

To The A. G. O.

G.R.S. Form #114 B

3324

140

DEC 17 1925

DATE

1. NAME CAPELLA, Joe

SERIAL No. 1984847

RANK Pvt.

ORGANIZATION Bty. F. 114th F A

DIVISION 30

GRAVE LOCATION American Cty., Rimaucourt, Haute-Marne.

92

CTY. NAME

NUMBER

364

GRAVE

ROW

PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION

364

RIMAUCOURT (Haute-Marne)

GRAVE

COMMUNE

DEPT.

COORDINATES

E. 323.2 N.165.3

CONCENTRATED TO Not of record

DATE

GRAVE

ROW

PLOT

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

Jan. 21/19

STATE FROM WHICH HE CAME

Ill.

MEDALS OR DECORATIONS AWARDED

none shown

SUBSEQUENT REBURIALS Not of record

DATE

GRAVE

ROW

PLOT

CEMETERY

DATE

GRAVE

ROW

PLOT

CEMETERY

SIGNATURE, AREA SUPERVISOR

W. F. Brown

WAITER F. BROWN, CAPT. QMC., Supervisor Area No. 4

3. FINAL GRAVE LOCATION August 10, 1922 5

7 Block D

DATE

GRAVE

ROW

PLOT

St. Mihiel American No. 1233, Thiscourt

CEMETERY

7247/3
12/22/25

AUDITED BY



293

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 I6, 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.

Capella, Joe
Europe

PP 30
GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Capello (1984867) Joe
(Surname). (Number). (First Name and Initials).

unknown F 114 F A
(Rank). (Organization)

PLACE OF DEATH: Manois, Haute Marne, France

CAUSE OF DEATH: Fractured skull

DATE OF BURIAL: January 22, 1919

PLACE OF BURIAL: American Grave Yard #92
Rimaucourt, Haute Marne
(Give Cemetery, Town and Department). Map references must specify clearly what map is used.

GRAVE NUMBER: 364

HOW MARKED: Name Peg? Yes Cross? Yes
Headboard? No Bottle? No

IDENTIFICATION TAGS:

Was one buried with body? No
Was one fastened to name peg or stake used as a grave marker? No

If name unknown and tags missing, description and marks should be given here? Name, number, organization typed on heavy paper, placed in bottle, hermetically sealed and buried with body

NEAREST RELATIVE: unknown

ADDRESS:

RELATIONSHIP:

REPORTED BY:

Walter P. Murchison
(Signature and Rank of Reporting Officer)

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

1984867
1/21/19
CODE SLIP

HEADING	HEADING	NO. OF COLS	CODE
NAME	CAPELLA	3	316
	Joe.		
	CAP	3	316
BURIED	CEMETERY 1233	1	3
	GRAVE 5	2	05
	ROW 7	2	07
	BLOCK D	1	4
STATE	Ill	2	13
RANK	Pnt	1	2
DIVISION	30	2	30
ORGANIZATION	114	3	114
ARM	F.C.	1	3
MARITAL	No	1	2
NAME	Lustino, Mrs.	3	7-9-1,2
	capello		
RESIDENCE	Mrs. Adelaide Basso	2	
	Lillingsville, Ill.	2	
	(sister)	3	
RELATION	mother	1	1
OTHER	sister	1	2
ELIGIBILITY	Foreign	1	4
NATIVITY	No	1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF TRIP	MO.	1	
	YR.	1	
ACCEPTANCE		1	
29/514/EAB	country Italy	2	01

AUDITED
MAR 11 1939
R.M.

OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

DATE 8-25-31

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
Capella, Joe	Pvt.	1984867	Bat. F, 114th F.A.	1-21-19

STATE _____ CTY. NO. 1233 GRAVE 5 ROW 7 BLOCK D

NAME AND ADDRESS	Check relationship	Living	Deceased
	MOTHER	comp + ins	<input checked="" type="checkbox"/>
STEPMOTHER (For the year prior to commencement of service)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
MOTHER THRU ADOPTION (For the year prior to commencement of service)		<input type="checkbox"/>	<input type="checkbox"/>
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"/>

Handwritten notes:
 M. living in U.S. until 1920
Quistina Capello
Edna Capello
Salt
Prin. di Aosta
Italy

Veterans Bureau Claim Number 153804
29/156

2-24-33

Gillespie Dlls

June 5-1929

Quartermaster General

Washington D. C.

