

G.R.S. Form #114-B CAUSE OF DEATH *K9a*

✓ FULL NAME..... *✓* BUCIOR, Joseph *✓*

✓ RANK..... *1cl* Private *✓* SERIAL. 540663 *✓*

✓ DIVISION & ORGANIZATION..... *✓* Co. A, 7th Infantry *3 Div*

✓ DATE OF DEATH..... ~~6-15-22-18~~ *June 21, 1918*

✓ STATE FROM WHICH HE CAME..... *Ohio*

MEDALS OR DECORATIONS AWARDED..... *in action* *Silver Star. Cited for gallantry*

MAY 9 1927
WORLD WAR DIV.

FINAL GRAVE LOCATION..... *A.G.O.*
Date..... 67..... 6..... A.....
Grave..... Row..... Block.....

..... *✓* 1764.....
Cemetery.....

Rept

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

.....
BUCIOR, 540663 Joseph
.....
(Surname.) (Number.) (First Name and Initials.)

.....
Private Co. A., 7th. Inf.
.....
(Rank.) (Organization.)

DATE OF BURIAL.....

PLACE OF BURIAL.....

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

.....
Reported buried by French
..... of 5th Marines per letter
..... Aug. 20, 1918 to Adj. Gen. Off.
..... Fr. Co. A. 7 Inf. Sgd. J. P. Wells
..... 2 Lt.

GRAVE NUMBER.....

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:

REPORTED BY:

.....
(Signature and Rank of Reporting Officer.)

This portion to be sent to Chief of Graves Registrar

France Entered on list

B U C I O R, Joseph

Private, Co. A, 7th Inf.

Died between June 15 and 22/18
in France, killed in action.

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	Bucior	3	2 1 ² 3
	Joseph		
BURIED	CEMETERY 1764	1	4
	GRAVE 67	2	67
	ROW 6	2	06
	BLOCK a	1	1
STATE	Ohio	2	41
RANK	Pvt 1/c	1	2
DIVISION	3	2	03
ORGANIZATION	4	3	007
ARM	Inf	1	1
MARITAL	(Sister) no	1	2 Rm
NAME	Menarcyph	3	
	Mrs. Michalina B		
RESIDENCE	683 Eagle St.	2	
	Buffalo, N. Y.	2	
RELATION	mother	3	
OTHER		1	
ELIGIBILITY	Dead	1	6
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
	YR.	1	
TRIP		1	
ACCEPTANCE		1	
	29/514/		

AUDITED

AUG 18 1982

RS

98
1052

McL

QM 293 A-M

Bucior, Joseph AM

September 12, 1932.

Mrs. Michalina B. Menarczych,
683 Eagle Street,
Buffalo, New York.

Dear Madam:

Reference is made to correspondence forwarded you relative to your eligibility to visit the grave of your brother the late Private first class Joseph Bucior, under the loco parentis clause of the Act of March 2, 1929, as amended May 15, 1930.

In order to assist in determining whether or not you may be eligible to make a pilgrimage under this provisions of the law, it is requested that you furnish the following information:

1. Did you provide food, clothing and shelter for Private first class Bucior for a period of not less than five years at any time prior to his reaching the age of eighteen? 0
2. Dates of death of the parents of Private first class Bucior?

The enclosed self-addressed envelope which requires no postage is for your convenience in replying.

For The Quartermaster General,

Very truly yours,

CHAS. W. DIETZ,
Captain, Q. M. Corps,
Assistant.

Encl:
Env.
gb

C

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Bucior Joseph 1764-S

July 7, 1930

Mrs Michalina B Menarczyh
683 Eagle Street,
Buffalo, New York

Dear Madam:

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:

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 QM 293 A-C

Bucior, Joseph 1764

March 8, 1930

**Mrs. Michalina B. Menarczyh,
683 Eagle Street,
Buffalo, New York.**

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 **sister of the late Pvt. 1st Cl. Joseph Bucior, Co. A, 7th Inf., whose remains are now interred in the Aisne-Marne American Cemetery, Belleau, Aisne, France.**

Will you please fill in the answers to the following questions in the space provided on this letter, and return to this office in the enclosed envelope which requires no postage?

