

219

To The A. G. O.

2615

G.R.S. Form #114-B

MT

MAR 10 1926

DATE 2/18/22
1246268

1. NAME BUCCIONE, Enrico

SERIAL No.

RANK PFC

ORGANIZATION Sup Co 112th Inf

& DIVISION 28

GRAVE LOCATION Meuse-Argonne Amer 1232 Romagne-s-Montfaucon Meuse Sec 8

CTY. NAME

NUMBER

106

Sec 8

3

GRAVE

ROW

PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION

Isolated, Montblainville, Meuse

GRAVE

COMMUNE

DEPT.

COORDINATES

Verdun 35SE 274.4N 300.2E

CONCENTRATED TO

4/24/19

106

8

3

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.

Tag on body and cross

data f-1/pfb

DATE OF DEATH

Oct 2, 1918

STATE FROM WHICH HE CAME

Pa

MEDALS OR DECORATIONS AWARDED

SUBSEQUENT REBURIALS

DATE

GRAVE

ROW

PLOT

CEMETERY

DATE

GRAVE

ROW

PLOT

CEMETERY

SIGNATURE, AREA SUPERVISOR

M. B. BIRDGETT

1st Lt., Q.M. Corps, U.S. Army

3. FINAL GRAVE LOCATION

2/18/22

15

20

B

DATE

GRAVE

ROW

Block

Meuse-Argonne American Cty. Romagne-sous-Montfaucon (Meuse) 1232

CEMETERY

Major General,
The Adjutant General.

By Iva

MAR 17 1926

MAR 11 A.G.O. 1926
WORLD WAR DIV.

AUDITED BY
V.W. 2/14/23

RECEIVED
REGISTRATION
AUG 19 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.



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AC 291 @ 12/10
GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF *R*

Buccione 1246268 Enrico
(Surname.) (Number.) (First Name and Initials.)

Priv supply co. 112th sup.
(Rank.) (Organization.)

DATE OF BURIAL *Oct 2 1918*

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

Map sheet: *Sorel D'Argonne*

Scale *1 to 20,000*

00.45 - 7.47

GRAVE NUMBER

HOW MARKED: Name Peg? Cross? *yes*

Headboard? Bottle?

IDENTIFICATION TAGS:

Was one buried with body? *yes*

Was one fastened to name peg or stake used as a grave marker? *no*

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

REPORTED BY:

David G. Murray, P. D. Chaplain
(Signature and Rank of Reporting Officer.)

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

Buccione, Enrico

1, 246, 268

P.F.C. Sup. Co 112th Inf

France

Meuse - Argonne

CODE SLIP

✓

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	Buccione	3	2 ¹² 13
BURIED	CEMETERY	1	1
	GRAVE	2	15
	ROW	2	20
	BLOCK	1	2
STATE	Pa	2	44
RANK	P7C	1	2
DIVISION	28	2	28
ORGANIZATION	112	3	112
ARM	Inf	1	1
MARITAL	Mar	1	2
NAME	Buccione	3	2 ¹² 13
RESIDENCE	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	MO.	1	
TRIP	YR.	1	
ACCEPTANCE		1	
29/514		2	

AUDITED

1 JAN 26 1938

RAM

Italy

01

RM

29

7
29/514

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

DATE 8/20/31

NAME RANK SERIAL ORGANIZATION DATE OF DEATH

Buccione, Enrice PFC 1246268 Sup. Co. 112th Inf 10-2-18

STATE CTY. NO. 1232 GRAVE 15 ROW 20 BLOCK B

	<u>Check relationship</u>	<u>Living - Deceased</u>	
	MOTHER <i>Comp</i>	: ✓ :	: <u>m</u> Buccione
	STEPMOTHER (For the year prior to commencement of service)	: : :	: <i>Crocifissa, Buccione m</i>
NAME	MOTHER THRU ADOPTION	: : :	: <i>Via Ottaviano 37 Seale</i>
AND	(For the year prior to commencement of service)	: : :	: <i>Interno 15</i>
ADDRESS		: : :	: <i>Roma Italy</i>
	MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	: : :	: <i>rel. foreign</i>
	WIDOW (Who has not remarried)	: : :	: <u>1-12-33</u>

Single man

Veterans Bureau Claim Number XC 84883
29/156



[Faint, illegible text and markings are visible throughout the page, including what appears to be a header section at the top and several lines of text in the middle and bottom. The text is too light to transcribe accurately.]