Dear sir

Let you know that
Joe Capello's mother
address is as follows.

Mrs. Capello Giustino

Salto Canavese

Italia

Respectfully yours

Adelaide Basso

former of Beul. Dlls.



WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Capella, Joe

May 31, 1929.

Mrs. Adelaide Basso,
Bend,
Ill.

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 Joe Capella, Battery F, 114th F. A., whose remains are now interred in the St. Mihiel American Cemetery, Thiaucourt, Meurthe-et-Moselle, 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.

B

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

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For The Quartermaster General,

Very truly yours,

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

2 incls.
Act of Congress.
Envelope.

CAPELLA, Joe Pvt.

February 21, 1924

Mrs. Adelaide Basso,
Benld,
Illinois.

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 military cemetery is one of those to be maintained by the United States for all time in Europe. Each grave will be marked by a headstone of white marble, of dignified design, with the name, rank, division, organization, date of soldier's death and State from which he came. 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.

Please be assured that in effecting removal of the dead, the utmost reverential care was exercised and more than willingly accorded 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,

Assistant.

R. L. FOSTER

MFK

LOI

✓ 1. Incl.
Record card.

O.Q.M.G.
Central Mail & Files Bt.



FEB 21 1924

D. S.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
GRAVES REGISTRATION SERVICE
WASHINGTON

JUN 8 1920

FROM: Chief, Graves Registration Service, Q.M.G.
TO: Mrs. A. Basso, Benld, Ill.
SUBJECT: Remains of Pvt. Joe Capella

Push Answer

Please note attached letter

The records of this office show that you have ~~expressed your desire~~
~~not expressed desire regarding return of body~~

*E. P. I. Europe
Remain in Europe*

If these are not the correct instructions, please change them. Make changes on reverse side of this sheet.

The nearest living relative may choose between, (1) return of the body to any address in the United States; (2) interment in Arlington, Va., National Cemetery; or (3) remain in France.

Noted on Form No. 115

By authority of the Quartermaster General:

Date: *6-29-20*

CHARLES C. PIERCE,
Colonel, U.S. Army.

NAME OF	NO. & STREET	TOWN	STATE
Soldier's Widow	<i>not married</i>		
Soldier's Children	1. (Name oldest first) 2. 3.		
Father	<i>none</i>		
Mother	<i>Deceased</i>		
Brothers	1. <i>Mrs. Gustina Capello (gone to Salto Italy)</i> 2. <i>Natalino Capello (also gone to Italy)</i>		
Sisters	<i>Mrs. Adelaide Basso Benld Illinois</i>		
Date	<i>June 14 - 1920</i>	Signature	<i>Adelaide Basso</i>
Address	<i>Benld Ill</i>	Relationship	<i>Sister</i>

The transfer of bodies will be made entirely at government expense.

Note: - Instructions on the reverse side of this sheet should be carefully read before filling out this paper.

(OVER)

jab

H

*and
120
file*

Bernd Illinois

June 14-1920

To: Chief Graves Registration DMC

From: Mrs Adelaide Basso, Bernd Ill

Subject: Remains of Pvt Joe Capella

1. my mother Mrs Giustina Capella and brother, Natalino Capella have gone to Balto, Italy.

2. It was their desire to leave the remains of my brother, Pvt Joe Capella in France

3. Request full information sent to me as to where remains are — in what cemetery

Mrs Adelaide Basso

RECEIVED
INC. P. M. A. C. A.
JUN 25 1920
CEMETERIAL
Dir.-G. M.

MAY 10 1920

G. R. S. Form #120
Shipping Inquiry.

J.M.S.
tvh

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
GRAVES REGISTRATION SERVICE
WASHINGTON

FROM: Chief, Graves Registration Service, Q.M.G.
TO: **Justina Capella. Box#5. Benld, Ill.**
SUBJECT: Disposition of remains of **Pvt. Joe Capella.**

Rush Answer

*G.R.S.
Europe*

Records of this office show your request to be as follows:

Remains ~~to be~~ **not returned to United States**.....

Shipped ~~to~~.....

If any modifications of the foregoing are desired please write same fully on the other side of this sheet.

The nearest living relative may choose between, (1) return of remains to home for burial; (2) interment in Arlington, Va., National Cemetery; or (3) remain in France.

You are requested to fill out the following without delay and return in enclosed penalty envelope, which does not require postage.