Write answers in space below:

1. Is the deceased survived by a widow who has not since remarried? *no*
2. If so, give her complete address.
3. If he is survived by a mother, stepmother, mother thru adoption, or any other woman who stood in loco parentis to him, according to the terms of Section 4 of the enclosed Act, give her name, address, and relationship in the space opposite.

*Mrs. Michalina B. Menarczyh
683 Eagle St. Buffalo, N. Y.
Sister*

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

DATE Feb. 8, 1930.

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
<u>BUCTOR, Joseph</u>	<u>Pvt. 1cl</u>	<u>540663</u>	<u>Co. A 7th Inf.</u>	<u>6/21/18.</u>

STATE	Ohio	CTY. NO.	1764	GRAVE	67	ROW	6	BLOCK	A
-------	------	----------	------	-------	----	-----	---	-------	---

	<u>Check relationship</u>		<u>Living - Deceased</u>	
	MOTHER	:	:	<i>no record XE-24014</i>
	STEPMOTHER (For the year prior to commencement of service)	:	:	<i>2/13,</i>
NAME	MOTHER THRU ADOPTION	:	:	<i>Sister -</i>
AND	(For the year prior to commencement of service)	:	:	<i>Mrs. Michalina B. Monarczyk</i>
ADDRESS		:	:	<i>683. Eagle St.</i>
	MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	:	:	<i>Buffalo - N. Y.</i>
	WIDOW (Who has not remarried)	:	:	
	<i>Single man</i>	:	:	

Veterans Bureau Claim Number 29/156

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-G

June 12, 1929.

Bucior, Joseph.

Mrs Michalina Bucior, Hinaroyk,
51 Roseville, St., Buffalo, N.Y.

Dear Madam:

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

The records of this office show that you are the **sister of** the late Private, first class Joseph Bucior, Co. A, 7th Inf., whose remains are now interred in the Aisne-Marne American Cemetery, Belleau, 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,
Major, Q. M. Corps,
Assistant.

2 incls.
Act of Congress.
Envelope.

QM 293 A-M

Bucior, Joseph AM

September 12, 1932.

Mrs. Michalina B. Menarczych,
683 Eagle Street,
Buffalo, New York.

Dear Madam:

Reference is made to correspondence forwarded you relative to your eligibility to visit the grave of your brother the late Private first class Joseph Bucior, under the loco parentis clause of the Act of March 2, 1929, as amended May 15, 1930.

In order to assist in determining whether or not you may be eligible to make a pilgrimage under this provision of the law, it is requested that you furnish the following information:

1. Did you provide food, clothing and shelter for Private first class Bucior for a period of not less than five years at any time prior to his reaching the age of eighteen?
2. Dates of death of the parents of Private first class Bucior?

The enclosed self-addressed envelope which requires no postage is for your convenience in replying.

For The Quartermaster General,

Very truly yours,

CHAS. W. DIETZ,
Captain, Q. M. Corps,
Assistant.

Encl.
Env.
gb

0066

1932 SEP - 14 - 10:01

QAMC M. S. R. BR

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Bucior Joseph 1764-S

July 7, 1930

Mrs Michalina B Menarczyh
683 Eagle Street,
Buffalo, New York

Dear Madam:

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:

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 QM 293 A-C

Bucior, Joseph 1764

March 8, 1930

Mrs. Michalina B. Menarczyh,
685 Eagle Street,
Buffalo, New York.

Dear Madam:

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

The records of this office show that you are the sister of the late Pvt. 1st Cl. Joseph Bucior, Co. A, 7th Inf., whose remains are now interred in the Aisne-Marne American Cemetery, Belleau, Aisne, France.

Will you please fill in the answers to the following questions in the space provided on this letter, and return to this office in the enclosed envelope which requires no postage?

