

12272

G.R.S. Form #114-B

AUG 31 1926

gc

DATE Dec 28th, 1921.

1. NAME BUCHNER, Andrew V.

SERIAL No. 2405534

RANK Pvt.

ORGANIZATION Co.L., 309th Inf.

78 Div

GRAVE LOCATION Meuse-Arg. Amer. Cty. Romagne-sous-Montfaucon (Meuse) 1232 Sec. 28

CTY. NAME

NUMBER

168

Sec. 28

4

GRAVE

ROW

PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION 30 #2 of sketch #27 2k.N. of St. Juvin Ardennes

GRAVE

COMMUNE

DEPT.

COORDINATES 287.2N 295.7E Verdun 35NW 10 yds. S.E. of crossroads

CONCENTRATED TO

4-17-19

168

Sec. 28

4

DATE

GRAVE

ROW

PLOT

Meuse Argonne

CEMETERY

1232

CTY. NUMBER

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

Tag on body

DATE OF DEATH

Nov. 1, 1918

STATE FROM WHICH HE CAME

N.J.

Data from Form 1

SUBSEQUENT REBURIALS

MEDALS OR DECORATIONS AWARDED

none

DATE

GRAVE

ROW

PLOT

CEMETERY

ejr/tm

DATE

GRAVE

ROW

PLOT

CEMETERY

SIGNATURE, AREA SUPERVISOR

Wm Cline

Wm M. CLINE

Captain Q.M.C.

3. FINAL GRAVE LOCATION

Dec 28th, 1921.

7

Block G.

40.

DATE

GRAVE

ROW

PLOT

Meuse-Argonne Amer. Cty # 1232. Romagne-sous-Montfaucon (Meuse).

CEMETERY

Robert G. Davis, Major General, The Adjutant General, By H J

AUDITED BY B.W. 3-27-23

121 A.G.O. SEP 1 1921 WORLD WAR DIV.

# INSTRUCTIONS FOR PREPARATION OF FORM 114 B

RECEIVED  
REGISTRATION JUL  
JUL 19 1922

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.

Received  
SEP 4 26  
M & R BRANCH  
Q.M.C.

*Rept. H. 2 a. nos. 1918*

# GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF *CC350*

**Buchner** *2 405 534* **Andrew V.** *807*  
(Surname). (Number). (First Name and Initials).

**Private** **Co. L., 309th Infantry**  
(Rank). (Organization).

PLACE OF DEATH: .....

CAUSE OF DEATH: .....

DATE OF BURIAL: **Nov. 6 1918**

PLACE OF DEATH: **87.4 - 96.3**

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

**Buzancy Map No. 79**

GRAVE NUMBER: .....

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:

NEAREST RELATIVE: .....

ADDRESS: .....

RELATIONSHIP: .....

REPORTED BY:

**Chaplain Friedman, 77th Division**

(Signature and Rank of Reporting Officer).

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

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	Bucher	3	2-12-3
	Andrew W.		
	CEMETERY 1232	1	1
BURIED	GRAVE 7	2	07
	ROW 40	2	40
	BLOCK G	1	7
STATE	M.G.	2	35
RANK	Priv.	1	1
DIVISION	78	2	78
ORGANIZATION	309	3	309
ARM	Inf.	1	1
MARTIAL	no	1	2
NAME	Kurtz	3	
	Mr. Anthony (Stepfather)		
RESIDENCE	STATE	2	
	COUNTY	2	
	CITY	3	
RELATION	mother	1	1
OTHER	no SM	1	3
ELIGIBILITY	no loco	1	6
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE		1	

**AUDITED**

APR 14 1932  
RS

2a

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Buchner Andrew V 1232-SF

July 7, 1930

*L*

Mr. Anthony J. Kurtz,  
89 North 7th Street,  
Paterson, New Jersey

Dear Sir:

Your attention is invited to the enclosed copy of an Act of Congress of March 2, 1929, together with an amendment thereto, approved May 15, 1930.

