

56 To The A. G. O.  
MAR 10 1926

1857

259  
293

1. <sup>nem</sup> NAME CAMPIONO, Francisco DATE 3/16/22  
 RANK Pvt 1/c. ORGANIZATION 788<sup>th</sup> DIVISION SERIAL No. 2451018  
 Co. C. 311th Inf.  
 GRAVE LOCATION Meuse-Argonne Amer. Romagne-sous-Montfaucon, Meuse. 1232 - 4

CTY. NAME NUMBER  
7 Sec.4. 1  
 GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION BAC 53 St Juvin Ârdenes  
 GRAVE COMMUNE DEPT.

COORDINATES 35NW 287.1N 294.1E

CONCENTRATED TO 3/26/19 7 4 1  
 DATE GRAVE ROW PLOT

Meuse Argonne 1232  
 CEMETERY CTY. NUMBER

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

✓ DATE OF DEATH Tag on body and cross K & a Oct 20-1918 data f-1/pfb

✓ STATE FROM WHICH HE CAME New York

✓ MEDALS OR DECORATIONS AWARDED ---

SUBSEQUENT REBURIALS  
 DATE GRAVE ROW PLOT CEMETERY

DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR [Signature]  
1st Lt., Q.M. Corps, U.S. Army

3. FINAL GRAVE LOCATION 3/16/22 17 1 B  
 DATE GRAVE ROW PLOT  
Block

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

AUDITED BY  
BEB 2/14/23

MAR 11 1926  
 A.G.O.  
 1026

Major General  
 The Adjutant General  
 BY [Signature]  
 MAR 17 1926

INSTRUCTIONS FOR PREPARATION OF FORM 114 B

1. Forms 114-B are to be prepared by Registration Branch in quadruplicate, three copies to be forwarded to Area Supervisor who will accomplish paragraph 2 and return all three copies to Headquarters, American Graves Registration Service.

2. Paragraphs 1 and 3 will be accomplished by Registration Branch, Headquarters, American Graves Registration Service, Q.M.C., in Europe.

3. Paragraph 2 will be accomplished by Area Supervisor from data on file in his office.

4. If data is entered on Form 114-B from Form 1, Form 16, Form 1-A or Form 16-A, statement to this effect will be made on Form 114-B STATING WHICH G.R.S. form data is taken from. If data concerning co-ordinates is approximate and NOT accurate, statement to this effect will be made on these forms.

RECEIVED  
REGISTRATION SER.  
MAR 19 1953  
L.A. BRANCH  
Q.M.C.



# GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

*Campano 2437018 Francis*  
(Surname). (Number). (First Name and Initials).

*Co. C. 311 Inf.*  
(Rank). (Organization).

PLACE OF DEATH: *Bugany 120000*

CAUSE OF DEATH: *287.2-294.2*

DATE OF BURIAL: *11/5/18*

PLACE OF BURIAL: .....

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

*7/8 Mile N Grand Pce - St Jovani P.A.*

*1/2 Mile E Cross Pce - N Grand Pce*

GRAVE NUMBER: *53*

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

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

IDENTIFICATION TAGS:

Was one buried with body?..... *Yes*

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

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

NEAREST RELATIVE: .....

ADDRESS: .....

RELATIONSHIP: .....