Write answers in space below:

1. Is the deceased survived by a widow who has not since remarried?
2. If so, give her complete address.
3. If he is survived by a mother, stepmother, mother thru adoption, or any other woman who stood in loco parentis to him, according to the terms of Section 4 of the enclosed Act, give her name, address, and relationship in the space opposite.

For The Quartermaster General,

Very truly yours,

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

2 Incls.
Act of Congress
Envelope

29
AM 9
AM 10
AM 11
AM 12
AM 1
AM 2
AM 3
AM 4
AM 5
AM 6
AM 7
AM 8

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Bucior, Joseph
1764

Aug. 22, 1929.

Mrs. Michalina Bucior Minarcyk,
31 Roseville St., Buffalo, N. Y.

Dear Madam:

The records of this office do not indicate that a reply has been received to our communication dated June 12, 1929 making inquiry concerning the name and address of the mother and widow of the deceased service man above named. These addresses are desired with a view to ascertaining the number of mothers and widows who desire to make a pilgrimage to the cemeteries of Europe in which the remains of their sons and husbands are interred.

Will you please fill in the answers to the following questions in the space provided on this letter, and return the letter to this office in the enclosed envelope which requires no postage?

Write answers in space below

1. Is the deceased survived by a widow who has not since remarried? If so, give her complete address:

2. If he is survived by a mother, stepmother, mother thru adoption, or any other woman who stood in loco parentis to him, according to the terms of Section 4 of the enclosed Act, give her name, address, and relationship in the space opposite.

3. If survived by a widow or mother does she desire to make the pilgrimage?

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

June 12, 1929.

Bucior, Joseph.

**Mrs Michelina Bucior, Minaroyk,
31 Roseville, St., Buffalo, N.Y.**

Dear Madam:

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

The records of this office show that you are the **sister of the late Private, first class Joseph Bucior, Co. A, 7th Inf., whose remains are now interred in the Aisne-Marne American Cemetery, Belleau, 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,
Major, Q. M. Corps,
Assistant.

2 Encls.
Act of Congress.
Envelope.

W. & R. DIV.
JUN 13 AM 9 36
DISPATCHED

B
QM 293 A-C
(Bucior, Joseph)

November 10, 1928.

Mrs. Michalina Bucior Minarczyk,
31 Roseville St.,
Buffalo, N. Y.

Dear Madam:

The inclosed card gives the permanent cemetery and grave location of the late Joseph Bucior.

The Quartermaster General desires that you be informed that all American military cemeteries, both in Europe and in our own country, will be maintained by the Government forever, the graves permanently marked by headstones showing the decedent's name, rank, organization, State, and date of death, all of which will be done without the necessity of requests emanating from relatives.

Please understand that in effecting the final disposition of our heroic dead the utmost care and reverence is exercised.

Very truly yours,

J. McCLINTOCK,
Major, Q. M. Corps,
Assistant.

LEB

1 Incl.
Record card.

28 570

O. O. M. G. M. & R. DIV.

NOV 10 PM 2 37

DISPATCHED

To be prepared in triplicate.

DATE Oct. 21, 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 BUCIOR, Joseph
 2. No. 540663
 3. Rank Pvt. 1 el
 4. Org. Co. A. 7th Inf.
 5. D.D. ~~Betw. June 15 and 22.~~ 6/21/18
 6. C.D. KIA

10. Name _____
 11. No. _____
 12. Rank _____
 13. Org. _____
 14. (a) D.D. _____
 (b) D.B. no discrep.

Discrepancy found upon disinterment

7. Grave No. 29 Sec. M
 8. Plot 1 Row _____
 9. _____

15. Grave No. _____ Sec. _____
 16. Plot _____ Row _____
 17. no discrep.

18. Cemetery Aisne-Marne Amer.
 20. Dept. or County Aisne.
 22. G.R.S. Hdqrs. Code No. _____

19. Commune or town Belleau
 21. Country France
 1764

23. Disinterred (Date) Oct. 21, 1922

By J. C. W. Dodge

24. Inscription on grave marker:

Name Joseph Bucior
 Rank Pvt.

Serial No. _____
 Organization Co. A. 7th. Inf.

