

152

293

To The A. G. O.

1530

JAN 7 - 1926

G.R.S. Form #114-B

FULL NAME *Alfonso* BUTERA, Alphonso ✓

RANK Private ✓ SERIAL 543149 ✓

DIVISION & ORGANIZATION Company M, 7th Infantry ✓ 3 ✓

DATE OF DEATH July 15, 1915 ✓

STATE FROM WHICH HE CAME *ny* ✓

MEDALS OR DECORATIONS AWARDED *no rec* ✓

FINAL GRAVE LOCATION. Date Grave Row Block

42 3 B

608 Cemetery

*C-28225
mother in
Italy*

2 A.G.O.
JAN 7 1926
WORLD WAR DIV.

Robert O. Davis,
Major General.
14
AUDITED BY
2527 28-24
JAN 9 - 1926

23/306/ARK

JAN 12 26
M. & R. BRANCH
O. Q. M. G.

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Butera 543149 Alfonso

(Surname.) (Number.) (First Name and Initials.)

Pvt Co M 7th Inf.

(Rank.) (Organization.)

DATE OF BURIAL..

July 17, 1918

PLACE OF BURIAL..

Le Roy Farm

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

189.40 - 256.75

Map. Conde en Bone

1-20000

GRAVE NUMBER.....

7

HOW MARKED: Name Peg?..... Cross?.....

X

Headboard?..... Bottle?.....

IDENTIFICATION TAGS:

Was one buried with body?.....

yes

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

yes

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

illed on the morning of the 15th high explosive shell in the back. Butera lived 10 minutes after he t cry and ask for first aid. I do haplain said he would take care

: Passafiume; Joseph Cpl 543244
Co M. 7th Infantry
621 East 8th Ave., Homestead Pa.,

REPORTED BY:

J. O'Searcy, Chap. 7th Inf.

(Signature and Rank of Reporting Officer.)

d.

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

Co M.7th Infantry.
3rd Division.

BUTERA Alphonso Pvt 543149

Pvt Alphonso Butera was killed on the morning of the 15th of July 1918. He was hit by a piece of high explosive shell in the back. I heard him cry when he was hit; Pvt Butera lived 10 minutes after he was hit but never said anything except cry and ask for first aid. I do not know where he was buried as the chaplain said he would take care of him the next morning.

v Informant: Passafiume; Joseph Cpl 543244
Co M.7th Infantry
Home: 621 East 8th Ave., Homestead Pa.,

Not signed.

YS

Place Seringes et Nesles (Aisne)
QTY 608

REPORT OF DISINTERMENT AND REBURIAL

Date 5.13.21

1. REMAINS OF BUTERA, Alphonso SERIAL NUMBER 545149

RANK PVT ORGANIZATION CO. M. 7th. Inf.

2. Disinterred (date) : 5.13.21 From (give complete location) :

Almost under marker of Gr. 33 Sec. G. Pt. 1.

By : Group Foster Unit FIELD SECTION # 7

3. Reburied (date) : 5.13.21 In (give complete location) :

Given new gr. location for purpose of concentration.
Gr. 144 Sec. L. Pt. 3.

By : Group Foster. Unit FIELD SECTION # 4 Nature of reburial BURLAP & PINE 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 ? YES

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

Identity Tag on body O.K.
Identity card found with body reads: ALPHONSO BUTERA.

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

(a) Height (actual measurement)

(b) Weight (estimated)

(c) Hair—Color

Quantity

Characteristics

(d) Hair on face—Color

Location

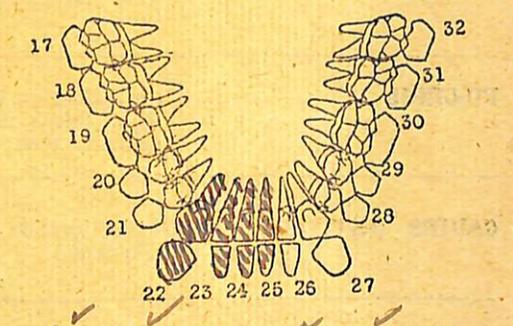
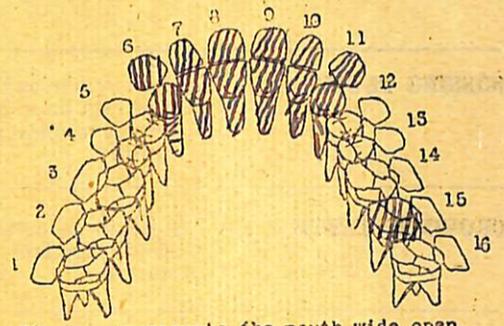
Quantity

(e) Permanent marks on body (old scars, peculiarities, or

missing parts)

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

IMPOSSIBLE TO DETERMINE.