REPORTED BY: *P. N. A.*

CODE SLIP



HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	<i>Campione</i>	3	<i>3-1-03</i>
	<i>Francisco</i>		
	CEMETERY <i>1232</i>	1	<i>1</i>
BURIED	GRAVE <i>17</i>	2	<i>17</i>
	ROW <i>1</i>	2	<i>01</i>
	BLOCK <i>B</i>	1	<i>2</i>
STATE	<i>N.Y.</i>	2	<i>37</i>
RANK	<i>Pvt. 1/cl.</i>	1	<i>2</i>
DIVISION	<i>78</i>	2	<i>78</i>
ORGANIZATION	<i>311</i>	3	<i>311</i>
ARM	<i>Inf.</i>	1	<i>1</i>
MARTIAL	<i>MD</i>	1	<i>2</i>
NAME	<i>Colwell</i>	3	
	<i>Mr. Harry E. (administrator)</i>		
STATE		2	<i>37</i>
RESIDENCE	COUNTY	2	<i>60</i>
<i>32 Poplar Pl</i>	CITY	3	
<i>New Rochelle, N.Y.</i>			
RELATION	<i>Mother</i>	1	<i>1</i>
OTHER		1	
ELIGIBILITY	<i>Dead (1906 in Italy)</i>	1	<i>6</i>
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE		1	

*Colwell*

*father died 4-6-24*  
*no. SM*

*Audited*  
**APR 18 1932**  
*MB*  
*ea*

*M.L.N.*

1232

Campione, Francisco - Pot. Id. Co. C. 311 ~~8~~ 2nd

Single -

Date & place mother's death? P 1906

- Italy

Father living? 4-6-24

~~Loco or SM none~~

C101910

all ul foreign

MB

STUART A. FREEMAN

CHARLES C. FENNO  
ATTORNEY AT LAW  
203 MAIN STREET  
WHITE PLAINS, N.Y.

TELEPHONES  
4580--4581

July 11th, 1930.

Quartermaster General,  
Cemeterial Division,  
Washington, D.C.

Re Francisco Campione  
1232-Adm

Dear Sir:

I represent the Administrator of the above estate who has forwarded the enclosed letter to me for a reply.

The decedent left no mother or widow, but the following are his heirs-at-law and their residences:

Benedetto Campione, brother, Rosa Campione, sister, Maria Campione, sister and Grazia Campione, sister, all of whom resided at Macchie, Province of Bari, Italy, in the year 1927.

Very truly yours,

*Charles C. Fenno*

LAS



L

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C  
Campiono, Francisco, 1232-Adm

July 7, 1930.

Mr. Harry E. Colwell,  
32 Poplar Pl.,  
New Rochelle, N. Y.

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:

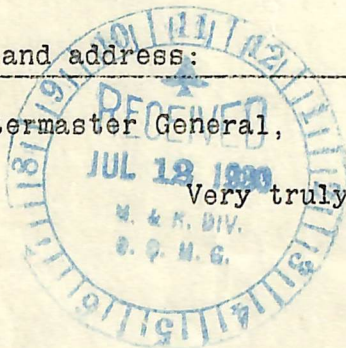
3. Is the deceased survived by any woman who stood in loco parentis to him according to the terms of Section 4 (a) of the enclosed Act as amended?

If so, give her name and address:

For The Quartermaster General,

Very truly yours,

Enclosures:  
Envelope  
Act  
Amendment



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

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Campiono, Francisco  
1764

September 13, 1929.

Mr. Harry E. Colwell,  
32 Poplar Place,  
New Rochelle, N. Y.

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated Aug. 30, 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?

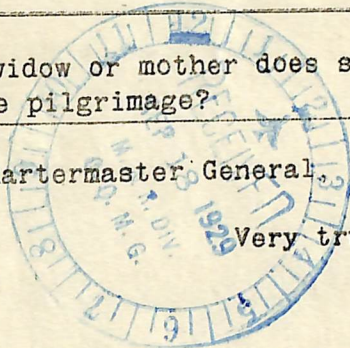
*Brothers & Sister  
only in Italy*

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

*Parents Deceased*

DATE 7-23-29

NAME Campiono, Francisco RANK Pvt. 1/cl SERIAL 2451018 ORGANIZATION Co. C, 311th Inf. DATE OF DEATH 10-20-18

