

APR 27 1926

me.

DATE 1/14/22

1. NAME BRYCE, John L.

SERIAL No. 1757985

RANK Pvt. 1/c

ORGANIZATION Co. B. 147th Inf.

GRAVE LOCATION Meuse Argonne American, Romagne/s/Montfaucon, Meuse. 1232, Sec. 23

CTY. NAME

NUMBER

90

Sect. 23

2

GRAVE

ROW

PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION Nothing of record

GRAVE

COMMUNE

DEPT.

COORDINATES 272N 309.45E SE35

CONCENTRATED TO

6-5-19

90

Sec. 23

2

DATE

GRAVE

ROW

PLOT

Meuse Argonne

1232

CEMETERY

CTY. NUMBER

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

DATE OF DEATH

Sept 30 - 1918

STATE FROM WHICH HE CAME

N.Y.

MEDALS OR DECORATIONS AWARDED

Data from Form 1

SUBSEQUENT REBURIALS

DATE

GRAVE

ROW

PLOT

CEMETERY

DATE

GRAVE

ROW

PLOT

CEMETERY

ejr/tm

SIGNATURE, AREA SUPERVISOR

Wm Cline

Wm M. CLINE
Captain Q.M.C.

3. FINAL GRAVE LOCATION

1/14/22

29

19

Block C

DATE

GRAVE

ROW

PLOT

Meuse-Argonne American City, Romagne-ss-Montfaucon (Meuse) - 1232

CEMETERY

Robert O. Davis,
The Adjutant General
By H

MAY 4 - 1926

APR 30 1926

WORLD WAR DIV.

AUDITED BY

V.B.W. 3/22/23

RECEIVED
REGISTRATION SER.
JUL 1922

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.



GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Bryce *1757985* *John*
(Surname). (Number). (First Name and Initials).

Private ?
(Rank). (Organization).

PLACE OF DEATH: *S. E. of German Mill Cemetery*

CAUSE OF DEATH: *Killed in action by gunshot*

DATE OF BURIAL: *Sept. 27th 1918*

PLACE OF BURIAL: *2 K. N. E. of Woodcourt, Va.*
(Give Cemetery, Town and Department). Map reference must specify clearly what map is used.

Woodcourt - Verry Road - Verdun A. Map.
99-16

GRAVE NUMBER: *2*

HOW MARKED: Name Peg? Cross? *X*

Headboard? Bottle?

IDENTIFICATION TAGS:

Was one buried with body? *Yes*

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

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

NEAREST RELATIVE:

ADDRESS:

RELATIONSHIP:

REPORTED BY:

Elephane L. Weber 1st Lt. Chaplain
(Signature and Rank of Reporting Officer).

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

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>Bryce</i>	<i>BRV</i>	3	<i>2 8 12 / 5</i>
<i>John R</i> BURIED	CEMETERY <i>1232</i>	1	<i>1</i>
	GRAVE <i>29</i>	2	<i>29</i>
	ROW <i>19</i>	2	<i>19</i>
	BLOCK <i>e</i>	1	<i>3</i>
STATE	<i>ny</i>	2	<i>37</i>
RANK	<i>PFC</i>	1	<i>2</i>
DIVISION	<i>37</i>	2	<i>37</i>
ORGANIZATION	<i>147</i>	3	<i>147</i>
ARM	<i>Inf</i>	1	<i>1</i>
MARITAL	<i>no</i>	1	<i>2</i>
NAME <i>Bryce</i>	<i>BRV</i>	3	<i>2 8 12 / 5</i>
<i>Elega</i> RESIDENCE <i>no LP no sm</i>	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	

AUDITED
 JAN 29 1952
Rm

97 ACCEPTANCE
29/514

*British Trust
London, Eng*

04 sm

WAR DEPARTMENT
 OFFICE OF THE QUARTERMASTER GENERAL
 WASHINGTON

DATE 8/20/31

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
Bryce, John L.	PFC	1757985	Co. B, 147th Inf.	9-30-18