Q-30595

7. Disinterment supervised by H. H. Foster
H. H. FOSTER. SUP. EMB.

Approved : A. E. Dewey
(Title) A. E. DEWEY. 1st. Lt. QMC.

8. Reburial supervised by H. H. Foster
H. H. FOSTER. SUP. EMB.

Approved : A. E. Dewey
(Title) A. E. DEWEY. 1st. Lt. QMC.

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

Enter information, as noted below, on reverse side of sheet in the *corresponding numbered space*. This form is supplemental to and is to be forwarded with G. R. S. Form 1-a, reporting reburial locations. To be used in answer to Question 26, Form 114, in case no means of identification on body.

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.
2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
3. Give date and accurate information as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.
5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".
 (b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6.

6. Give all information as to body description and dental chart as nearly correctly as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

MISSING TEETH.....All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:



CROWNED TEETH.....Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus:



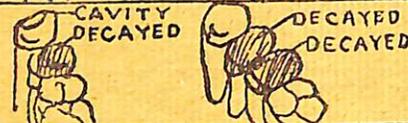
BRIDGE WORK.....Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



FILLINGS.....Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:



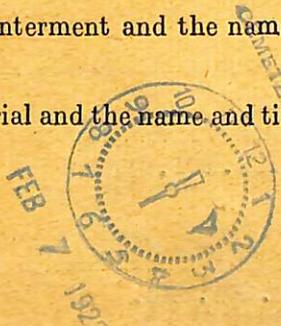
CARIES (CAVITIES).....Outline location and size of cavity, shade in thus:



DENTURES (PLATES).....Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

7. Show name of person supervising the disinterment and the name and title of the person approving same.

8. Show name of person supervising the reburial and the name and title of the person approving same.



Place Seringes- (Aisne).Date June 8, 19.REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Name: Alphonse Butena.Number: 543149.Rank: PvtOrganization: Co M 7 Inf.

Disinterment and Reburial made by Group

Unit 304.Disinterred (Date) June 8, 19. From (Give complete location)Cemetery# 7 715. Grave 44.Reburied (Date) June 8, 19. in: (Give complete location)Cemetery # 608 Seringes-et-Nesles (Aisne) Map 33 S.E.Grave 34 Plot 1 Section G.Body found between graves 33+34
No body found in grave 34. June 8-11-22

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

Buried 5 feet deep. Body badly decomposed.Was one identification tag found upon the body? No. One on cr.What other means of identification were found upon the body? None.

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.Q., 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: Cpl L. E. Wright1st Lt O. W. Forsberg.C.O. Group Unit 304.11732.
CONFIRMED N° D

Place (Name) - (Last)

Date (Month, Day, Year)

REPORT OF DISINTERMENT AND REBURIAL

Remains of:

Name: Alphonse Peters

Number: 621143

Rank: 1st Lt Organization: Co M 7 Inf.

Disinterment and Reburial made by Group Unit 304
Disinterred (Date) Jan 8, 1919 From (Give complete location)

Gravesite I, V.S. Grave 44

Reburied (Date) Jan 8, 1919 In: (Give complete location)

Grave 84 Plot I Section B

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

Body intact, no damage to remains.

Was one identification tag found upon the body? No. One on cr.
What other means of identification were found upon the body? None.

Note:

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

Supervised by: C.O. Grove Unit 304



CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	Buterera	3	21212
BURIED	Alfonso	1	2
	CEMETERY 208	2	14
	GRAVE 14	2	03
	ROW 3	1	2
	BLOCK B	2	37
STATE	NY	1	9
RANK	Pvt	2	03
DIVISION	3	3	007
ORGANIZATION	7	1	1
ARM	Inf	1	2
MARITAL	No	3	212
NAME	Buterera	2	
RESIDENCE	Albany	2	
	STATE	2	
	COUNTY	3	
	CITY	1	
RELATION	mother	1	
OTHER	Father died 1915	1	
ELIGIBILITY	Foreign	1	4
NATIVITY	Albany, Pa.	1	
RACE	white	1	
ENGLISH	no	1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE	Country Italy	1	01