STATE \_\_\_\_\_ CTY. NO. 1232 GRAVE 17 ROW 1 BLOCK B

	<u>Check relationship</u>	<u>Living - Deceased</u>	<u>C - 101910</u>
	MOTHER	: : :	<u>7/27</u>
	STEPMOTHER (For the year prior to commencement of service)	: <u>Adm.</u> :	<u>W</u>
NAME	MOTHER THRU ADOPTION (For the year prior to commencement of service)	: <u>Harry E. Colwell,</u> :	
AND		: <u>32 Poplar Place,</u> :	
ADDRESS		: <u>New Rochelle,</u> :	
		: <u>N. York,</u> :	
	MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	: : :	_____
		: : :	_____
	WIDOW (Who has not remarried)	: : :	_____
		: : :	

Veterans Bureau Claim Number \_\_\_\_\_  
29/156



WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Campione, Francisco, 1232-Adm

July 7, 1930.

Mr. Harry E. Colwell,  
32 Poplar Pl.,  
New Rochelle, N. Y.

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:

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

Campione, Francisco  
1764

September 13, 1929.

Mr. Harry E. Colwell,  
32 Poplar Place,  
New Rochelle, N. Y.

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated Aug. 30, 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,

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

2 Incls.  
Act of Congress  
Envelope

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Campiono, Francisco

August 30, 1929

Mr. Harry E. Colwell,  
32 Poplar Place,  
New Rochelle, N. Y.

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 Administrator of the estate of the late Pvt. 1/c Francisco Campiono, Co. C. 311th Inf., whose remains are now interred in the Aisne Marne Amer. Cty. 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,

2 Incls.  
Act of Congress  
Envelope

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

In reply refer to:  
293.8 C-R

42914

March 19, 1923.

Mr. Giuseppe Campione  
Macchie, Suburb of Bari,  
Province, Bari, Italy.

Dear Sir:

The Quartermaster General desires that you be informed that  
the permanent grave of

Pvt. 1/cl. Francisco Campione, Co. C,

511 Inf., is No. 17, Row 1, Block B, Meuse-Argonne American ceme-  
tery, 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, 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.

Very truly yours,

H. J. Conner,  
Assistant.

COMMUNICATIONS BR.  
MAR 19 1923  
M. H. W.

MN

concentration.

G. R. S. Form. No. 16-A

Place Romagne 1252.

# REPORT OF DISINTERMENT AND REBURIAL

Date Mar 8, 1922.

1. REMAINS OF CAMPIONO, Francisco SERIAL NUMBER 2451018

RANK Pvt. 1/c ORGANIZATION Co. C. 311th Inf.

2. Disinterred (date): Mar 8, 1922 From (give complete location): gr 7, sec 4, plot 1. Cty. 1232.

By: Group Cheney. Unit sec 1

3. Reburied (date): Mch 16, 1922 In (give complete location): Meuse Argonne Cty 1232, gr 17, bl B, row 1

By: Group Reburial S Unit unlined casket

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

wooden box and burlap and U.S. uniform. badly decomposed, unrecognizable. *Features*

5. (a) Identification tags: Buried with body? yes. On grave marker? yes.

(b) Other means of identification found upon disinterment, and general remarks:  
body tag agrees.