25. Was identification disc found on grave marker? no On body? yes (illegible)

J. C. Annabel
 Signature Junior Technical Assistant
J. C. Annabel.

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.

27. Condition of body Badly decomposed. Features unrecog.

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 Oct. 21, 1922 By C.W. Dodge

31. Casket sealed by C.W. Dodge

Signature of Embalmer, (Supervisor) C.W. Dodge

SHIPMENT. (Show actual marking of box.) Box No. C-31207

32. Designation of body:

Name Joseph BUCIOR. Serial No. 540663
Rank Pvt. Organization _____ Co. A. 7th Inf.

33. Consigned to:

Name of Permanent Cemetery Aisne-Marne Amer.Cty.1764, Belleau, Aisne.

34. Casket boxed and marked (Date) Oct. 21, 1922 By C.W.Dodge

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 *O.E. Davis*
O.E. Davis, 1st.Lt.QMC

36. Remarks

none

37. Shipped from point of Operation: (Date) Oct. 21, 1922

To point of Concentration _____ (Name)
Convoyer _____ 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 Oct. 21, 1922

To Permanent Cemetery Aisne Marne Cem.1764, Belleau (Aisne) (Name)
Convoyer _____ Signature Shipping Officer *O.E. Davis*
O.E. Davis, 1st.Lt.QMC

40. Received: Date _____

G.R.S. Representative _____

41. Reinterred Oct. 21, 1922, Aisne-Marne Cem.1764, Belleau (Aisne)

42. Grave No. 67 (Date) _____ Section _____

43. Plot BLOCK A Row _____ 6

G.R.S. Representative *W.D. Cleary*
W.D. Cleary
Lt., Chaplain, USA.

REPORT OF DISINTERMENT AND REBURIAL

Place Belleau (Aisne).

Date October 21, 1922.

1. REMAINS OF BUGIOR Joseph SERIAL NUMBER 540663
RANK Pvt 1st ORGANIZATION Co a 7th Inf

2. Disinterred (date): October 21, 1922 From (give complete location): Gr. 29 Sec M Plot 1 Cem. 1764

By: Group 1 Unit Aisne Marne Cem.

3. Reburied (date): Oct. 21, 1922 In (give complete location): Gr. 67, Block A, Row 6, Aisne-Marne Cem. 1764, Belleau (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:
Wooden box and burlap. Badly decomposed, features unrecognizable.

5. (a) Identification tags: Buried with body? yes, illegible On grave marker? no

(b) Other means of identification found upon disinterment, and general remarks:
bottle record agrees. collar insignia "US"

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

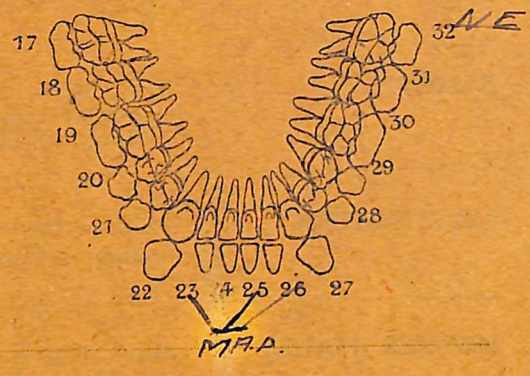
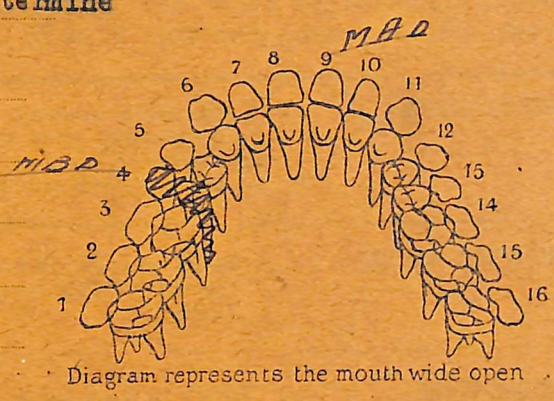
Quantity -do

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

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

Fractures: Right tibia and fibulae.

