

245

To The A. G. O.

13886

G.R.S. Form #114-B

OCT 7 - 1926

FULL NAME ..... CANTAFIO, Joe .....

RANK ..... Pvt. .... SERIAL ..... 3357427 .....

DIVISION & ORGANIZATION ..... 16th Infantry Co. I. .... *1 div* .....

DATE OF DEATH ..... 10-5--18 ✓ .....

STATE FROM WHICH HE CAME ..... *Penn* .....

MEDALS OR DECORATIONS AWARDED. *cited go 1 - 1/1/20 1 div*

FINAL GRAVE LOCATION. 9-22-1921 ..... 18 ..... 38 ..... H .....  
Date Grave Row Block

Meuse-Argonne American Cemetery 1232  
Cemetery

Robert C. Davis,  
Major General,  
Adjutant General.

OCT 8 1926  
WORLD WAR DIV.

OCT 12 1926

23/306/ARK



Date 30th June, 1919REPORT OF DISINTERMENT AND REBURIAL.

## Remains of:

Name CANTAFIO JoeNumber: 3357427Rank Evt.Organization: Co. I 16 Inf.

Disinterment and Reburial made by Group

Unit

Disinterred (Date)

From: (Give complete location)

20th June, 1919Fr Mil Cty Gr # 66 FLEURY SUR AIRE MEUSE51 NE E 309.9 N 250.1

Reburied (Date)

in: (Give complete location)

20th June, 1919Grave # 173 Sec 110 Pl 4ARGONNE AMER CTY # 1232ROMAGNE MEUSE1232

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

Body buried in uniform; badly decomposed. Burial good.Was one identification tag found upon the body? YesWhat other means of identification were found upon the body? None12376

## Note:

**CONFIRMED No. D**

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

Supervised by Lt. ZamaR. H. ROSENTHALHO<sup>1</sup>

C.O. Group

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

Unit



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RECEIVED BY DISTRICT OFFICE AND BUREAU

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76 B. 1/12/48 B. 70 C. E. 411

### GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF  
*Cantifor* *3357* *J. Lee*  
(Surname). (Number). (First Name and Initials).

*Pvt* *Co I. 16 Inf*  
(Rank). (Organization).

PLACE OF DEATH: *ARE Hop #114*

CAUSE OF DEATH: *Fracture of skull*

DATE OF BURIAL: *March 1917*

PLACE OF BURIAL: *F. M. D. Co. 9th Cavalry Regt*  
(Give Cemetery, Town and Department). Map reference must specify clearly what map is used.

GRAVE NUMBER: *136*

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:

NEAREST RELATIVE: .....

ADDRESS: .....

RELATIONSHIP: .....

REPORTED BY:  
*T. Cantifor*  
(Signature and Rank of Reporting Officer).

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

CODE SLIP



HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>CANTAFIO</i>	<i>CAN</i>	3	<i>314</i>
<i>Joe</i> BURIED	CEMETERY <i>1232</i>	1	<i>1</i>
	GRAVE <i>18</i>	2	<i>18</i>
	ROW <i>38</i>	2	<i>38</i>
	BLOCK <i>H</i>	1	<i>8</i>
STATE	<i>Pa</i>	2	<i>44</i>
RANK	<i>Pvt</i>	1	<i>2</i>
DIVISION	<i>1</i>	2	<i>01</i>
ORGANIZATION	<i>16</i>	3	<i>016</i>
ARM	<i>Inf</i>	1	<i>1</i>
MARITAL	<i>No</i>	1	<i>2</i>
NAME <i>Cantafio</i>	<i>CAN</i>	3	<i>314</i>
<i>Maria Susanna</i> RESIDENCE <i>Lurbin</i> <i>No 60</i>	STATE	2	
	COUNTY	2	
	CITY	3	
RELATION	<i>mother</i>	1	<i>1</i>
OTHER		1	
ELIGIBILITY	<i>Foreign</i>	1	<i>4</i>
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
457 ACCEPTANCE 29/514	<i>Italy</i>	2	<i>01</i>