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

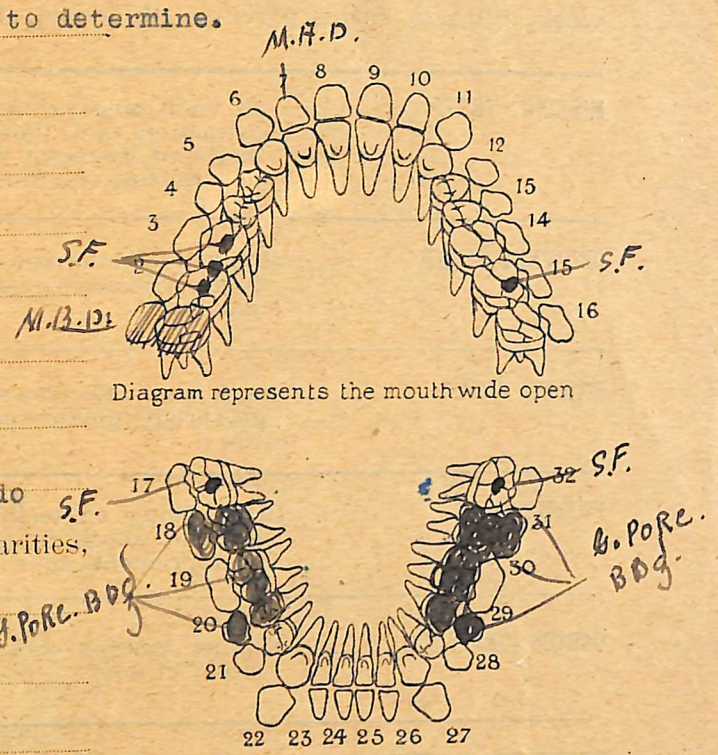
(d) Hair on face—Color do

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) skull shattered.

7. Disinterment supervised by A.H. Cheney

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






8. Reburial supervised by W.B. Sheild

Approved: A.E. Dewey  
A.E. Dewey, 1st Lt. Q.M.C.  
(Title)

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

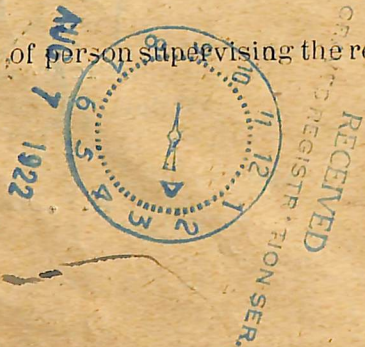
Enter information, as noted below, on reverse side of sheet in the *corresponding numbered space*. This form is supplemental to and is to be forwarded with G. R. S. Form 1-a, reporting reburial locations. To be used in answer to Question 26, Form 114, in case no means of identification on body.

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 :	 <p style="text-align: center;">TOOTH MISSING      TOOTH MISSING</p>
CROWNED TEETH	Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus :	 <p style="text-align: center;">GOLD CROWN      PORCELAIN CROWN</p>
BRIDGE WORK	Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge) thus :	 <p style="text-align: center;">GOLD AND PORCELAIN BRIDGE      GOLD BRIDGE</p>
FILLINGS	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus :	 <p style="text-align: center;">SILVER FILLING      GOLD FILLING GOLD FILLING      GOLD FILLING</p>
CARIES (CAVITIES)	Outline location and size of cavity, shade in thus :	 <p style="text-align: center;">CAVITY      DECAYED DECAYED      DECAYED</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"	

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 March 8, 1928.

**REPORT OF DISINTERMENT, PRÉPARATION, SHIPMENT AND REBURIAL OF BODY**

## DISINTERMENT

## COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name CAMPIONO, Francisco  
 2. No. 2451018  
 3. Rank Pvt 1/c.  
 4. Org. Co. C. 311th Inf.  
 5. D.D. Oct. 20th.  
 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. 7 Sec. 4  
 8. Plot 1 Row \_\_\_\_\_  
 9. \_\_\_\_\_

15. Grave No. \_\_\_\_\_ Sec. \_\_\_\_\_  
 16. Plot \_\_\_\_\_ Row \_\_\_\_\_  
 17. None.

18. Cemetery Meuse-Argonne Amer.  
 20. Dept. or County Meuse.  
 22. G.R.S. Hdqrs. Code No. \_\_\_\_\_

19. Commune or town Romagne-sous-Montfaucon  
 21. Country France  
 \_\_\_\_\_  
 \_\_\_\_\_

23. Disinterred (Date) March 8, 1928.By A. R. Cheney.

24. Inscription on grave marker:

Name CAMPIONO, Francisco.  
 Rank Pvt., 1/cl.,

Serial No. 2451018  
 Organization Co. C., 311th. Inf.