In reply refer to:
293.8 C-R

March 19, 1923.

Foreign

Mr. Pasquale Buccione,
Serre Moanacesca, Prov. Chieti, Italy.

Dear Sir:

The Quartermaster General desires that you be informed that the permanent grave of Private 1st class Enrice Buccione, Supply Company, 112th Infantry is 'Grave 15', Row 20, Block B, Meuse-Argonne American Cemetery at Romagne-sous-Montfaucon, Department of 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, 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.



Lu

REPORT OF DISINTERMENT AND REBURIAL.

37060

Remains of:

Name: BUCCIONE ENRICO.
BUCCIO, E. E.

Number: 1246268

Rank: Pvt.
(Buccio, E.)

Organization: Sup. Co. 112 th, Inf.

Disinterment and Reburial made by Group _____ Unit _____

Disinterred (Date) _____

From: (Give complete location) _____

24th., April, 1919

Grave #2 ISOLATED. MONTBLAINVILLE. MEUSE

Map. 35 S. E. E. 300.2 N. 274.4

Reburied (Date) _____

in: (Give complete location) _____

1232

24th., April, 1919

Grave #106 Section #8 Plot #3

ARGONNE AMERICAN CEMETERY. #1232

ROMAGNE. MEUSE

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

Burial poor. Body buried in Uniform and Blanket. Body slightly decomposed.

Was one identification tag found upon the body? Yes

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

CONFIRMED No. D. 10656

10656

Note:

If upon disinterment, effects are found upon bodies, they will be promptly sent to the Effects Depot direct as is required by G.O. 170, G.H. 2, 1918., after being carefully examined for clues to identity in doubtful cases, notation whereof will be made and reported to Chief, Graves Registration Service.

Supervised by: Lt. Grant.

R. H. ROSENTHAL

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

C.O. Group _____ Unit _____

2170

0000

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CASE OF

GRAVE

DECISION

DENTAL CHART

Date of Enlistment		Report on Disinterment			
A.G.O.		Emergency Address		Dental Work	Miss A.D.
Missing	Dental Work	Dental Work	Missing B.D.		
U.R.					
U.L.					
L.R.					
L.L.					

Above discrepancies can be accounted for as follows:

BODY DESCRIPTION

A.G.O. Report	E/A Report	Report on Disinterment
Height:		
Weight		
Hair		
Fractures		

IDENTIFICATION TAGS

Found on Body

Found on Cross

OTHER IDENTIFYING MARKS

Found on Body

ORIGINAL BURIAL DATA

Body in this Grave concentrated from

This man reported buried originally

Organizations of other men buried around original location

Investigator

Concur:

APPROVED:

REPORT OF DISINTERMENT AND REBURIAL

1. REMAINS OF BUCCIONE, Enrico. SERIAL NUMBER 1246268
 RANK Pfc. ORGANIZATION Sup. Co. 112th Inf.

2. Disinterred (date): Feb 18, 1922 From (give complete location): gr 106, sec 8, plot 3. Cty. 1232.

By: Group 1 Unit sec 1

3. Reburied (date): Feb. 18, 1922, Meuse Argonne 1232, gr 15, bl B, row 20 In (give complete location):

By: Group Reburial S Unit unlined casket Nature of reburial

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

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 E. Buccione, 1246268. Pvt. 112th sup. Co.

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)

head shattered, both jaws missing.

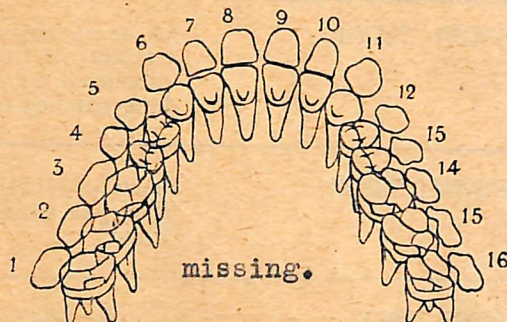
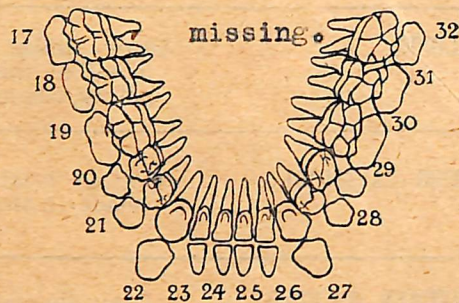