This office has no record of any person entitled under the Act mentioned to make a pilgrimage to the cemeteries in Europe as the mother or widow of the above named deceased service man. To complete the list of eligibles and to assure that, if the above named man is survived by a mother or widow entitled to make a pilgrimage she receive an invitation to do so, it is requested you answer the following questions in the space provided on this letter and return to this office in the enclosed envelope which requires no postage.

1. Is the deceased survived by a mother?

If so, give her name and address:

2. Is the deceased survived by a widow who has not remarried?

If so, give her name and address:

3. Is the deceased survived by any woman who stood in loco parentis to him according to the terms of Section 4 (a) of the enclosed Act as amended?

If so, give her name and address:

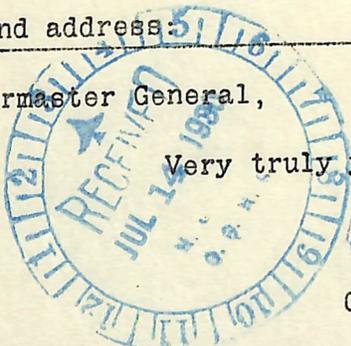
*None*  
*None*  
*None*  
*Father & Mother dead, Not Married,*

For The Quartermaster General,

Very truly yours,

*A. D. Hughes*  
A. D. HUGHES,  
Captain, Q. M. Corps,  
Assistant.

Enclosures:  
Envelope  
Act  
Amendment



ALL WORK WARRANTED.

TELEPHONE 3340 W.

# 2 - 80 Armory ESTABLISHED 1880.

# A. KURTZ & SON

MANUFACTURERS OF  
**BROOMS**  
OF ALL KINDS

89 NORTH 7<sup>th</sup> STREET

Pater'son, N. J.

July 10 - 29

The Quartermaster General  
Washington D.C.

Dear Sir:

In reply to your inquiry of June 29<sup>th</sup>  
concerning the late Andrew F. Buchner Co. L. 309<sup>th</sup> inf.,  
Will say that he has neither mother or widow.  
 Hoping this reply is satisfactory I remain

Very truly yours

Anthony J. Purdy



WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C  
Buchner, Andrew V.

June 29, 1929.

Mr. Anthony Kurtz,  
92 N. 8th St.,  
Paterson, N. J.

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 step-father of the late Private Andrew V. Buchner, 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,  
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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July 7, 1930

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If so, give her name and address:

3. Is the deceased survived by any woman who stood in loco parentis to him according to the terms of Section 4 (a) of the enclosed Act as amended?

If so, give her name and address:

For The Quartermaster General,

Very truly yours,

Enclosures:  
Envelope  
Act  
Amendment

A. D. HUGHES,  
Captain, Q. M. Corps,  
Assistant.

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QN 293 A-C

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June 29, 1929.

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92 N. 8th St.,  
Paterson, N. J.

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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,  
Major, Q. M. Corps,  
Assistant.

In reply refer to:  
293 C-R

June 28, 1923.

Mr. Anthony Kurts,  
92 North 8th St.,  
Patterson, N.J.

Dear Sir:

The Quartermaster General desires that you be informed that  
Private Andrew V. Buchner, Company L, 309th  
the permanent grave of  
Infantry, is Grave 7, Row 40, Block G, 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 main-  
tained by this Government in a manner befitting the last resting  
place of our heroes.

RD

Very truly yours,

H. J. Conner,  
Assistant.

23/236/ARK





Location Index .....

Discrepancies .....

Name .....

Rank .....

Serial No. ....

Org. ....

Remarks

*Rice - 4 - 11 - 21*

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. ....

Org. ....

Remarks

*8 W 2011  
4-16-21*

*Checked  
4/11/21  
[initials]*



REPORT OF DISINTERMENT AND REBURIAL

Place ROMANE 1232

Date Dec 28 1921

1. REMAINS OF BUCHNER, Andrew V. SERIAL NUMBER 24 05534

RANK Pvt. ORGANIZATION Co. L. 309th Inf.

2. Disinterred (date): Dec 28 1921 From (give complete location):

Gr 168, sec 28 plot 4 can 1252.

By: Group Maire Unit Section 1

3. Reburied (date): 7 In (give complete location):

Dec. 28th, 1921. Grave 18, Row 40, Block G, Cemetery 1232.