Missing: 1 radius and ulna.



7. Disinterment supervised by G. W. Dodge Approved: O E Davis
J C Annabel, checker. (Title) 1st Lieut OMC

8. Reburial supervised by L.D. Hays Approved: W.D. Cleary
(Title) Lt., Chaplain, USA.

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.

Place Belleau Woods.

Date June 4, 1919.

REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Name Bucier, Joseph

Number: 540663

Rank: Pvt. 1el

Organization: Co. A, 7th Inf.

Disinterment and Reburial made by Group

Unit "B"

Disinterred (Date)

From: (Give complete location)

June 4, 1919

Plot-69 Myers, Unknown Field, Belleau Woods.

Coord. 261.1N - - 175.7E

Grave 153.

Reburied (Date)

in: (Give complete location)

June 4, 1919

National Cemetery at Belleau Woods, Aisne.

Coord. 262.60N - - 176.04E

Plot-1, Sec. M, Grave 29.

1764

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

Body in fair condition.

Was one identification tag found upon the body? yes

What other means of identification were found upon the body? none.

11137

CONFIRMED N° D

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: Sgt L. C. Turner,

H. C. M. Cameron

C.O. Group Prov. Unit B. G.R.S.

271.

100

100

04

MA T. 14 P. 10

40

NOTE

ROAD IN THIS SECTION

100

100

100

ROAD IN THIS SECTION

NOTE

ROAD IN THIS SECTION

NOTE

ROAD IN THIS SECTION

NOTE

ROAD IN THIS SECTION



Place BELLEAU. AISNE. 1764.

REPORT OF DISINTERMENT AND REBURIAL

Date 6.27.21

1. REMAINS OF BUCIOR, JOSEPH SERIAL NUMBER 540663

RANK PVT *1cl* ORGANIZATION CO. A. 7th Inf

2. Disinterred (date): 6.27.21 From (give complete location): Gr 29 Sect M Plot 1

By: Group KELLY Unit FIELD SECTION # 7

3. Reburied (date): 6.27.21 In (give complete location): Gr 29 Sect M Plot 1

By: Group KELLY Unit FIELD SECTION # 7 Nature of reburial BURLAP AND WOODEN BOX

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

BADLY DECOMPOSED FEATURES UNRECOGNIZABLE
UNIFORM AND BURLAP

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 CORRODED & ILLEGIBLE. COL. ORNA. "CO. A. 7th. Inf."

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 IMPOSSIBLE TO DETERMINE

Quantity IMPOSSIBLE TO DETERMINE

Characteristics IMPOSSIBLE TO DETERMINE

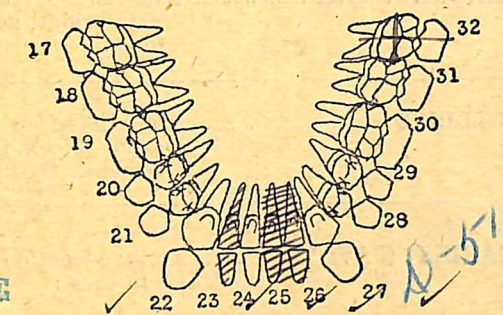
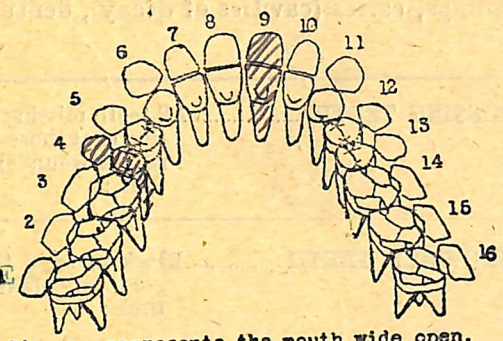
(d) Hair on face—Color IMPOSSIBLE TO DETERMINE

Location IMPOSSIBLE TO DETERMINE

Quantity IMPOSSIBLE TO DETERMINE

(e) Permanent marks on body (old scars, peculiarities, or missing parts) IMPOSSIBLE TO DETERMINE

(f) Wounds or missing parts (received at time of casualty) LEFT LEG FRACTURED BELOW THE KNEE. LOWER RIGHT ARM MISSING.