Diagram represents the mouth wide open



7. Disinterment supervised by C.V. Russell.

Approved: R. Richards, 1st Lt. Q.M.C.
(Title)

8. Reburial supervised by W.B. Sheild

Approved: A.E. Dewey, 1st Lt, QMC,
(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.



To be prepared in triplicate.

DATE Feb 18 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	<u>BUCCIONE, Enrico</u>	10. Name	
2. No.	<u>1246268</u>	11. No.	
3. Rank	<u>PFC</u>	12. Rank	
4. Org.	<u>Sup Co 112th Inf</u>	13. Org.	
5. D.D.	<u>10-2-18</u>	14. (a) D.D.	
6. C.D.	<u>KIA</u>	(b) D.B.	<u>None</u>

Discrepancy found upon disinterment

7. Grave No.	<u>106</u>	Sec.	<u>8</u>	15. Grave No.		Sec.	
8. Plot	<u>3</u>	Row		16. Plot		Row	
9.				17.			<u>none</u>

18. Cemetery	<u>Meuse-Argonne Amer</u>	19. Commune or town	<u>Romagne-s-Montfaucon</u>
20. Dept. or County	<u>Meuse</u>	21. Country	<u>France</u>
22. G.R.S. Hdqrs. Code No.	<u>1232 Sec 8</u>		

23. Disinterred (Date)	<u>Feb 18 1922</u>	By	<u>C V Russell</u>
------------------------	--------------------	----	--------------------

24. Inscription on grave marker:

Name	<u>Enrico Buccione</u>	Serial No.	<u>1246268</u>
Rank	<u>PFC</u>	Organization	<u>Sup Co 112th Inf</u>

25. Was identification disc found on grave marker? No On body? YesSignature J L White
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).

None27. Condition of body Badly decomposed, features unrecognizable28. Nature of burial US Uniform burlap pine 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 Feb 18 1922 By C V Russell31. Casket sealed by C V RussellSignature of Embalmer, (Supervisor) C V Russell

MT

C-25436

SHIPMENT. (Show actual marking of box.) Box No. _____

32. Designation of body:

Name Enrico Buccione

1246268

Serial No.

Rank PFC

Organization Sup Co 112th Inf

33. Consigned to:

Name of Permanent Cemetery Meuse-Argonne Amer Romagne-s-Montfaucon Meuse

34. Casket boxed and marked (Date) Feb 18 1922

By R C Russell
1232

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 1st Lt. QMC

36. Remarks _____

37. Shipped from point of Operation: (Date) Feb 18 1922

cc

To point of Concentration

Morgue Romagne

(Name)

Convoyer W J Royed

Signature Shipping Officer

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

(Name)

Convoyer _____

Signature Shipping Officer _____

40. Received: Date _____

G.R.S. Representative _____

41. Reinterred, Meuse Argonne Cty 1232, Feb. 18, 1922

(Date)

42. Grave No. 15

Section _____

43. ~~Row~~ block _____

Row

20

G.R.S. Representative

A.E. Dewey
A.E. Dewey, 1st Lt, QMC.

COMPILATION OF DISPOSITION OF REMAINS DATA

37060 ^{mat 3-22-21}

File #37660

I. LOCATION INDEX CARD:

(a) Name BUCCIONE, Enrice Ser. No. 1246268
(b) Rank Pvt. 1/c Organization Supply Co. 112th Inf. TYP. evs
(c) Date of death 10/2/18 (d) Cause of death K/a CKR. B. J.

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

(a) Grave No. 106 Row - Plot 3 q Sec. 8 TYP. evs
(b) Emerg. Address M Pasquale Buccione (Father) Serre Monacesca, Prov. Chieti, Italy. ^{Q. 9.0 gives Mrs. Crocifissa Buccione (mother)}

III. Files of soldiers dying from contagious diseases address as above. CKR. B. J. ^{(3-28-21) E. M.}

no card in file 70-3-22-21

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 PF Date 3-22-1920

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

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

no correspondence

Examiner's Initials PF Date 3-22-1920

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

no request for disposition

(a) Cancellation memos referred to?