STATE	CTY. NO.	GRAVE	ROW	BLOCK
	1232	29	19	C

	<u>Check relationship</u>	<u>Living - Deceased</u>	
	MOTHER camp	: ✓ :	
	STEPMOTHER (For the year prior to commencement of service)	: : :	<u>m</u>
NAME	MOTHER THRU ADOPTION (For the year prior to commencement of service)	: : :	<u>Eliza V. Bryce</u>
AND	MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	: : :	<u>Flint River</u>
ADDRESS	WIDOW (Who has not remarried)	: : :	<u>Sandy Bay P. O.</u>
		: : :	<u>Jamaica</u>
		: : :	<u>B. W. I.</u>
		: : :	<u>1-11-33</u>
		: : :	
		: : :	

Single man

Veterans Bureau Claim Number 78370
 29/156

(Name and title of complainant)
Address
City, State and Zip
Telephone
Date of incident
Description of incident
Name and title of supervisor
Name and title of witness
Name and title of complainant
Signature of complainant
Signature of supervisor



DATE: 08/22/81 TIME: 10:00 AM
OFFICE: 15421
REPORT NO: 15421
SUBJECT: [illegible]

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

DATE 7-23-29

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
Bryce, John L.	Pvt. 1/c	1757985	Co. B, 147th Inf.	9-30-18

STATE	CTY. NO. 1232	GRAVE 29	ROW 19	BLOCK C
-------	---------------	----------	--------	---------

	<u>Check relationship</u>	<u>Living - Deceased</u>	
MOTHER	✓	: ✓ :	<p>(m) Mrs. Eliza V. Bryce Anchovy, Jamaica, British West Indies</p> <hr/> <hr/> <hr/>
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)		: : :	
NAME		: : :	
AND		: : :	
ADDRESS		: : :	

Veterans Bureau Claim Number

78370

29/156

NAME

ADDRESS (PLEASE PRINT CLEARLY)

(Put one in each envelope)
1933

(Indicate by initials)
Check one below to
show if you intend to
renew for 1934

Renewal
in accordance with
the laws of the
United States

Renewal of
the laws of the
United States



DATE OF RECEIPT

CLASSIFICATION

OFFICIAL USE

REMARKS

RECEIVED
AUG 13 1933
M. C. A. 217

In reply refer to:
293 C-R

June 20, 1923.

Foreign

Mr. William T. Bryce,
Post Office Anchovy,
Jamaica, B.W.I.

Dear Sir:

The Quartermaster General desires that you be informed that the permanent grave of Private 1/c John L. Bryce, Company B, 147th Infantry, is Grave 29, Row 19, Block C, Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon (Meuse), France.

This is one of the permanent American military cemeteries to be maintained by this Government in Europe. Each grave will be marked by a headstone of white marble, of suitable design, with name, rank, division, organization, date of soldier's death and State from which he came. The headstones will be placed at all graves in connection with the improvement work now in progress, as soon as possible and without waiting for special action or request on the part of relatives.

In effecting removal, the utmost care and reverence were exacted and more than willingly accorded by those performing this sacred duty. The grave of the deceased will be perpetually maintained by this Government in a manner befitting the last resting place of our heroes.

Very truly yours,

H. J. Conner,
Assistant.

RD
Lod
23/236/ARK

Files 12
JUN 20 1923
M. H. W.

COMPILATION OF DISPOSITION OF REMAINS DATA

File #32678

*4/15/21 returned
for conversion - Arranged
at 4/24/21
#1232*

I. LOCATION INDEX CARD:

(a) Name BRYCE, John L. Ser. No. 1757985
(b) Rank Pvt. 1/c Organization Co. B, 147th Inf.
(c) Date of death 9-30-18 (d) Cause of death K/A

TYP. aew
CKR. AP

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

(a) Grave No. 90 Row - Plot 2 Sec. 23 TYP. aew

(b) Emerg. Address William T. Bryce, Father, P. O. Anchovy, Jamaica, B.W.I.

III. Files of ~~soldiers dying from contagious diseases~~ C.O.D. (4-7-21) CKR. AP

no card in file #R 4-2-21

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 _____, 192

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

_____, dated _____

confirming request in Par. IV., item _____, above, or requesting that _____

no correspondence

Examiner's Initials AP Date 4-2, 1921

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

no request for disposition

(a) Cancellation memos referred to? Yes

Examiner's Initials AP Date 4-2, 1921

COUNTRY France

CEMETERY No. 1232, Sec. 23 SHEET No. 25

MAY 9 1921 - AP

AP 1232-23-25

VII. G. R. S. Form No. 114 made _____, 192

Typed by _____, Checked by _____, 192

VIII. FINAL ACTION:

Following advice forwarded to Europe by { cable on _____, 192
letter on **APR 12 1921**, 192

Sec. # 23

Par. # 2 Not To Be Returned

How

IX.