Noted on Form No. 115
6-29-20
Date

By authority of the Quartermaster General:
CHARLES C. PIERCE
Colonel, U.S. Army.

NAME OF	NO. & STREET	TOWN	STATE
Widow			
Children (Name oldest first)			
Father			
Mother			
Brothers			
Sisters			

*Mother Justina
has returned to
Italy*

Date *May 29-20*

Signature *Mrs. A. Basso*

Address *Benld Ill*

Relationship *Sister*

The transfer of bodies will be made entirely at government expense.

2

MAY 10 1950

88-42

U.S. Army #100
Shipping Inquiry

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
GRAVE REGISTRATION DIVISION
WASHINGTON

FROM: Chief, Grave Registration Service, D.A.C.
TO: Madison Capella, Boxes, Santa, Ill.

SUBJECT: Disposition of remains of Pvt. Joe Capella.

Records of this office show your request to be as follows:

Remains to be not returned to United States

Shipping to:

If any modifications of the foregoing are desired please
write same fully on the other side of this sheet.
The nearest living relative may choose between: (1) return
of remains to home for burial; (2) interment in Arlington, Va.
National Cemetery; or (3) remain in France.
You are requested to fill out the following with Form No. 10
and return in enclosed empty envelope, which does not need
postage.
By authority of the Quartermaster General:
CHARLES D. FIERBERG
Colonel, U.S. Army



NAME OF	NO. & STREET	TOWN
Widow		
Child (Name of)		
Father		
Mother		
Brothers		
Sisters		

With no relatives

The transfer of remains will be made
entirely at government expense.
Address: Santa Ill.
Data Sheet 48-50

91986

GRAVE REGISTRATION BLANK

LOCATION OF THE GRAVE OF

Cappelle (1984867) 100
(Surname). (Number). (First Name and Initials).

unknown F 114 P A
(Rank). (Organization).

PLACE OF DEATH: Illinois, Haute Marne, France

CAUSE OF DEATH: Fractured skull

DATE OF BURIAL: January 22, 1919

PLACE OF BURIAL: American Grave Yard #92
Massachusetts, U.S.A.
(Give Cemetery, Town and Department). Map references must specify clearly what map is used.

GRAVE NUMBER: 364

HOW MARKED: Name Peg? Yes Cross? Yes
Headboard? No Bottle? No

IDENTIFICATION TAGS:

Was one buried with body? No

Was one fastened to name peg or stake used as a grave marker? No

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

Name, number, organization typed on heavy paper, placed in bottle, hermetically sealed and buried with body

NEAREST RELATIVE: unknown

ADDRESS:

RELATIONSHIP:

REPORTED BY:

W. B. Zurcher
(Signature and Rank of Reporting Officer).

REVIEWED
OSP SS.

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



Qty. #92

Card dept. F #91986 4-16-19.

MEMO FOR : G.R.S. representative, C.R.O.

SUBJECT : Information required for G.R.S.

I. Items checked are to be completed :

- () Surname : ~~Cappello~~ *Capella*
- () Number : ~~1984867~~
- () First name : ~~Joe~~
- () Rank : ~~Put~~
- () Company : ~~Baty~~ *F.*
- () Organization : ~~114th. F. Art.~~
- () Date of death : ~~1/21/19~~
- () Cause : ~~Fractured~~ *OVER*
- () Place : ~~skull rec'd in N.W. wreck.~~

Location of hospital :

- Number » »
- Class » »
- () Relative : *Mrs. Juistana Capella,*
- () Relationship : *Mother*
- () Address : *Benld, Illinois.*
- () Authority :
- Cablegram No : *440*
- Telegram from :

dated :

- () Reported to Washington :
- C.C. Nos :

(Underscore the "official" C.C.)

- () Remarks :

REVIEWED
OSP SS.
 CHARLES C. PIERCE,

Lieut.-Colonel, Q.M.C., U.S.A.

Initials of reporter :

OK

X

Buried 1-22-19.

Cty. No. 92

Amer. Cty. Rimacourt, (Hte. Marne)

Reported by G. R. S.



91986

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

CAPELLA, 1984867, Joe. ~~40578~~
(Surname). (Number). (First Name and Initials).

Pvt. Bty. F 114th. F.A.
(Rank). (Organization).

PLACE OF DEATH:

CAUSE OF DEATH:

DATE OF BURIAL:

FILE

PLACE OF BURIAL:

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

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?