D-51046

7. Disinterment supervised by *F. G. Kelly* Approved *A. E. Dewey*
F. G. KELLY. SUP. EMB. A. E. DEWEY. 1st LT. QMC.
(Title)






8. Reburial supervised by *F. G. Kelly* Approved: *A. E. Dewey*
F. G. KELLY. SUP. EMB. A. E. DEWEY. 1st LT. QMC.
(Title)

RHC.FH

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>MISSING TEETH.....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>CROWNED TEETH.....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</p>
<p>BRIDGE WORK.....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>FILLINGS.....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</p> <p style="text-align: center;">GOLD FILLING GOLD FILLING</p>
<p>CARIES (CAVITIES).....Outline location and size of cavity, shade in thus :</p>	 <p style="text-align: center;">CAVITY DECAYED DECAYED</p>
<p>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."</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.



Bucior,

Joseph

540663 ✓

(Surname.)

(Christian name in full.)

(Army serial number.)

Pvt. *1/c*

Co. A, 7th. Infantry.

(Rank and organization.)

State your relationship to the deceased

sister

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?

(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)

Mrs. Michalina Bucior

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

E. A. - Miss Michaelina Bucior

168 Marion Ave.

Buffalo, N.Y.

Checked H11

2-21-21

Drawn by - bBR

1764 - 269

2-19-21

COMPILATION OF DISPOSITION OF REMAINS DATA

File #4875

I. LOCATION INDEX CARD:

(a) Name BUCIOR, Joseph Ser. No. 540663 ^{076. 268. 3-10-21}
 (b) Rank Pvt. 1/e ^{L.B.G. 3-10-21} Organization Co. A, 7th Inf. TYP. evs
 (c) Date of death ~~6 bet. 15 &~~ ⁶⁻²¹⁻¹⁸ 22/18 (d) Cause of death k/a CKR. 30

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

(a) Grave No. 29 Row - Plot 1 Sec. M TYP. evs
 (b) Emerg. Address Mechalina Bucior (Sister) 168 Marion Ave., Buffalo, N.Y. ^{Over.} CKR. 30

III. Files of soldiers dying from contagious diseases

IV. A. G. O. DISPOSITION CARD:

Date of receipt

(a) Name Mrs. Michalina Bucior (b) Relationship Sister
 (c) Address omitted
 (d) Remains to be brought to U. S.? no.
 (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 bbR Date 2-19-, 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 bbR Date 2-19-, 1920.

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

(a) Cancellation memos referred to? yes - bbR

Examiner's Initials bbR Date 2-19-, 1920.

COUNTRY FRANCE

CEMETERY No. 1764

SHEET No. 269

G. R. S. Form No. 115
Amended Apr. 16, 1920

3-7729

Make Form No. 114

FORM 115 - A COMPLETED

4-5-4-21-21

checked 4-18-21
EM

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 **MAR 10 1921**, 1920

Par. # 2 Not To Be Returned

me

IX.

CORRECTIONS

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

X. SUSPENSION REMARKS: *B. A. N. P. Mrs. Michalina Busier Minarszyk (sister) 31 Roseville St. Buffalo N.Y. (4-18-21) E. 17.*

Rank _____

Serial No. _____

Org. _____
Remarks _____

Rank

Serial No.

Org.

Remarks

Rice - 2-19-21

A. G. O. Card & Corr.

Discrepancies

Name

Rank

Serial No. ✓

Org.

Remarks

E. A.

G. R. S. Corr.

Discrepancies

Name

Rank

Serial No.

Org.

Remarks

Chackers

Discrepancies

Name

Rank

Serial No.

7.8 W. sent,

Org.

2-23-21.

Remarks

S-1357/MB

checked 2/11

2-21-21

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

*Revised
msb*

Harlow C.W.