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

*J. T. White*  
 Signature Junior Technical Assistant

J. T. White.

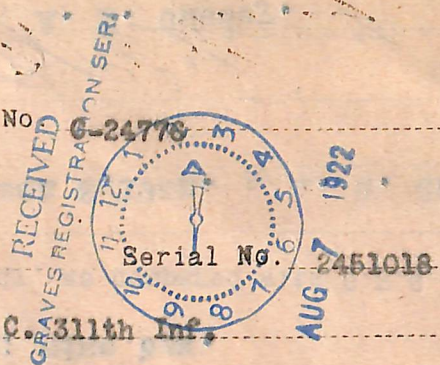
## PREPARATION

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).

None.27. Condition of body Badly decomposed; features unrecognizable.28. Nature of burial U. S. Uniform; burlap; pine 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 March 8, 1928. By A. R. Cheney.31. Casket sealed by A. R. Cheney.Signature of Embalmer, (Supervisor) A. R. Cheney.

SHIPMENT (Show actual marking of box.)

Box No



32. Designation of body:

Name Francisco CAMPIANO.

Rank Pvt 1/c.

Organization Co. C. 311th Inf.

33. Consigned to:

Name of Permanent Cemetery Meuse-Argonne Amer. Cty. 1232, Romagne-sous-Montfaucon, Meuse.

34. Casket boxed and marked (Date) March 8, 1922. By A. R. Chaney.

35. I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

Signature of G.R.S. Inspector

R. Richards, 1st Lt., QMC.

36. Remarks

37. Shipped from point of Operation: (Date) March 8, 1922.

To point of Concentration Morgue, Romagne.

Convoyer P. H. Doran.

Signature Shipping Officer

(Name

G. F. Spahn, Capt., QMC.

38. Received at Railhead or Point of Concentration: Date

By G.R.S. Representative

39. Shipped from Railhead or Point of Concentration: Date

To Permanent Cemetery

Convoyer

Signature Shipping Officer

(Name

40. Received: Date

G.R.S. Representative

41. Reinterred, Meuse Argonne Cty 1232, Mch 16, 1922

(Date

42. Grave No. 17

Section

43. Plot

B

Row

1

G.R.S. Representative

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

# COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

File #42914

(a) Name CAMPIONO, Francisco Ser. No. 2451018  
 (b) Rank Pvt. 1/cl Organization Co. C, 311th Infantry  
 (c) Date of death 10/20/18 (d) Cause of death K/A

TYP. DMA  
 CKR. B.J.

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

(a) Grave No. 7 Row - Plot 1 Sec. 4 TYP. DMA  
 (b) Emerg. Address Miss Anna Damone (Friend) 828 Park Ave., Brooklyn, N.Y.

*(call)*

III. ~~File of soldiers dying from contagious diseases~~

CKR. B.J.

*no card in file - Et. 3-16-21*

IV. A. G. O. DISPOSITION CARD:

Date of receipt \_\_\_\_\_

(a) Name \_\_\_\_\_ (b) Relationship \_\_\_\_\_  
 (c) Address \_\_\_\_\_  
 (d) Remains to be brought to U. S.? \_\_\_\_\_  
 (e) To be interred in National Cemetery in U. S. at \_\_\_\_\_  
 (f) Shipping instructions upon arrival of body in U. S. \_\_\_\_\_  
 (g) Disposition instructions if not brought to U. S. \_\_\_\_\_

Examiner's Initials \_\_\_\_\_ Date \_\_\_\_\_, 1920.

V. A. G. C. CORRESPONDENCE shows communication from \_\_\_\_\_

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

*no correspondence*

Examiner's Initials Et Date 3-16-21, 1920.

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

*no request for disposition*

(a) Cancellation memos referred to? yes Et

Examiner's Initials Et Date 3-16-21, 1920.