REMARKS

*W. R. S. C. - Mrs. Eliza V. Boyce, (Mother) -
5-5-21,
Anchor, Jamaica,
British West Indies.*

Discrepancies

Name

Rank

Discrepancies

Name

Rank

Serial No.

Org.

Remarks

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

..... Discrepancies

Name

Rank

Serial No.

Org.

Remarks

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

..... Discrepancies

Name

Rank

Serial No.

Org.

Remarks

.....
Checkers

..... Discrepancies

Name

Rank

Serial No. *7000 sent*

Org. *4-4-21*

Remarks *WR, B, A,*

*checked
FD-4-21*

COMPILATION OF DISPOSITION OF REMAINS DATA

File #32678

See Form 115
at 4/21/22

I. LOCATION INDEX CARD:

(a) Name RYCE, John L. Ser. No. 3757985
 (b) Rank Pvt. 1/c Organization Co. B, 147th Inf. } TYPew
 (c) Date of death 8-30-18 (d) Cause of death K/A } 073

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

(a) Grave No. 90 Row - Plot 2 Sec. 23 TYDew

(b) Emerg. Address William T. Bryce, Father, P. O. Anchovy, Jamaica, B. W. I.

III. Files of soldiers dying from contagious diseases 690-(4-2-21) CKR. 073

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

.....

V. Following advice forwarded to Europe by { cable on _____, 192
 { letter of transmittal on APR 12 1921, 192
Sec. #23

Par. # 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. _____

MAY 9 1921 - *af*

Place Magne Sous Montfaucon

REPORT OF DISINTERMENT AND REBURIAL

Date Jan, 12, 1922.

1. REMAINS OF BRYCE JOHN L. SERIAL NUMBER 1757985
RANK Pvt. ORGANIZATION Co., B. 147th Inf.

2. Disinterred (date): Jan, 12, 1922. From (give complete location):
Gr. 90 sec 23 pt 2 Cem., #1232.

By: Group 1 Unit Sec. 1

3. Reburied (date): Jan. 14, 1922, Grave 29, Block C, Row 19, Cemetery 1232.
In (give complete location): Unlined Casket

By: Group Reburial S Unit Nature of reburial

4. Report as to nature of original burial and condition of body upon disinterment:
decomposed unrecognizable. US uniform burlap and box.

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

(b) Other means of identification found upon disinterment, and general remarks:
body tag reads: " John L. Bryce 1757985.

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

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

(b) Weight (estimated) do

(c) Hair—Color do

Quantity do

Characteristics do

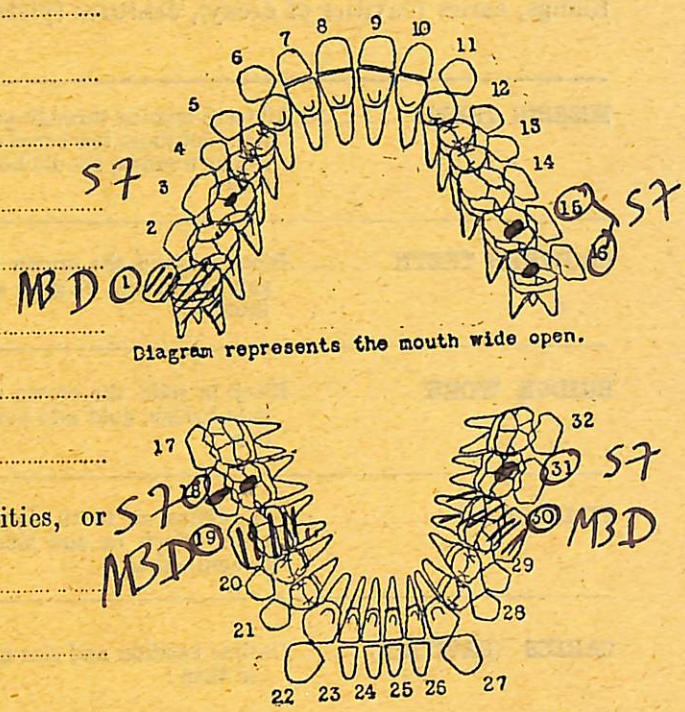
(d) Hair on face—Color do

Location do

Quantity do

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

(f) Wounds or missing parts (received at time of casualty) right fibula and tibia fractured.