NEAREST RELATIVE:

ADDRESS:

RELATIONSHIP:

REPORTED BY:

**REVIEWED
OSP SS.**

(Signature and Rank of Reporting Officer).



G.R.S. FORM NO. 12

GENERAL HEADQUARTERS
AMERICAN EXPEDITIONARY FORCES
ADJUTANT GENERAL'S OFFICE

FROM : ADJUTANT GENERAL.

TO : C.O.Bty. F 114th. F.A.

SUBJECT : Information for burial Register.

1. You are directed to transmit without delay to the Chief, Graves Registration Service, the information indicated on enclosed Grave Location Blank as necessary for the completion of official records.

By Command of General Pershing:

Robert C. Davis
Adjutant General.

Note:

In case this item is checked, you will note hereon:

Nearest relative of deceased:

Relationship: _____

Address: _____

REVIEWED
OSP SS.



91986

from

90578

REVIEWED
OSP SS.

026 22
RECEIVED

OF COMMUNICATION RECEIVED AND

DATE RECEIVED IN

WAR DEPARTMENT

~~GI~~ ~~YES~~ REGISTRATION SERVICE
~~American Expeditionary Forces~~

OFFICIAL BUSINESS.

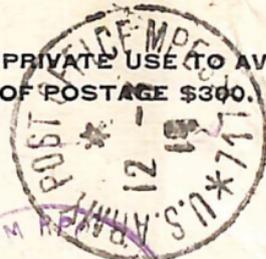
REVIEWED
OSP SS.

Commanding Officer.

Bty. F. 114th F.A.

American E.F

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE \$300.



UNCLAIMED.
From Forest Branch
Chattanooga, Tenn.



PASSED AS
Lieut., Q.M. Corps, U.S.A.

RETURN TO WRITER
ORGANIZATION DEMANDS

UNCLAIMED
From Forest Branch
Chattanooga, Tenn.

RECEIVED
MAY 2 1919
O. C. G. M.
G. R. S.

CHATTANOOGY
MAY 16
8 PM
1919
TENN.



Capella

Joe

1,984,867

Dup ✓

(Surname.)

(Christian name in full.)

(Army serial number)

Pvt.

Btry F 114 F A

(Rank and organization.)

State your relationship to the deceased

Mother.

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)

Justina Capella.

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Taken from letter Box 5, Beard, Ill.

Read carefully the letter accompanying this card.

July 92- 42

4/6/20

G.R.S. Form No. 115

COUNTRY FRANCE

Cemetery No. 92

Sheet No. 42

File No. 91986

COMPILATION N/R REQUESTS

I. DATA COMPILATION

A. Location Index Card:-

(1) Name Capella, Joe Ser. No. 1984867)
 (2) Rank Pvt. Organization Battery F. 114th F. Art.) TYP. ESW
 (3) Date of death 1-21-19) CKR. HL

B. Registration Card:- (Check Reg. Card Inf. against Loc. Ind. Inf.)

(4) Cause of death Fractured skull rec'd in RR wreck) TYP. TW.
 (5) Grave No. 364 Row -- Plot -- Sect. --) CKR. HL

II. FILES EXAMINATION

A. Files of soldiers dying from contagious diseases; no card

B. A. G. O. DISPOSITION CARD

Date of receipt SEE SUSPENSION REMARKS

(6) Relationship Mother
 (7) Name Justina Capella
 (8) Address Box #5, Behd, Ill.
 (9) Desires remains brought to U. S.? no
 (10) Desires remains brought to U. S. and interred in National Cemetery at _____
 (11) If brought back, what shipping instructions? _____

C. A. G. O. CORRESPONDENCE

Date of communication

(12) Does correspondence Change or qualify request as made on A.G.O. card? If so, specify such information.

(13) A. G. O. Files EXAMINED by J.L. (Date) 4-6-20

D. (14) G. R. S. Files - Correspondence. (Has reference been made to File No. Cancellation memos? Yes, Does such correspondence, if containing request for disposition, reconcile with that of A. G. O.? Y.C. (Specify "Yes or "No".) If "No", give date of communication, the name, address, and relationship and substance of request.

no request for disposition.
Grave Location Blank only.