COUNTRY FRANCE

CEMETERY No. 1232-Sec. 4

SHEET No. 20

G. R. S. Form No. 115  
Amended April 6, 1920

3-7729

Make Form No. 114

**FORM 115 - A COMPLETED**

**CARDED**

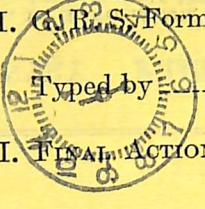
*H-5-4-2-21*

*checked - C  
4-7-21*

GENERAL DIVISION

VII. G. R. S. Form No. 114 made \_\_\_\_\_, 1920.

RECEIVED



APR 11 1921

Typed by \_\_\_\_\_, Checked by \_\_\_\_\_, 1920.

APR 27 1921

VIII. FINAL ACTION:

Following advice forwarded to Europe by { cable on \_\_\_\_\_, 1920  
letter on **MAR 24 1921**, 1920

*See #4.*

**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: *Q.A.W.A. Mr. Giuseppe Campione, (Father)  
Macchie, suburb of Bari, Province of Bari, Italy.  
(4-1-21)C*

Location Index.....

Discrepancies.....

Name.....

Rank.....

Serial No.....

Org.....

Remarks

*Scantlebury*

A.G.O. Card & Corr. *3-16-21*.....

Discrepancies.....

Name.....

Rank.....

Serial No.....

Org.....

Remarks *WA E.A.*

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

Discrepancies.....

Name.....

Rank.....

Serial No.....

Org.....

Remarks

Checkers.....

Discrepancies.....

Name.....

Rank.....

Serial No. *728 W. sent*.....

Org. *3-17-21*.....

Remarks

*checked AM*

*3-17-21*

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

*Please  
rush.*

Harlow C.W.

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

Campione, Francisco, Pvt. 1/c.

1232-Sec.4 - 20

3/17/21.

SERIAL NUMBER

ORGANIZATION

2451018

Co. C, 311th Inf.

*C-101910*

Date of death - 10/20/18.

WAR RISK INSURANCE INFORMATION

NAME OF BENEFICIARY

*Copy forwarded to  
Adjustment Department*

DATE March 25, 1921.

*Date 4-1-21 - C*

RELATIONSHIP

Mr. Giuseppe Campione,

Father

Address

Macchie, Suburb of Bari, Province of Bari, Italy.

# COMPILATION OF DISPOSITION OF REMAINS DATA

File #42914

I. LOCATION INDEX CARD:

(a) Name CAMPIONO, Francisco Ser. No. 2451018  
 (b) Rank Pvt. 1/cl Organization Co. C, 311th Infantry  
 (c) Date of death 10/20/18 (d) Cause of death K/A

DMA  
TYP. \_\_\_\_\_  
B. J.

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

(a) Grave No. 7 Row - Plot 1 Sec. 4 TYP. DMA  
 (b) Emerg. Address Miss Anna Diamond (Friend) 828 Park Ave., Brooklyn, N.Y.

III. Files of soldiers dying from contagious diseases G.G.P. (3-22-21) C CKR. B. J.

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

*No card in file - no request for disposition.*  
*ms 4-2-21*

V. Following advice forwarded to Europe by { cable on \_\_\_\_\_, 192  
 letter of transmittal on MAR 24 1921, 192  
*Sec. #4*  
Par. 2 Not to be returned. *l.s.*

VI. Form 115 forwarded to G. R. S., Hoboken, N. J., APR 8 1921, 192

VII. SUPPLEMENTARY REQUESTS.

Date of and source.	Relationship and name.	Desires.	Action taken.

VIII. Form 115 received from G. R. S., Hoboken, N. J. \_\_\_\_\_, 192

COUNTRY

CEMETERY No. \_\_\_\_\_

SHEET No. \_\_\_\_\_

*H.S. 4-2-21*

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

COPY

Harlow C.W.

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

Campione, Francisco, Pvt. 1/c.

1232-Sec.4 - 20

3/17/21.

SERIAL NUMBER

ORGANIZATION

2451018

Co. C, 311th Inf.