7. Disinterment supervised by H. H. Foster

Approved: Geo. C. Bland
Geo. C. Bland 1st. Lt. QMC
(Title)






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

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

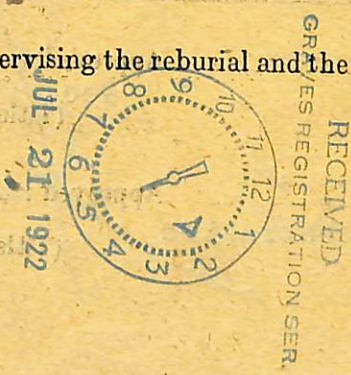
INSTRUCTIONS FOR THE PROPER COMPLETION OF G. R. S. FORM NO. 16-A

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 144, 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.



To be prepared in triplicate.

DATE Jan 12 1922

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT rme. COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name BRYCE, John L. 10. Name _____
 2. No. 1757985 11. No. _____
 3. Rank Pvt.1/c 12. Rank _____
 4. Org. Co. B. 147th Inf. 13. Org. _____
 5. D.D. 9-30-18 14. (a) D.D. _____
 6. C.D. KIA (b) D.B. None

Discrepancy found upon disinterment

7. Grave No. 90 Sec. 23 15. Grave No. _____ Sec. _____
 8. Plot 2 Row _____ 16. Plot _____ Row _____
 9. _____ 17. None

18. Cemetery Meuse Argonne American. 19. Commune or town Romagne/s/Montfaucon,20. Dept. or County Meuse, 21. Country France.22. G.R.S. Hdqrs. Code No 1232, Sec. 23.23. Disinterred (Date) Jan 12 1922 By H H Foster.

24. Inscription on grave marker:

Name John L Bryce Serial No. 1757985
 Rank PFC Organization Co B 147 Inf

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

John H Crawford
 Signature Junior Technical Assistant

PREPARATION

John H Crawford

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).

None27. Condition of body Badly decomposed features unrecognizable28. Nature of burial US Uniform burlap and box29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? None30. Body prepared and placed in casket: Date Jan 12 1922 By H H Foster.31. Casket sealed by H H Foster.

Signature of Embalmer, (Supervisor

H H Foster
 H H Foster.

AUDITED BY

SHIPMENT. (Show actual marking of box.) Box No. **C-20901.**

32. Designation of body:

Name **John L. BRYCE.** Serial No. **1757985**

Rank **Pvt. 1/c** Organization **Co. B. 147th Inf.**

33. Consigned to:

Name of Permanent Cemetery **Meuse Argonne American, 1232, Romagne/s/ Montfaucon, Meuse.**

34. Casket boxed and marked (Date) **Jan 12 1922** By **H H Foster.**

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

Geo C Bland
Geo C Bland, 1st Lt. QMC

36. Remarks

37. Shipped from point of Operation: (Date) **Jan 12 1922** **cc**

To point of Concentration **Morgue Romagne** (Name)

Convoyer **W. J. Royed** Signature Shipping Officer *G F Spann*

G F Spann, Capt. QMC

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 (Name) Signature Shipping Officer

40. Received: Date

G.R.S. Representative

41. Reinterred

Meuse Argonne Cemetery 1232, Jan 14, 1922.

42. Grave No. Section

BLOCK

43. **XXXX** Row **19**

G.R.S. Representative

James W. Younger
J.W. Younger, Captain Q.M.C.



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

Revised
78370

Harlow G.W.
NAME OF DECEASED SOLDIER CEMETERY NO. DATE

Bryce, John L., Pvt. 1/c. 1232-Sec. 23 - 25 4/4/21.
SERIAL NUMBER ORGANIZATION DATE OF DEATH

1757985 Co. B, 147th Inf. 9/30/18.

WAR RISK INSURANCE INFORMATION

Copy forwarded to _____ DATE _____
Adjustment Department
Date 5/5/21.-W.