(15) G. R. S. Files EXAMINED by S.C. (Date) 4-8-20

(over)

Rechecked by JKH
12-11-20

5/26/22
Cyrumed Jan
concentration
St. Michael #1833
mass. 6-16-22

III. FINAL ACTION

A. MEMORANDUM to D. M. O. in E. made (Date)

(16) Removal of Remains (within custody of G.R.S.) to

(17) Instructions that remains be left undisturbed

(18) Typed by Checked by (Date)

B. G. R. S. FORM NO. 114 made (Date)

(19) Typed by Checked by (Date)

C. SUSPENSION REMARKS:

*Letter 6-14-20 - from Adelgaide Bassy Sister
Beuld, W., state mother Mrs. Justine
Capelle, nearest kin is in Saltz, W. Va.
& requests body remain in France. 159-203*

D. Dispatched (Date) (Let. Trans. No. *1/5/21*)

Pat. #2. Not to be returned. (F.L.)

Approved by

(Date)

*Accept the wishes of parents as interpreted
by soldiers sister in her letter June 14/20
and leave body in France*

*J. L. C.
7/8/20*

Rimacourt, Ht. Marne

Place

REPORT OF DISINTERMENT AND REBURIAL

Date Jan 20, 1922

1. REMAINS OF CAPELLA, Joe SERIAL NUMBER 1984847
RANK Pvt ORGANIZATION Bty. F. 114 F A

2. Disinterred (date): Jan 20, 1922 From (give complete location): Gr 364
Amer. Com. No. 92 Rimacourt, Ht Marne

By : Group 1 Unit 4

3. Reburied (date): August 10, 1922 In (give complete location): Gr 5 Row 7 Blk D
Cty 1233

By : Group Reburial Unit Casket & Shipping Case
Nature of reburial

4. Report as to nature of original burial and condition of body upon disinterment :
Uniform and wooden box. Body badly decomposed, recognition impossible.

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

(b) Other means of identification found upon disinterment, and general remarks :
No effects found.

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

(a) Height (actual measurement) Unable to determine

(b) Weight (estimated) Unable to determine

(c) Hair—Color Unable to determine

Quantity Unable to determine

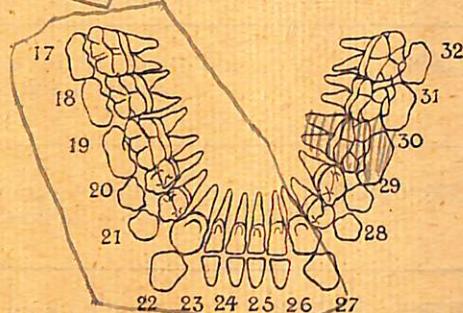
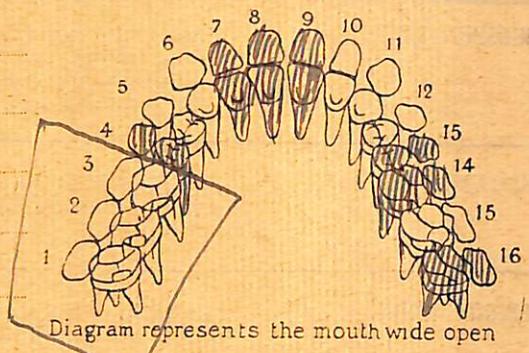
Characteristics Unable to determine

(d) Hair on face—Color None

Location None

Quantity None

(e) Permanent marks on body (old scars, peculiarities, or missing parts) Unable to determine



Missing 1, 2, 3, 17 to 27 inc/ Dec. 14
MAD 4, 7, 8, 9, MBD 13, 16, 40 30

(f) Wounds or missing parts (received at time of casualty)
Head badly shattered, Right humerus broken, left
fibia and tibia broken. several ribs broken

7. Disinterment supervised by E G Scott

Approved: R L Fain Capt QMC (Title)

8. Reburial Supervised by H. L. Kramer

Approved: A. E. Dewey, 1st Lieut., 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), 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.

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.

To be prepared in triplicate.