Date of death - 10/20/18.

NOTED FORM 115  
DATE 4-1-21 C

Adjustment Made

1922

WAR RISK INSURANCE INFORMATION

NAME OF BENEFICIARY

DATE

5-  
File No. 42914  
.....

RELATIONSHIP

Mr. Giuseppe Campione  
Address

Father

Macchie, Suburb of Bari, Province of Bari, Italy

S-709/MB



42914

U.S. DEPARTMENT OF ARMY

Date and day 1918

REPORT OF DISINTERMENT AND REBURIAL

Remains of:

Name: CAMPIONO Francesco  
(CAMPIONO Francesco)  
Rank: Unknown

Number: 2451018

Organization: Unknown

Unit

Disinterment and Reburial made by Group

Disinterred (Date)

From: (Give complete location)

26th March 1918

Grave #53 Battle Area Cemetery

GRANDE ARDENNES 35 NW 294.1 E 287.1 N

Reburied (Date)

In: (Give complete location)

26th March 1918

Grave #7 Sec #4 Plot #1

Amer. B.A. Cemetery #1332

ROMAGNE MEUSE 35 NE 308 E 285 N

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

Burial good, buried in uniform and wrapped in sheltering, body badly

decomposed.

Was one identification tag found upon the body? Yes

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

Note:

If upon disinterment, effects are found upon the body, they will be promptly sent to the Effects Depot direct as its receipt is required. In cases of hospital cases, notation after being carefully examined for clues to identity, should be reported to the Registration Service, whereof will be made and reported to Chief, Registration Service.

Supervised by: Lt. Grant.

R. H. ROSENTHAL  
2nd Lieut. U.S.A.  
U.S. Army



10577

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

PLEASE  
EXPEDITE

WAR. DEPARTMENT  
Office of the Quartermaster General of the  
Washington

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

Date 3/17/21.

File No. Requisition.

(SPECIAL)

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

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

Subject: Information required for G.R.S.

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

- a. Surname **Campiono** ✓
- b. Christian name **Francisco** ✓
- c. Serial Number **2451018** ✓
- d. Organization **Co. C, 311th Inf.** ✓
- e. Rank **Pvt. 1/c.** ✓
- f. Date of death **10/20/18.** ✓
- g. Cause of death **K/A.** ✓
- h. Authority (C.O.#) **300**
- i. Emergency address **Miss Anna Lamons.**
- j. Relationship **828 Park Ave. Brooklyn, N.Y.**

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

Adjustment Made

MAR 28 1921

File No. ....

- 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)
- 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

MAR 31 1921

RECEIVED

*Honnelley 2A.E.P.S.*  
*W7 3/21/21*

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

BY:

*[Signature]*  
H. J. CONNER, N  
1st. Lieut, Q.M.C.

Rec'd World War Div.

Date

MAR 19 1921

CEMETERY NO: C.W. 132 Sec.4.

SHEET NO: 20  
TYPED BY: I.W.

WAR. DEPARTMENT  
Office of the Quartermaster General of the Army  
Washington

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

Date 3/17/21.

File No. Requisition.

(SPECIAL)

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

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

Subject: Information required for G.R.S.

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

NOTED FORM 115  
DATE 3-22-21

- a. Surname **Campiono** ✓
- b. Christian name **Francisco** ✓
- c. Serial Number **2451018** ✓
- d. Organization **Co. C, 311th Inf.** ✓
- e. Rank **Pvt. 1/c.** ✓
- f. Date of death **10/20/18.** ✓
- g. Cause of death **K/A.** ✓
- h. Authority (C.O.#) **300**
- i. Emergency address **Miss Anna Lamons,**
- j. Relationship **828 Park Ave**  
**(Friend) Brooklyn, N.Y.**

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

Adjustment Made  
MAR 28 1921  
File No. 42914

- 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)
- 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

MAR 21 1921  
RECORDED

*Donnelly L.A.E.P.S.*  
*W7 3/21/21*

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

CEMETERY NO: **132 Sec.4.**

BY:

*[Signature]*  
H. J. CONNER,  
1st. Lieut. Q.M.C.