PERSON NAMED BY SOLDIER TO BE BENEFICIARY OF INSURANCE RELATIONSHIP

ADDRESS

Mrs Eliza V. Bryce M.
PERSON RECEIVING DEATH COMPENSATION RELATIONSHIP

Anchovy Jamaica British West Indies

RECEIVED

APR 29 1921

Cemeterial Division
Overseas Project Sub-Section

Date 17th June 1919

32678

REPORT OF DISINTERMENT AND REBURIAL

Remains of:

Name: BRYCE John

Number 175795

Rank: Unkn

Organization Unkn.

Disinterment and Reburial made by Group:

Unit

Disinterred (Date)

From (Give complete location)

6 5th June 1919

Grave # 3 German Milit. CTY:

VERY MEUSE 35S 309.45E 272N

Reburied (Date):

In: (Give complete location)

5th June 1919

Grave # 90 Sec 23 Plot 2

1232

ARGONNE AMER. CTY: # 1232

ROMAGNE MEUSE

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

Burial good, buried in Uniform, body badly decomposed.

Was one identification tag found upon the body?

Yes

What other means of identification were found on the body?

None

10242

Notes:

If upon disinterment, effects are found on bodies, they will be placed and sent to the Effects Dept 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/ Glover.

r/s

R. H. ROSENTHAL

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

G.O. Group

Unit

CONFIRMED 10242

17th June 1919

175738

175738

Mr. J. H. ...
175738

175738

175738

175738

175738

175738

175738

175738

175738

RECEIVED
25 JUN 1919
O. C. Q. M.
G. R. S.

175738

WAR DEPARTMENT
Office of the Quartermaster General of the
Washington

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

PLEASE
EXPEDITE

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

File No. **32678** Requisition

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

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

Subject: Information required for G.R.S.

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

- a. Surname **Bryce** *OK*
- b. Christian name **John L.** *OK*
- c. Serial Number **1757985** *OK*
- d. Organization **Co. B, 147th Inf.** *OK*
- e. Rank **Pvt. 1/c.** *OK*
- f. Date of death **9/30/18.** *OK*
- g. Cause of death **K/A.** *OK*
- h. Authority (C.O.#) **William T. Bryce**
- i. Emergency address **P.O. Anchovy, Jamaica Bk.**
- j. Relationship **father**

NOTED FORM 113
DATE 4-7-21

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		

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

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

CHEMISTRY NO: **1232**

C.W. **Sec. 23.**

SHEET NO: **25**
TYPED BY: **I.W.**

DATA WORLD WAR DIV.
Data APP-g 1921

S/713/LML

APR 5 1921 6

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

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

Date 4/4/21.

File No. **32678** Requisition

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

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

Subject: Information required for G.R.S.

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

NOTED FORM 110
DATE 4-7-21

- a. Surname **Bryce** *OK*
- b. Christian name **John L.** *OK*
- c. Serial Number **1757985** *OK*
- d. Organization **Co. B, 147th Inf.** *OK*
- e. Rank **Pvt. 1/c.** *OK*
- f. Date of death **9/30/18.** *OK*
- g. Cause of death **K/A.** *OK*
- h. Authority (C.O.#) **William T. Bryce**
- i. Emergency address **P.O. Anchovy, Jamaica Bk.**
- j. Relationship **father**

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

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

C.W. **1232** Sec. 23.

BY:

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

CEMETERY NO:

SHEET NO:
TYPED BY:

25

I.W.

and a World War Div.

Date APR 8 1921

APR 5 1921 6

32678

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Byrce 1751985 *John*
(Surname). (Number). (First Name and Initials).

Private 7
(Rank). (Organization).

PLACE OF BURIAL: *S.E. of ... Mil. Cemetery*

CAUSE OF DEATH: *Killed in action, President*

DATE OF BURIAL: *Sept. 27th 1918*

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

2 K. N. W. Procourt on Government Property
Vander A. Map - 99

GRAVE NUMBER: *27*

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:

CMME. Very (Mense)

*(C-225) JHT. 358. E. COORD { E 309.9 }
NEAREST RELATIVE: { N 271.6 }*

ADDRESS:

RELATIONSHIP:

REPORTED BY:

Alphonse L. Weber 1st Lt. Chaplain
(Signature and Rank of Reporting Officer).