*Am*

WAR DEPARTMENT  
 OFFICE OF THE QUARTERMASTER GENERAL  
 WASHINGTON

DATE 8/22/31

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
Cantafio, Joe	Pvt.	3357427	Co. I, 16th Inf.	10/5/18

STATE	CTY. NO.	GRAVE	ROW	BLOCK
	1232	18	38	H

NAME AND ADDRESS	Check relationship	Living	Deceased
	MOTHER	<del>comp</del>	<del>is</del>
STEMOTHER (For the year prior to commencement of service)	:	:	:
MOTHER THRU ADOPTION (For the year prior to commencement of service)	:	:	:
MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	:	:	:
WIDOW (Who has not remarried)	:	:	:
	:	:	<u>m</u>
	:	:	<u>Maria Giuseppa</u>
	:	:	<u>Luzia in Cantafio</u>
	:	:	<u>Migliorini di</u>
	:	:	<u>Serrastretta</u>
	:	:	<u>Prov. di Catanzaro</u>
	:	:	<u>Italy</u>

Single man  
 Veterans Bureau Claim Number XC 119056  
 29/156

2-4-33



68382  
**GRAVE LOCATION BLANK**

LOCATION OF THE GRAVE OF

Cantafio 3357427 Joe  
(Surname). (Number). (First Name and Initials).

Pvt. Co I. 16 Inf  
(Rank). (Organization).

PLACE OF DEATH: A. R. E. Hosp. #114

CAUSE OF DEATH: Fracture of skull

DATE OF BURIAL: 6 Oct. 1918

PLACE OF BURIAL: Ft. M. C. Camp, Glenn Co. - Air Base  
Mense

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

GRAVE NUMBER: 136

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:

NEAREST RELATIVE: *GH*

ADDRESS: .....

RELATIONSHIP: .....

REPORTED BY: *T. White Capt A.R.E.*

(Signature and Rank of Reporting Officer).

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



68382

Soldier's No. 3357421

Name CANTAFIO, JOE (NONE)

Rank Pvt Co. I (Serps) 16th Inf  
Regt.)

Date of Death Oct. 5th 1918 Cause Unknown

Date of Burial Oct. 6th 1918 Cemetery French Military

Town or Commune FLEURY-sur-AIRE Dept. MOUSE

Grave No. 136 Plot New American Plot Sec Row 2

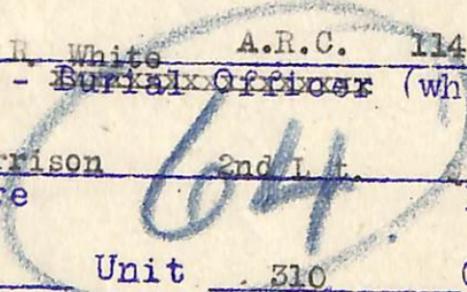
Tag            buried with body

Tag            attached to Cross

Chaplain - T. R. White A.R.C. 114  
~~Burial Officer~~ (which?)

Signature E. W. Morrison Rank 2nd Lt. A.M.C.

Group 6 Unit 310 G.R.S.



NOV 18 1918  
RECEIVED  
U.S. DEPARTMENT OF JUSTICE  
WASHINGTON, D.C.



FILE

5-23-21

(Date)

FORM 115 has been compiled on the following case:-

CEMETERY NO. 1232 SECTION 110

FORM 115 Sheet No. 27

HW  
(Initials)

OSP-SS  
Form No. 1011.