AUDITED
12-5-32
NB

2/14/34
Country

JK

WAR DEPARTMENT
 OFFICE OF THE QUARTERMASTER GENERAL
 WASHINGTON

DATE 8/18/31

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
<u>Butera, Alfonso</u>	<u>Pvt.</u>	<u>543149</u>	<u>Co M, 7th Inf</u>	<u>7/15/18</u>
STATE	CTY. NO. <u>608</u>	GRAVE <u>42</u>	ROW <u>3</u>	BLOCK <u>B</u>

NAME AND ADDRESS	Check relationship	Living - Deceased		
		Living	Deceased	
	MOTHER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>father died 1915 Italy</i>
	STEMOTHER (For the year prior to commencement of service)	<input type="checkbox"/>	<input type="checkbox"/>	
	MOTHER THRU ADOPTION (For the year prior to commencement of service)	<input type="checkbox"/>	<input type="checkbox"/>	<i>m camp + ins</i>
	MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	<input type="checkbox"/>	<input type="checkbox"/>	
	WIDOW (Who has not remarried)	<input type="checkbox"/>	<input type="checkbox"/>	<i>Calogira Albanese vedova Butera Montaperto, Prov. di Agrigento Italy</i>
	<i>Single man</i>	<input type="checkbox"/>	<input type="checkbox"/>	

Veterans Bureau Claim Number XC 28225
 29/156

all rel. foreign - 11-2-32



Foreign

QM 293 A-C

B
Butera, Alfonso

February 12, 1929.

Mrs. Albanese Calogera,
Monteparto,
Prov. Girgenti, Italy.

Dear Madam:

In order to conform to the plans for beautification of the permanent American Military Cemeteries in Europe it has been necessary to make a re-arrangement of the graves in these Cemeteries, which may be considered as permanent for all time.

The enclosed card gives the final resting place of
your son,

the late Alfonso Butera, Private, Company M, 7th Infantry.
For The Quartermaster General,

Very truly yours,

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

MBB

1 Incl.
Record card.

RECEIVED
FEB 12 PM 7 59

DISPATCHED



WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

QM 293 A-C

BUTERA, Alphonse - Pvt.

November 3, 1925

Mrs. Albanese Calogera,
Monteperte,
Province Girgenti, Italy.

Dear Madam:

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

This American overseas military cemetery is to be maintained by the United States for all time. The graves will be permanently marked by white headstones inscribed with the name, rank, division, organization, date of soldier's death and State from which he came. Headstones will be placed at all graves, as soon as possible, and without necessity for special action or request on the part of relatives.

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

Very truly yours,

1 Incl.
Record card.

L.W. REDINGTON,
Major, Q.M.C.,
Assistant.

RD
72L



25/560/LYS

G.R.S. FORM #114-A.

Oise-Aisne Cty. 608

STATION Seringes-et-Nesles, Aisne

To be prepared in triplicate:

DATE February 24, 1928

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 BUTERA, *Alphonse* *n.y.* 10. Name _____
- 2. No. 543149 11. No. _____
- 3. Rank Pvt. 12. Rank _____
- 4. Org. Co. M, 7th Inf. *3rd Div* 13. Org. _____
- 5. D.D. July 15, 1918 14. (a) D.D. _____
- 6. C.D. KIA. (b) D.B. _____

Discrepancy found upon disinterment

- 7. Grave No. 42 Sec. _____ 15. Grave No. _____ Sec. _____
- 8. Plot Block B Row 3 16. Plot _____ Row _____
- 9. _____ 17. _____
- 18. Cemetery Oise-Aisne 19. Commune or town Seringes-et-Nesles
- 20. Dept. or County Aisne 21. Country France
- 22. G.R.S. Hdqrs. Code No. 608
- 23. Disinterred (Date) February 24, 1928 By L. Gordon
- 24. Inscription on grave marker: _____
- Name BUTERA, Alphonse Serial No. 543149
- Rank Pvt. Organization Co. M, 7th Inf.
- 25. Was identification disc found on grave marker? _____ On body? Yes

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).
One round brooch, forwarded.
- 27. Condition of body _____
- 28. Nature of burial Pine box and burlap
- 29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? _____
- 30. Body prepared and placed in casket: Date February 24, 1928 By L. Gordon
- 31. Casket sealed by L. Gordon

Signature of Embalmer, (Supervisor)

L. Gordon
L. Gordon.

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

32. Designation of body: _____

Name BUTERA, Alphonse Serial No. 543149

Rank Pvt. Organization Co. M, 7th Inf.