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

Bucior, Joseph, Pvt. *rel.*

1764 - 269

2/23/21.

SERIAL NUMBER

ORGANIZATION

C-24014

540663

Co. A, 7th Inf.

Date of death - ²¹6/15-22/18.

Copy forwarded to
Adjustment Department

Date 4-18-21 E.M.

WAR RISK INSURANCE INFORMATION

DATE March 15, 1921.

NAME OF BENEFICIARY

RELATIONSHIP

Mrs. Michalina Busier Minarszyk,
Address

Sister

31 Roseville St., Buffalo, N.Y.

S/709/LML

COMPILATION OF DISPOSITION OF REMAINS DATA

File #4875

I. LOCATION INDEX CARD:

(a) Name BUCIOR, Joseph Ser. No. 540663 O.P. 269
3-10-21
 (b) Rank Pvt. / c 269
3-10-21 Organization Co. A, 7th Inf. } TYP. evs
 (c) Date of death 6 Oct. 15 22/18 6-21-18 (d) Cause of death k/a } AP

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

(a) Grave No. 29 Row Plot I Sec. H TYP. evs

(b) Emerg. Address Michalina Bucior (Sister) 168 Marion Ave., Buffalo, N.Y.

III. Files of soldiers dying from contagious diseases CKR. (3)

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

*A.G.O. Card - Mrs. Michalina Bucior (sister)
 - address omitted - requests that body be
 not returned to United States.*

- AP 4/20/21

V. Following advice forwarded to Europe by { cable on , 192
 letter of transmittal on MAR 10 1921, 192

Par. # 2 Not To Be Returned

mea

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 FRANCE CEMETERY No. 1764 SHEET No. 269

OSP-SS
Form No. 1009

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

*Please
use
24014*

<u>Harlow F.M.</u>		
NAME OF DECEASED SOLDIER	CEMETERY NO.	DATE
<u>Bucior, Joseph, Pvt. 1/c.</u>	<u>1764 - 269</u>	<u>4/12/21.</u>
SERIAL NUMBER	ORGANIZATION	DATE OF DEATH
<u>540663</u>	<u>Co. A, 7th Inf.</u>	<u>6/21/18.</u>

WAR RISK INSURANCE INFORMATION

Copy forwarded to
Adjustment Department
Date 6-28-21-H

DATE _____

PERSON NAMED BY SOLDIER TO BE BENEFICIARY OF INSURANCE	RELATIONSHIP
<u>Mrs. Michalina Bucior Minarczyk</u>	<u>Sister</u>

ADDRESS

31 Roserille St., Buffalo, N. Y.

PERSON RECEIVING DEATH COMPENSATION	RELATIONSHIP
-------------------------------------	--------------

S/1868/LML

*no record
4/26/21
J.M.H.*

Co A 7th Infantry.
3rd Division.

BUCIER, Joseph Pvt 540663

Killed in action in BELLEAU WOODS 21st June 1918 Particulars
in case not available since no eye witness are now in company.

Killed in action June 15th 1918 in BOIS DE BELLEAU (Record
at Statistical Section Hdqrs 3rd Division)

Informant: Company Records.

Not signed.

YS

Bucier, 540663, Joseph

4875

Name.....

Rank,.....Pvt. Co. A (Corps) 7th Inf
(Regt)

Date of Death.....

Exhumed-

Place.....

Fr clearing Bois Belleau.

Cause.....

Date of Burial.....

Grave No. 153.....

Cemetery 69 I. G. MYERS.....

Identified by { Tag
Papers } tags
(Clothing)

List of Effects.....

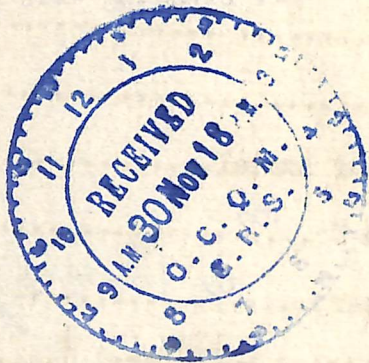
Field Record Made by.....

