLAIN BLOCK LETTERS.

Released by Information Control Dept.  
 Directory *has record*  
 Cards 5 x 3  
 Cards 4 x 6  
*Form #16*  
*not in records*