33. Consigned to: _____

Name of Permanent Cemetery Oise-Aisne, Seringes-et-Nesles, Aisne

34. Casket boxed and marked (Date) February 24, 1928 By Charles E. Spahn

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 Charles E. Spahn

36. Remarks Charles E. Spahn

37. Shipped from point of Operation: (Date) _____

To point of Concentration _____

Convoyer _____ (Name) _____
Signature Shipping Officer _____

38. Received at Railhead or Point of Concentration: Date _____

By G.R.S. Representative _____

39. Shipped from Railhead or Point of Concentration: Date _____

To Permanent Cemetery _____

Convoyer _____ (Name) _____
Signature Shipping Officer _____

40. Received: Date _____

G.R.S. Representative _____

41. Reinterred February 24, 1928, Oise-Aisne American Cty.
(Date)

42. Grave No. 14 Section _____

43. Plot Block B Row 3

G.R.S. Representative William E. Moore
William E. Moore, Superintendent.

REPORT OF DISINTERMENT AND REBURIAL

1. REMAINS OF EUTERA, Alphonse SERIAL NUMBER 545149
RANK Pvt. ORGANIZATION Co. M, 7th Inf.

2. Disinterred (date): February 24, 1928 From (give complete location):
Grave 42, Block B, Row 3
By: Group Cty. Unit _____

3. Reburied (date): February 24, 1928 In (give complete location):
Grave 14, Block B, Row 3
By: Group _____ Cty. _____ Unit _____ Nature of reburial Metallic casket

4. Report as to nature of original burial and condition of body upon disinterment:
Pine box and bur lap

5. (a) Identification tags: Buried with body? yes On grave marker? _____
(b) Other means of identification found upon disinterment, and general remarks:
One round brooch, forwarded.

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

(a) Height (actual measurement) _____

(b) Weight (estimated) _____

(c) Hair—Color _____

Quantity _____

Characteristics _____

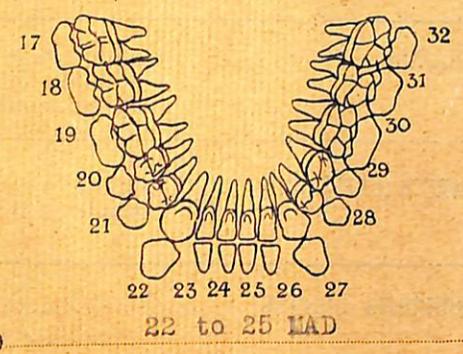
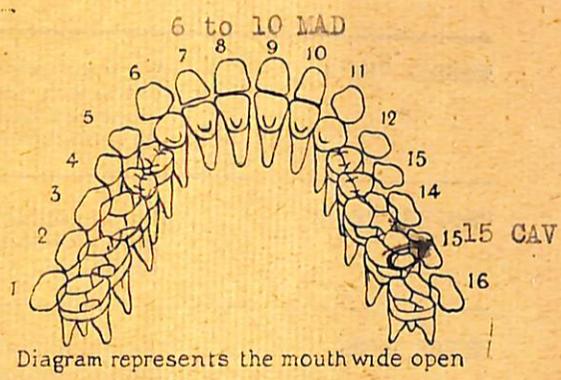
(d) Hair on face—Color _____

Location _____

Quantity _____

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

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



7. Disinterment supervised by G. Gordon

Approved: W. S. Mott
(Title) _____

8. Reburial supervised by Charles E. Spahr

Approved: _____
(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 :



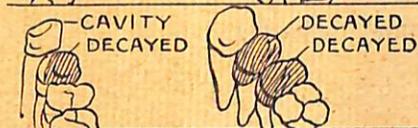
BRIDGE WORK Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge) thus :



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.

COMPILATION OF DISPOSITION OF REMAINS DATA

File # 6472

I. LOCATION INDEX CARD:

(a) Name BUTERA, Alphonso Ser. No. 543149 } TYP. EK
 (b) Rank Pvt. Organization Co.M, 7th Inf. } CKR. gs
 (c) Date of death 7/15/18 (d) Cause of death K/A

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

Between 33734 (+126) = 2 U.T.V
 (a) Grave No. 34 Row -- Plot 1 Sec. G TYP. EK
 (b) Emerg. Address Mrs. Calagera Alvanesa (mother) Montanarto, Pro. Garganta, Italy.