Unlined Casket

By: Group Reburial S Unit \_\_\_\_\_ Nature of reburial \_\_\_\_\_

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

Un. Uniform, burlap and pine box.

Body badly decomposed, 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:

None

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

(a) Height (actual measurement) Impossible to determine

(b) Weight (estimated) Impossible to determine

(c) Hair—Color do

Quantity do

Characteristics do

(d) Hair on face—Color do

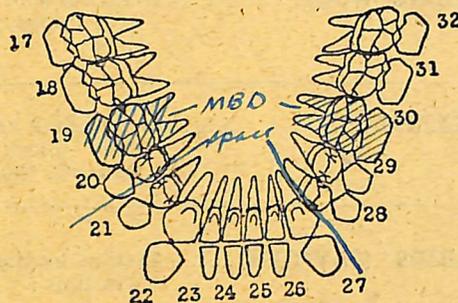
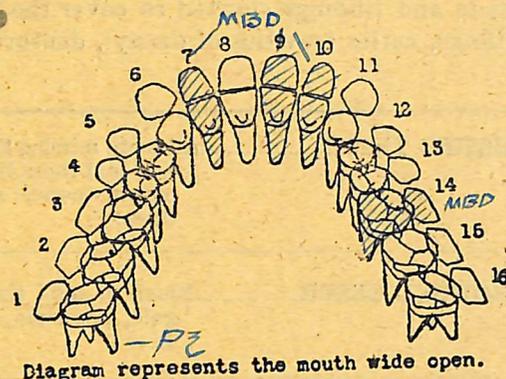
Location do

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)

None visible.



7. Disinterment supervised by Edmo Maire

Edmo Maire

Approved: F. Overheiser

(Title) Capt. J.C.

8. Reburial supervised by A.U. Dufault

JEL

A.U. Dufault,

Approved: James W. Younger

(Title) Captain C.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 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.

<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      GOLDBRIDGE</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 &amp; GOLD FILLING      GOLD FILLING &amp; 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</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.



To be prepared in triplicate.

DATE Dec 28 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 BUCHNER, Andrew V.
- 2. No. 2405534
- 3. Rank Pvt.
- 4. Org. Co. L, 309th Inf.
- 5. D.D. Nov 1st.
- 6. C.D. KIA
- 10. Name
- 11. No.
- 12. Rank
- 13. Org.
- 14. (a) D.D.
- (b) D.B. None

Discrepancy found upon disinterment

- 7. Grave No. 168 Sec. 28
- 8. Plot 4 Row
- 9.
- 15. Grave No. Sec.
- 16. Plot Row
- 17. None

- 18. Cemetery Neuse-Arg. Amer.
- 19. Commune or town Romagne-sous-Montfaucon
- 20. Dept. or County Neuse
- 21. Country France.

- 22. G.R.S. Hdqrs. Code No. 1232, Sec. 28.
- 23. Disinterred (Date) Dec 28 1921 By Edmo Maire

24. Inscription on grave marker:

Name Andrew V Buchner Serial No. 2405534  
 Rank Pvt. Organization Co L 309th Inf

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

*C Smyth O'Meara*  
 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).

~~Body decomposed, features unrecognizable~~ None

27. Condition of body ~~Uniform buried and not~~ Badly decomposed, features unrecognizable

28. Nature of burial Uniform buried and box

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 Dec 28 1921 By Edmo Maire

31. Casket sealed by Edmo Maire  
 Signature of Embalmer, (Supervisor *Edmo Maire*)  
 Edmo Maire

AUDITED BY

SHIPMENT. (Show actual marking of box.)

Box No.

C-21296



32. Designation of body:

Name **Andrew V. BUCHNER**

Serial No. **2405534**

Rank **Pvt.**

Organization **Co.L., 309th Inf.**

33. Consigned to:

Name of Permanent Cemetery **Meuse-Arg.Amer.Cty.#1232.Romagne-sous-Montfaucon,Meuse.**

34. Casket boxed and marked (Date) **Dec 28 1921**

By **Edmo Maire**

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 Overholser, Capt. MC**

36. Remarks

37. Shipped from point of Operation: (Date) **Dec 28 1921**

cc

To point of Concentration **Morges Romagne**

(Name)

Convoyer **W J Hoyed**

Signature Shipping Officer

**G F Spann, Capt. MC**

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 Cemetery 1232 Dec. 28th, 1921.**  
(Date)

42. Grave No. **7**

Section

43. Plot, Block. **G**

Row

**40**

G.R.S. Representative

**James W. Younger  
Captain G.S.C.**

J.M.