Examiner's Initials Date 1920

COUNTRY FRANCE

CEMETERY No. 1232--Sec. 8

SHEET No. 27

Handwritten notes and signatures at bottom right.

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 3/31/21, 1920

Section # 5
Par # 2 - Not to be returned - Ho

IX. CORRECTIONS

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

X. SUSPENSION REMARKS: B.A.M.R. Miss Pasqualina Buccione Pacher
Serramonacesca, Italy (Prov. Chieti)
(4-8-21) E.M.

8-7729
Location Index
.....
Discrepancies
.....
Name
.....

C 84880
OFFICE OF THE QUARTERMASTER GENERAL
CEMETERIAL DIVISION
OVERSEAS PROJECT SUB-SECTION.

*Please
use!*

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

Buccione, Enrice, Pvt. 1/c. 1232-Sec.8 - 27 3/23/21.
SERIAL NUMBER ORGANIZATION DATE OF DEATH

1246268 Sup. Co., 112th Inf. 10/2/18.

Copy forwarded to WAR RISK INSURANCE INFORMATION
Adjustment Department
Date 4-8-21 E.M. DATE March 28, 1921.

Miss Pasqualina Buccione, Father
PERSON NAMED BY SOLDIER TO BE BENEFICIARY OF INSURANCE RELATIONSHIP

Serramonacesca Italy. (Prov. of Chieti)
ADDRESS

PERSON RECEIVING DEATH COMPENSATION RELATIONSHIP

ADDRESS

37060

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Buccione 1246268 Enrico
(Surname.) (Number.) (First Name and Initials.)

Pvt. Supply Co. 112th Inf.
(Rank.) (Organization.)

DATE OF BURIAL Oct. 2, 1918

PLACE OF BURIAL In German Cemetery

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

map sheet Fort Navarone
Scale 1 to 20,000

00.45 - 70

GRAVE NUMBER

HOW MARKED: Name Peg? Cross? *yes*

Headboard? Bottle?

IDENTIFICATION TAGS:

Was one buried with body? *yes*

Was one fastened to name peg or stake used as a grave marker? *no*

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

Montclairville (New)
(0170) SIT. 3586. COORD. 2747
INDEX 10012

REPORTED BY:

David G. Mann, Lt. P. Chaplain
(Signature and Rank of Reporting Officer.)

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

19

RAI

170-967

July 1907

RAI

RAI

1. G. R. S. Form No. 1. 37068 G. R. S. File

2. Soldier's No. 1246268

3. Buccio E
Surname (in block letters) First Name and Initials

4. Private Sup. Co. 112 Inf.
Rank Company Regt. or Corps

5. Oct. 2, 1918 Killed in action
Date of Death Cause, if known

6. - Isolated
Date of Burial Cemetery

7. Montblainville Meuse
Town or Commune (in block letters) Department

8. 2 -
Grave No. Plot No. or Letter

9. Name Peg? Cross? YES 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.

40 M S of road leading from
Montblainville to Argonne Forest
1 1/4 K W of Montblainville.

12. 35 SE. 275.1 N. 300.9 E
Map reference, if interment is outside of cemetery

Montblainville (Meuse)

13. (C 170) SEPT 35.5. E COORD 1E 300.9
Give name of Chaplain or Burial Officer IN 275.1

Signed Pvt. Leonard J. Scott...

Sketch # 21 Group... 5... Unit 306... G. R. S.



OSP-SS
Form No. 1009

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

Harlow C.W.

NAME OF DECEASED SOLDIER	CEMETERY NO.	DATE
<u>Buccione, Enrico, Pvt. 1/c.</u>	<u>1232-Sec. 8 - 27</u>	<u>3/23/21.</u>
SERIAL NUMBER	ORGANIZATION	DATE OF DEATH
<u>1246268</u>	<u>Sup. Co., 112th Inf.</u>	<u>10/2/18.</u>

NOTED FORM 115

DATE 4-8-21 E.M.