1911
MAY 10
MAY 11
MAY 12
MAY 13
MAY 14
MAY 15
MAY 16
MAY 17
MAY 18
MAY 19
MAY 20
MAY 21
MAY 22
MAY 23
MAY 24
MAY 25
MAY 26
MAY 27
MAY 28
MAY 29
MAY 30
MAY 31

225-750

Daily Report No. _____

RECEIVED
8 - JAN 1919
O. C. Q. M.
G. R. S.

Sketch 59,

Isolated Burial

Soldier's No. 1757985

Soldier's Name- Bryon John

Rank, Co, Regt, Corp, Date of Death, Burial

Cause of Death, Unknown

Grave # 3, Cross

Town or commune, Avocourt, State, Meuse

Tag buried with body and one on cross

Graves isolated, and located about 2 kilos fr cross roads, Cheppy & Avocourt Roads, and about 2 1/2 kilos fr Avocourt, graves on North side of Avocourt Road and in the edge of the Bois Cheppy. 272.8 N by 308.8 E. Map Verdun S. E. 35. Graves about 3 M off road.

Signed Col Frank Wisniewski, Group 1, GRS 306

CMME. Very (Meuse)

(C-125) SHT. 35 S.E. COORD

{ E 308.8
N 272.8

32678

32678

Co. "B", 147th Infantry.

BRYCE, John L. Pvt. #1756985.

Home Address: P. O. Anchory,
Jamaica, B.W.I.

I was with a group of men including Pvt. Bryce in a trench to the rear Ivoiry, France in the morning of September 26th, 1918. There was a dug-out to the left with a German machine gun near the entrance. Pvt. Bryce with two other men were beside this machine gun when there was a sharp explosion. I don't know what it was, but believe it was some sort of a mine. Pvt. Bryce had his right arm and shoulder torn off and died soon after we carried him out of the trench. Don't know where he was buried, but probably near Avocourt.

Informant: Duding, Ferdinand M. Pvt. Co. "B".
1524765.

Home Address: Hamler, Ohio.

Searcher: H. R. Lowry, Capt. 147th Inft.
Feb. 19, 1919.

Next of kin:
P. O. Anchory,
Jamaica, B. W. I.

conf. 32678
Official

#

ppk

32678



August 21st 1919.
New York.

P. B. Harris
Adjutant-General
Near Dix

Your letter in regards to my Brother's body being shipped to the United States, I received also the ~~one~~ previous. I had to wait for a reply from my mother, as what steps to take my mother would like to have his body shipped to her, to the address I have given you on the card. I being only his sister

A. B. O. 29388 - Baynes, John D.
Capt. Co. B, 147 Inf.

1757, 985-

72

Pil
87-9-17-19

Address

345 E. 66 St-

New York City

apt- 37.

had to comply with my mother's wishes.

If possible when his body gets here before being shipped home I would like to be informed as I would ^{like} very much to accompany his body ^{home} ~~as~~ that would be the only chance of seeing him. Trusting I am not asking too much of you.

I am

Respectfully yours

Vera S. Leonard.

22

293.8 (Bryce, John L.) DR

September 12, 1919.

From: The Adjutant General of the Army

To: Mrs. William Leonard, 348 E. 66th St., New York,
N.Y., Apt. #37.

Subject: Pvt. John L. Bryce, #1,757,985, Co. B, 147th Inf.

1. Referring to your letter of August 21st, relative to the final disposition of the remains of your brother, John L. Bryce, I beg leave to advise you that it is the policy of the Department, in the case of an unmarried man, to recognize the right of the parents in precedence over that of other relatives, to say what disposition is to be made of the remains.

2. The card sent in by you is herewith returned together with a new one. It is requested that you forward the new card to your mother for signature and that she may also indicate thereon her wishes in the matter. A self-addressed envelope is also enclosed herewith for the return of the card. When same is received in this office it will be placed on file for reference when the work of the transfer of the bodies to this country is begun. Due notice of such transfer will be given.

3. Owing to the time that must necessarily elapse and the circumstances connected with the whole situation, it is reasonable to assume that it will not be permissible to open caskets after their arrival in this country.

4. It is desired to express to you and your mother the sincere sympathy of the Department on account of the great loss sustained in the death of this soldier.

P.C. Harris Per

Per

2 Encls.

File
of 9-13-19