Duplicate.

Buchner,  
(Surname.)

Andrew ~~Valentine~~  
(Christian name in full.)

2,405,534  
(Army serial number.)

Pvt.

Co. L, 309th, Infantry.  
(Rank and organization.)

State your relationship to the deceased.

*Step Father*

Do you desire the remains brought to the United States?

*no*  
(Yes or no.)

If remains are brought to the United States, do you wish them interred in a national cemetery?

*no*  
(Yes or no.)

If you desire the remains interred at the home of the deceased, give full information below as to where they should be sent:

(Name of person to receive remains.)

(Express office.)

(Telegraph office.)

(Number and street.)

(City or town.)

(State.)

(Sign here)

*Anthony J. Krutz*

92 No 8<sup>th</sup> St  
(Number and street or rural route.)

Pharson N.J.  
(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

Drawn by - EOR  
1232 - Dec 28 - 30

4-11-21

checked  
4/11/21  
EOR

Place NEUFCHATEAU

Date 8th, May 1919.

REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Name: BUCHNER, Andrew

Number: 2405534

6536

Rank: Unkn

Organization: Unkn

Disinterment and Reburial made by Group \_\_\_\_\_ Unit \_\_\_\_\_

Disinterred (Date) \_\_\_\_\_ From: (Give complete location) \_\_\_\_\_

17th, April 1919.

Grave #30 B/A Cemetery

CHAMPIGNEULLE, ARDENNES.

35 NW 295.7 E 287.2 N

Reburied (Date) \_\_\_\_\_ in: (Give complete location) \_\_\_\_\_

17th, April 1919.

Grave #168 Section 28. Plot 4.

Amer. B/A Cemetery. 1232. ROMAGNE, MEUSE.

35 NE 308.16 E 284.87 N

1232

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.

CONFIRMED No. D-10757

10757

10757

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. Armitage.

R. H. ROSENTHAL  
2nd Lieut. C.M.G.U.S.A.

C.O. Group \_\_\_\_\_ Unit \_\_\_\_\_

DATE

Subscribed by: \_\_\_\_\_ of \_\_\_\_\_

whereof will be made and reported to \_\_\_\_\_  
after being carefully examined for \_\_\_\_\_  
sent to the Effects Dept. direct to be \_\_\_\_\_  
If such disbursements, effects are found \_\_\_\_\_



Note:

\_\_\_\_\_

What other means of identification were found on the body? \_\_\_\_\_

Was one identification tag found upon the body? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Report as to nature of clothing and condition of body upon disbursement:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

65365

# GRAVE LOCATION BLANK

## LOCATION OF THE GRAVE OF

**Buchner** ..... **2 405 534** ..... **Andrew V.** .....  
(Surname). (Number). (First Name and Initials).

**Private** ..... **Co. L., 309th Infantry** .....  
(Rank). (Organization).

PLACE OF DEATH: .....

CAUSE OF DEATH: .....

DATE OF BURIAL: ..... **Nov. 6 1918** .....

PLACE OF BURIAL: ..... **87.4 - 96.3** .....

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

..... **Buzancy Map No. 79** .....

GRAVE NUMBER: .....

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:

NEAREST RELATIVE: .....

ADDRESS: ..... **Championville** .....  
**(4th) SHT. 3rd row** ..... **(E. 296.3)** .....  
**(287.4)** .....

RELATIONSHIP: .....