GROUP No 1
Unit 308 G. R. S.

Company.....Graves Registration Service

For additional data use reverse side

OCT 7 1918



Cancel
COPY

OSP-SS
Form No. 1009

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

Harlow F.M.

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

Bucior, Joseph, Pvt. 1/c.

1764 - 269

4/12/21.

SERIAL NUMBER

ORGANIZATION

DATE OF DEATH

540663

Co. A, 7th Inf.

6/21/18.

Original Attached to

Form 115

Date **6-28-21-H**

WAR RISK INSURANCE INFORMATION

DATE _____

Mrs. Michalina Bucior Minarczyk (Sister)

PERSON NAMED BY SOLDIER TO BE BENEFICIARY OF INSURANCE

RELATIONSHIP

31 Roserille St. Buffalo, N. Y.

ADDRESS

FILE

PERSON RECEIVING DEATH COMPENSATION

RELATIONSHIP

*Adjustment Made
April 29 1922*

File No. 4875

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

PLEASE
EXPEDITE

FILE

WAR DEPARTMENT
Office of the Quartermaster General, ~~at~~ the
Washington
Adjutant General

MAR 25 1921

Date 2/23/21.

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

File No. Requisition.

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 **Bucior** *OK*
- b. Christian name **Joseph** *OK*
- c. Serial Number **540663** *OK*
- d. Organization **Co. A, 7th Inf.** *OK*
- e. Rank **Pvt.** *OK*
- f. Date of death **6/15-22/18.** *June 21-1918*
- g. Cause of death **K/A.** *OK*
- h. Authority (C.O.#)
- i. Emergency address *Wincenty Brudzien
168 Marion Ave. Buffalo NY*
- j. Relationship *uncle*

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:

Donnelly, W.H.
2-24-21
W.H. Donnelly
H. J. SCANNER,
1st. Lieut, Q.M.C.

C.W.
CEMETERY NO: 1764

SHEET NO: 269
TYPED BY: I.W.

S/713/LML

World War I
FEB 24 1921

FEB 24 1921

24

FILE

WAR DEPARTMENT
Office of the Quartermaster General, the Army
Washington

Adjusted Made

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

MAR 25 1921

Date 2/23/21.

File No. Requisition.

File No. 4875-70

From: The Quartermaster General, U. S. Army, (Ceneterial 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.

June 21-1918

- a. Surname Bucior *OK*
- b. Christian name Joseph *OK*
- c. Serial Number 540663 *OK*
- d. Organization Co. A, 7th Inf. *OK*
- e. Rank Pvt. *OK*
- f. Date of death 6/15-22/18.
- g. Cause of death K/A. *OK*
- h. Authority (C.O.#)
- i. Emergency address *Wincenty Brudzien 168 Marion Ave. Buffalo N.Y.*
- j. Relationship *uncle*

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. 1764

BY:

Donnelly
2-24-21
H. J. CONNER
1st. Lieut. Q.M.C.

CEMETERY NO: 1764

SHEET NO: 269

TYPED BY: I.W.

I.W.

FEB 24 1921

FEB 24 1921

S/713/LML

24

Office of the Quartermaster General, U.S. Army
WASHINGTON, D.C.

G.R.S. Form 5-7-A-0
Information requested of A.G.O.

2/23/21

MAR 25 1921

File No. Requester for.

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

To: The Adjutant General of the Army, 5th & B Sts., N.W., Washington, D.C.

Subject: Information requested for G.R.S.

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

- 1. Rank Pvt.
- 2. Organization Co. A, 7th Inf.
- 3. Serial Number 34567
- 4. Christian name Joseph
- 5. Surname Snider
- 6. Date of death 2/15-22/21
- 7. Cause of death R/A
- 8. Authority (G.O.#)
- 9. Emergency address
- 10. Relationship

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

1. Permanent marks and physical defects of

enlistment (Old list to be checked)

FEB 25 1921

RECEIVED

Handwritten signature and initials

EXHIBIT NO: 1704

DATE: 2/23/21

BY: I.W.