WAR RISK INSURANCE INFORMATION

DATE 3/28/21

Miss Pasqualina Buccione Wife
PERSON NAMED BY SOLDIER TO BE BENEFICIARY OF INSURANCE RELATIONSHIP

Serramonacesa Italy (Prov. Chieti)
ADDRESS

PERSON RECEIVING DEATH COMPENSATION Adjustment Made
5-23-1922 RELATIONSHIP

ADDRESS File No. 37060

FILE

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

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

PLEASE
EXPEDITE

G.R.S. Form 8-W-A-0
Information requested of A.G.O.

Date 3/23/21.

File No. Requisition.

(SPECIAL)

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.

- a. Surname **Buccione** *OK ✓*
- b. Christian name **Enrice** *OK ✓*
- c. Serial Number **1246268** *OK ✓*
- d. Organization **Sup. Co., 112th Inf.** *OK ✓*
- e. Rank **Pvt. 1/c.** *OK ✓*
- f. Date of death **10/2/18.** *OK ✓*
- g. Cause of death **K/A.** *OK ✓*
- h. Authority (C.O.#) *ms. Crocifissa Buccione*
- i. ~~Emergency address~~ *Serranovacca, Italy.*
- j. ~~Relationship~~ *mother*

NOTED FORM 11
DATE 3/29/21 *6m*

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

Adjustment Made

APR 8 1921

File No. **37060**

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 |

Permanent marks and physical defects at enlistment (Old fractures or breaks)

RECEIVED

*Donnelly WH.
Enl. Rec'd
17.8 3/25/21*

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

CEMETERY NO: **C.W. 1232-Sec. 8.**

BY:

H. J. Conner

SHEET NO: **27**
TYPED BY: **I.W.**

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

Rec'd World War Div.
Date **MAR 25 1921**

MAR 25 1921 5

3/713/LML

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 3/23/21.

File No. Requisition.

(SPECIAL)

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.

- a. Surname **Buccione** *OK ✓*
- b. Christian name **Enrice** *OK ✓*
- c. Serial Number **1246268** *OK ✓*
- d. Organization **Sup. Co., 112th Inf.** *OK ✓*
- e. Rank **Pvt. 1/c.** *OK ✓*
- f. Date of death **10/2/18.** *OK ✓*
- g. Cause of death **K/A.** *OK ✓*
- h. Authority (C.O.#) *OK ✓*
- i. Emergency address **Mrs. Crocifissa Buccione
Serranomaceca, Italy.**
- j. Relationship **mother**

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

Adjustment Made

APR 8 1921

File No. **37060**

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							

Permanent marks and physical defects at enlistment (Old fractures or breaks)

CEMETERY NO:

C.W. 1232-Sec.8.

SHEET NO:

27

TYPED BY:

I.W.

Rec'd World War Div.

Date **MAR 25 1921**

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

BY:

H. J. Conner

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

Rec'd S & S Div., A.G.O.

MAR 25 1921 5

3/713/LML

NOTED FORM 111
DATE 3/29/21 6m

RECEIVED
MAR 28 1921

J

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

D.R.S. Form 8-W-A-0

Information requested of A.G.O.

Date 3/23/21.

(SPECIAL)

Registration.

File No.

The Quartermaster General, U. S. Army, (General's Division)

From:

The Adjutant General of the Army, 6th & B Sts., W. Washington, D. C.

To:

Information requested for G.H.S.

Subject:

It is requested that the items checked below be completed, and
copies of all information shown.

1. Date of birth

2. Service Record

3. Name at birth

4. Christian name Service

5. Authority (D.C.S.)

6. Serial Number 124328

7. Present address

8. Organization Gp. Co., 112th Inf.

9. Relationship

10. Rank Pvt. 1st.

BODY DESCRIPTION

(See page 12 of the Service Record)

1. Age of enlistment

2. Color of eyes

3. Color of hair

4. Height

5. Weight

File No.

6. Permanent marks and
distinct scars or
excisions (On front or back)

MAR 26 1921

RECEIVED

Attachment made

APR 8 1921

W. J. ROOPER
Quartermaster General, U. S. Army

1921-2021

27

1921

MAR 28 1921

1921

37060

OSPSS CtY. NO. 1232

Sec. 8. case no 27

AM