# COMPILATION OF DISPOSITION OF REMAINS DATA

## I. LOCATION INDEX CARD:

File #68382

(a) Name CANTAFIO, Joe Ser. No. 3357427  
(b) Rank Pvt. Organization Co. I, 16th Infantry } TYP. DMA  
(c) Date of death 10/5/18 (d) Cause of death Fracture of skull } CKR. sm

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

(a) Grave No. 173 Row - Plot 4 Sec. 110 TYP. DMA  
(b) Emerg. Address Mr. Frank Cantafio (father) Mongliuso, Prov. of Catanzaro Italy

III. Files of soldiers dying from contagious diseases/ CKR. sm

## IV. A. G. O. DISPOSITION CARD:

Date of receipt No card in file G.I. 5-20-21

(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 \_\_\_\_\_, 192

## V. A. G. O. CORRESPONDENCE shows communication from \_\_\_\_\_

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

Examiner's Initials \_\_\_\_\_ Date \_\_\_\_\_, 192

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

No request for disposition  
(a) Cancellation memos referred to? Yes G.I.

Examiner's Initials G.I. Date 5-20-, 192

COUNTRY FRANCE CEMETERY No. 1232-Sec. 110 SHEET No. 27

JUN 13 1921

H.S.

Checked 6-10-21



To be prepared in triplicate.

DATE Sept. 22, 1921

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name CANTAFIO, Joe

10. Name

2. No. 3357427

11. No.

3. Rank Pvt

12. Rank

4. Org. Co. I, 16th Inf.

13. Org.

5. D.D. Oct. 5th 1918

14. (a) D.D.

6. C.D. Fracture of Skull

(b) D.B.

Discrepancy found upon disinterment

7. Grave No. 173 Sec. 110

15. Grave No. Sec.

8. Plot 4 Row

16. Plot Row

9.

17. No discrepancy.

18. Cemetery Argonne American

19. Commune or town Romagne-sous-Montfaucon

20. Dept. or County Meuse

21. Country France

22. G.R.S. Hdqrs. Code No. #1232 Sec. 110

23. Disinterred (Date) Sept. 22, 1921. By P. P. Kierce,

24. Inscription on grave marker:

Name Cantafio, Joe

Serial No. 3357427

Rank Pvt.

Organization Co. I, 16th Inf.

25. Was identification disc found on grave marker? No On body? Yes

C. W. Charles  
Signature Junior Technical Assistant

mlo

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 Pine box, U.S. uniform 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 Sept. 22, 1921. By P. P. Kierce.

31. Casket sealed by P. P. Kierce.

Signature of Embalmer, (Supervisor) P. P. Kierce

AUDITED BY  
205473

SHIPMENT. (Show actual marking of box.) Box No. **C-6334**

32. Designation of body:

Name **CANTAFIO, Joe** Serial No. **3357427**

Rank **Pvt** Organization **Co. I, 16th Inf**

33. Consigned to:

Name of Permanent Cemetery **Argonne American Romagne-sous-Montfaucon #1232**

34. Casket boxed and marked (Date) **Sept. 22, 1921.** By **P. P. Kierce,**

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.C. Worthington*  
**R.C. Worthington, 1st Lt., MC1**

36. Remarks

**Sept. 22, 1921.**

37. Shipped from point of Operation: (Date)

To point of Concentration **Meuse-Argonne Cemetery #1232.**

Convoyer \_\_\_\_\_ (Name) Signature Shipping Officer *J. Gerald Cole*

38. Received at Railhead or Point of Concentration: Date **J. GERALD COLE**

**Captain, C. A. C.**

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: **Meuse Argonne Cemetery # 1232** **Sept. 22, 1921.** (Date)

42. Grave No. **175-18** Section **110**

43. Plot **H** Row **38**

G.R.S. Representative *J. W. Younger*  
**J. W. Younger, Capt. QMC.**

**Jt.**

# REPORT OF DISINTERMENT AND REBURIAL

1. REMAINS OF Cantafio, Joe SERIAL NUMBER 3357427

RANK Pvt. ORGANIZATION Co. I. 16th Inf.

2. Disinterred (date) : Sept. 22, 1921 From (give complete location) Gr.173 Sec.110 Pl.4

Cemetery #1232

By : Group Kierce Unit Sec. 1

3. Reburied (date) : Sept. 22, 1921 In (give complete location) :

Meuse Argonne Cemetery #1232 Gr.18 Plot H Row 38

By : Group re-burial Unit \_\_\_\_\_ Nature of reburial Unlined casket

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

US Uniform, burlap and pine box. Badly decomposed. Features unrecognizable.