III. Files of soldiers dying from contagious diseases --- CKR. gs

IV. A. G. O. DISPOSITION CARD:

no card in file Date of receipt 12-13-20

(a) Name _____ (b) Relationship _____
 (c) Address _____
 (d) Remains to be brought to U. S.? _____
 (e) To be interred in National Cemetery in U. S. at _____

 (f) Shipping instructions upon arrival of body in U. S. _____

 (g) Disposition instructions if not brought to U. S. _____

Examiner's Initials _____ Date _____, 1920.

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

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

no copies

Examiner's Initials PT Date 12-13, 1920.

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

No request for disposition

(a) Cancellation memos referred to? Yes all

Examiner's Initials ah Date 12-14, 1920.

COUNTRY France CEMETERY No. 608 SHEET No. 423

Handwritten notes and signatures in bottom right corner.

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 JAN 15 1921, 1920

Par. 2 Not to be returned. (L.S.)

IX.

CORRECTIONS

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

X. SUSPENSION REMARKS *BWR Ea Mrs Albanese Calogera (mother)
Montaperta, Prov of Girgenti Italy
B/L 2/15/21*

*Investigation made by this office and grand location
from Rome on Form 115 is correct B 5/7/22*

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

Harlow.

Please Push

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

BUTERA, Alphonso. Pvt.

608 - 423.

1/27/21.

SERIAL NUMBER

ORGANIZATION

543149.

Co. M, 7th Inf.

C-28225-

Date of death, 7/15/18.

Copy sent

to adj Dept

2-11-21.

WAR RISK INSURANCE INFORMATION

DATE

NAME OF BENEFICIARY

RELATIONSHIP

Mrs. Albanese Calogera

Mother

Address

Montaperto, Prov of Girgenti, Italy.

S/709/LML

6472

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Butera 543149 Alfonso

(Surname.) (Number.) (First Name and Initials.)

Pvt Co M 7th Inf.

(Rank.) (Organization.)

DATE OF BURIAL July 17, 1918

PLACE OF BURIAL Le Hocq. Farm

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

189.40 - 256.75

Map. Conde en Brue

1-20-00

GRAVE NUMBER 7

HOW MARKED: Name Peg? 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:

REPORTED BY:

J. J. O'Leary, Chap. 7th Inf.

(Signature and Rank of Reporting Officer.)

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

8 ADD Box

6479 #543149
Name Buitera Alfred

Rank Private Co. 711 6479 Inf. {Corps
Regt.}

Date of Death

Place Creme-Blesmes (Aisne) C-77

Cause 49 N.E. E 189.3-N 256.9

Date of Burial 7/17-18

Grave No. Created

Cemetery Le Rocq, France (Aisne)
50 yards West of Chateau

Identified by { Tag
Papers
Clothing }

List of Effects C-77

Field Record Made by CMMH
(C-77) SHIT. COORD

Group # 2
Company 303 Graves Registration Service

For additional data use reverse side
3rd Div. Stg
12 AUG 1919

Name

6472 543149
Butera, Alphonso

Rank

Prof. M. {Corps} 7th Inf
Co. M. {Regt.}

Date of Death

July 1918

Place

Cause

Date of Burial

Disinterred & reburied 9/24/18

Grave No.

44
Cem. of Jersey
Amen 77a
Cemetery LaFoy Farm (Amen)

Identified by

{ Tag
Papers
Clothing }

List of Effects

49 ME
E 189.85
9756.90

Field Record Made by

Sketch #1

GROUP N° 2

Unit 303. G. R. S.

Company..... Graves Registration Service

19 OCT 61

For additional data use reverse side

FILE UNDER NO. 6472, Butera, Alphonso

INDEX SHEET

SYNOPSIS

See Board of Review letter dated 9/19/21 and reply thereto. The letter referred to above and the Board of Review Proceedings for Sec. G, Plot 1 which are held in this Department pending completion of their cases, will be filed in File #300.4, Board of Review, Cty. 608.

DOCUMENT FILED UNDER NO.

ECC

INSTRUCTIONS.—Under "Synopsis" make brief entry showing date of communication and from whom received and synopsis sufficient to identify the papers. When these index sheets become numerous under a subject they will be entered on the consolidated index sheet and then destroyed.

8-6642