Rec'd World War Div.

Date **MAR 19 1921**

SHEET NO:  
TYPED BY:

WAR DEPARTMENT  
Office of the Quartermaster General of the Army  
Washington

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

Date 2/19/21

(SPECIAL)

Registration

File No.

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 required for G.R.S.

1. It is requested that the items checked below be completed. Request

completion of all information shown.

a. Surname Campione

b. Christian name Francesco

c. Serial Number 2851018

d. Organization Co. C, 51st Inf.

e. Rank Pvt. 1/c

f. Date of death 10/20/18

g. Cause of death

h. Authority (A.G.O.)

i. Emergency address

j. Relationship

DENTAL CHARTS

(See physical report of

examination prior to enlistment)

k. Strike out each missing

Color of eyes

Color of hair

Height

Weight

1. Permanent marks and

physical defects at

enlistment (Old fractures or breaks)

Adjustment Made  
MAR 28 1921

MAR 21 1921

RECEIVED

Quartermaster General, U.S.A.

BY:

G.W.  
LWS Sec. A.

CHECKED BY:

L.W.

FILED BY:

ADJUTANT GENERAL'S OFFICE  
WASHINGTON, D.C.

42914

OSPCC CtY. NO. 1232  
Sec. 4. case no 20

FILE

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Campiono 2451018 Francisco  
(Surname). (Number). (First Name and Initials).

Co C 311 Inf  
(Rank). (Organization).

PLACE OF DEATH: Bagnary 1/2 road

CAUSE OF DEATH: 287.2 - 294.2

DATE OF BURIAL: 11/3/18

PLACE OF BURIAL:

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

7/8 Kilo N Grand Pce - St. Jovini Rd.  
1/2 Kilo E Cross Rds - N Grand Pce.

GRAVE NUMBER: 53

HOW MARKED: Name Peg? Cross? Yes

Headboard? Bottle?

IDENTIFICATION TAGS:

Was one buried with body? Yes

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

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

NEAREST RELATIVE: Grandpre (Ardennes)

ADDRESS: 35 N.W. COORD (E 294.15 N 287.15)

RELATIONSHIP:

REPORTED BY:

R. H. Seabert, Chaplain  
(Signature and Rank of Reporting Officer).

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

RECEIVED  
NOV 18 P.M.  
C. C. O. M.  
C. R. S.

248-760

Serial List No. \_\_\_\_\_  
Daily Report No. \_\_\_\_\_

42814

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

2. Soldier's No. 2451018.

3. CAMPIONO ..... FRANCISCO .....  
Surname (in block letters) First Name and Initials

4. X ..... X ..... 310 T.N.F. ....  
Rank Company Regt. or Corps

5. X ..... INACTION .....  
Date of Death Cause, if known

6. X ..... BATTLE FRONT NO. 9 .....  
Date of Burial Cemetery

7. NEAR CHAMPIGNEULLE... ARDENNES...  
Town or Commune (in block letters) Department

8. 53 ..... SKETCH 28 .....  
Grave No. Plot No. or Letter

9. Name Peg? ..... Cross?  ..... Headboard? ..... Bottle? .....  
Check Method of Marking

10. Buried with Body? ..... Attached to Grave Marker?  .....  
Identification Tags

11. If name unknown and tags missing, give marks and description.

GRANDPRE (ARDENNES)  
248 35 N.W. (E-294.1)  
(N-287.1)

12. VERDUN N.W. ....  
Map reference, if interment is outside of cemetery

257-1-287-6N-294-295-6E

13. Give name of Chaplain or Burial Officer

1384 Signed: *Hermann Mader* Q.M. Sgt. Jr.

Group 4 Unit 305 G. R. S.



F. H. MOOREY

MASSACHUSETTS