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

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

Tag on body entirely disintegrated.

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

(a) Height (actual measurement) Impossible to measure.

(b) Weight (estimated) Unable to estimate

(c) Hair—Color None visible

Quantity None

Characteristics None

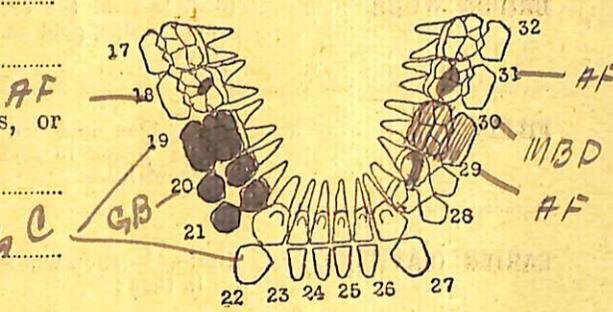
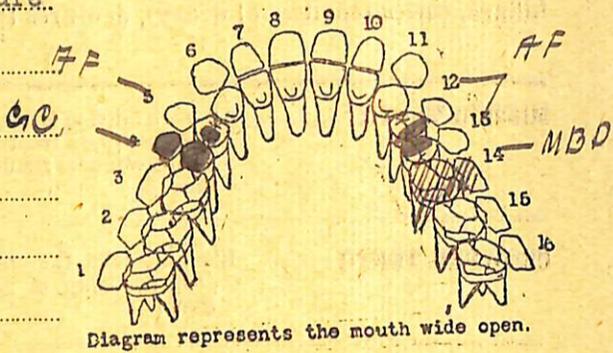
(d) Hair on face—Color None

Location None

Quantity None

(e) Permanent marks on body (old scars, peculiarities, or missing parts) None

(f) Wounds or missing parts (received at time of casualty) None



7. Disinterment supervised by P. P. Kierce, Sup. Emb.

Approved : R. C. Worthington  
(Title) Inspector.

8. Reburial supervised by \_\_\_\_\_

Approved : \_\_\_\_\_  
(Title) \_\_\_\_\_

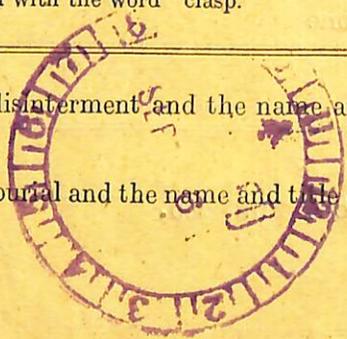
**INSTRUCTIONS FOR THE PROPER COMPLETION OF G. R. S. FORM NO. 16-A**

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.

<p><b>MISSING TEETH</b>.....All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus :</p>	
<p><b>CROWNED TEETH</b>.....Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus :</p>	
<p><b>BRIDGE WORK</b>.....Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :</p>	
<p><b>FILLINGS</b>.....Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus :</p>	
<p><b>CARIES (CAVITIES)</b>.....Outline location and size of cavity, shade in thus :</p>	
<p><b>DENTURES (PLATES)</b>.....Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."</p>	

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



## COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

File #68382

(a) Name CANTAFIO, Joe Ser. No. 3357427  
 (b) Rank Pvt. Organization Co. I, 16th Infantry } TYP IMA  
 (c) Date of death 10/5/18 (d) Cause of death Fracture of skull } SS

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

(a) Grave No. 173 Row - Plot 4 Sec. 110 TYP IMA  
 (b) Emerg. Address Mr. Frank Cantafio (father) Mongiuso, Prov. of Catanzaro  
Italy

III. Files of soldiers dying from contagious diseases ////// CKR. SS

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

.....  
 .....  
 .....

V. Following advice forwarded to Europe by { cable on \_\_\_\_\_, 192  
Sec. 110 letter of transmittal on JUN - 2 1921, 192  
Par. 2 Not To Be Returned (E.S.)

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