REPORTED BY:

**Chaplain Friedman, 7th Division** .....  
(Signature and Rank of Reporting Officer).

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



Communal List No. \_\_\_\_\_

Daily Report No. \_\_\_\_\_

*12-699*

15365  
2 SOLDIERS No 240 55 34

3 BUNNER ANDREW V.  
SURNAME FIRST

4 RANK UNKNOW  
COMPANY REGT OR CORPS

5 UNKNOWN IN ACTION  
DATE OF DEATH CAUSE

6 UNKNOWN BATTLE FRONT No 3  
DATE OF BURIAL CEMETERY

7 NEARST JUNY ARDENNES  
TOWN OR COMMUNE DEPARTMENT

8 30 SKETCH No 21  
GRAVE NO PLOT NO OR LETTER

9 NAME PEG CROSS HEADBOARD BOTTLE

10 BURIED WITH BODY ATTACHED TO MARKER ✓

11 IF NAME UNKNOWN TAGS MISSING GIVE MARKS  
DESCRIPTION

12 VERDUN NW. 35  
MAP REFERENCE

287-2 N 295-7 E

13 GIVE NAME OF CHAPLAIN

SIGNED *Harman L. Mader* @ *M Sgt. Sr. Gr.*

GROUP No. 4 UNIT 305 GRS  
PB 1110



WAR DEPARTMENT  
Office of the Quartermaster General of the Army  
Adjustment Made Washington

G.R.S. Form 8-W-A-H  
Information requested of A.G.O.  
File No. **65365**  
File No. Requisition

Date **4-16-21**

From: The Quartermaster General, U. S. Army, (Cemeterial Division) **(SPECIAL)**  
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 **BUCHNER** *OK*
- b. Christian name **Andrew V.**  
~~or (Andrew Valintine)~~ *OK*
- c. Serial Number **2405534** *OK*
- d. Organization **Co. L, 309th Inf.** *OK*
- e. Rank **Pvt.** *OK*
- f. Date of death **11-1-18** *OK*
- g. Cause of death **K/A** *OK*
- h. Authority (C.O.#) *Anthony J. Hurty 92 No. 8th*
- i. Emergency address *Paterson New Jersey*
- j. Relationship *(step-father)*

**BODY DESCRIPTION**  
(See page #2 of the Service Record)

**DENTAL CHARTS**  
(See Physical report of examination prior to enlistment)

- 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)
  - a. Strike out teeth missing
- |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

*Donnelly*  
CW *Ed. Rev. Sec. 60918*  
*4-19-21,*  
H. L. ROGERS,  
Quartermaster General, U.S.A.

CEMETERY NO: **1232-Sec. 28**  
SHEET NO: **30**  
TYPED BY: **VH.**

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

*World War Div.*  
**APR 19 1921**  
Sec 5 & 5 Div., A.G.O.  
**APR 19 1921 6**

NOTED FORM 115  
DATE 4-16-21 E.M.

FILE

WAR DEPARTMENT  
Office of the Quartermaster General of the Army  
Adjutant General

Date 4-18-21

U.S. Form 20-A-1  
Information requested of A.C.O.  
File No. \_\_\_\_\_  
Registration

**SECRET**

From: The Quartermaster General, U. S. Army, (Cometrial Division)  
To: The Adjutant General of the Army, 6th & B Sts., H. W. Washington, D. C.  
Subject: Information requested for U.S. \_\_\_\_\_

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

- a. Surname **SURNAME**
- b. Christian name **Andrew V.**  
or (Andrew Yeliazko)
- c. Serial Number **240534**
- d. Organization **Co. I, 30th Inf.**
- e. Rank **Pvt.**
- f. Relationship \_\_\_\_\_
- g. Emergency address \_\_\_\_\_
- h. Authority (C.O. or \_\_\_\_\_)
- i. Cause of death **NA**
- j. Date of death **11-1-18**

RECEIVED CIVIL DIVISION

GENERAL CHIEFS  
(See Physical Report of  
examination prior to enlistment)

- a. Strike out teeth missing
- b. Color of eyes
- c. Color of hair
- d. Height
- e. Weight
- f. Pattern of teeth and physical (Old fractures or breaks)

**APR 20 1921**

**RECEIVED**

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

H. J. CONNER,  
1st. Lieut. U.S.A.

1232-8ec.28

CHECKED BY  
SHEET NO.  
30  
DATE