DATE Jan 20, 1922

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT me. COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name CAPELLA, Joe
 2. No. 1984847
 3. Rank Pvt.
 4. Org. Bty. F. 114th F A
 5. D.D. 1-21-19
 6. C.D. Inj rec in RR Wreck

10. Name _____
 11. No. _____
 12. Rank _____
 13. Org. _____
 14. (a) D.D. _____
 (b) D.B. None

Discrepancy found upon disinterment

7. Grave No. 364 Sec. _____
 8. Plot _____ Row _____
 9. _____

15. Grave No. _____ Sec. _____
 16. Plot _____ Row _____
 17. None

18. Cemetery American Cty.,
 20. Dept. or County Haute-Marne,
 22. G.R.S. Hdqrs. Code No. 92

19. Commune or town Rimaucourt,
 21. Country France.

23. Disinterred (Date) Jan 20 1922

By E G Scott

24. Inscription on grave marker:

Name CAPELLA, Joe
 Rank Pvt

Serial No. 1984847
 Organization Bty. F. 114 F A
Gr. 364

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

Ray Brown
 Signature Junior Technical Assistant
Ray Brown

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).

No effects found.

27. Condition of body Badly decomposed, recognition impossible.

28. Nature of burial Uniform and wooden 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 Jan 20 1922 By E G Scott

31. Casket sealed by E G Scott

Signature of Embalmer, (Supervisor

E G Scott
E G Scott

AUDITED BY
4529-7-18

21A8 2+

SHIPMENT. (Show actual marking of box.) Box No. C-26350.

32. Designation of body:

Name Joe CAPELLA Serial No. 1984847

Rank Pvt. Organization Bty. F. 114th F A

33. Consigned to:

Name of Permanent Cemetery St. Mihiel Amer. Cty., 1233, Thiaucourt, M-et-M.

34. Casket boxed and marked (Date) Jan 20 1922 By E G Scott

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 L Fain Capt. QM C

36. Remarks

Disc on cross and body give serial No. only 1984847

37. Shipped from point of Operation: (Date) Jan 20 1922

To point of Concentration Chaumont Ht Marne

Convoyer Signature Shipping Officer (Name) Walter F. Brown

38. Received at Railhead or Point of Concentration: Date WALTER F. BROWN

By G.R.S. Representative Captain, Q.M. Corps, U.S.

39. Shipped from Railhead or Point of Concentration: Date 19 FEB 1922

To Permanent Cemetery St Mihiel (1233) Thiaucourt M et M

Convoyer Michael Plotkin Signature Shipping Officer (Name) WALTER F. BROWN

40. Received: Date 12 3 FEB 1922 Captain, Q.M. Corps, U.S. Army

G.R.S. Representative

41. Reinterred August 10, 1922

(Date)

42. Grave No. 5 Section

43. Plot Block D Row 7

G.R.S. Representative A E Dewey

A. E. Dewey, 1st Lieut., Q.M.C.

July 19, 1920.

293.8-Cem. File #91986 (Capella, Joe Pvt.)

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

Mrs. Adelaide Basso, Benld, Illinois.

Grave Location.

FILE

1. In reply to your communication of June 14, 1920, returning Form #120 to this office, you are advised that the records of this office contain a request by the mother of Pvt. Joe Capella, that the remains of this soldier be permanently interred in France.

2. The records of this office show that the remains of Pvt. Joe Capella are buried in Grave #364, American Cemetery, Rimaucourt, Haute Marne. This Cemetery will not be maintained as a permanent American Cemetery and the remains of this soldier will be later concentrated into a permanent Field of Honor to remain under the control and maintenance of the United States Government. Any change in the grave location will be communicated to the relatives.

By authority of the Quartermaster General:

CHARLES C. PIERCE,
Major, U. S. Army,
Chief, Cemeterial Division.

By:

MVB CHARLES J. WYNNE,
Captain, Q. M. C. LKB

Mail
JUL 21 1920

REVIEWED
OSP 88

Benld, Ill.
June 14th, 1920.

TO: Chief, Graves Registration, Q.M.C.

From: Mrs. Adelaide Basso, Benld, Ill.

Subject: Remains of Pvt. Joe Capella.

1. My mother Mrs ^WGuistina Capella and brother, Natalino Capella have gone to Salto, Italy.
2. It was their desire to leave the remains of my brother, Pvt. Joe Capella in France.
3. Request full information sent to me as to where remains are, in what cemetery.

(signed)

Mrs. Adelaide Basso.
(sister)

Remains of - Pvt. Joe Capella,
92 -42

*Noted on #115
6-29-207*

REVIEWED
OSP SS.

RECEIVED
INQ. BRANCH

JUN 25 1950

CENETERIAL
Div. of M. S.

AS TO
NUMBER OF - SAC - 100 CIGARETTES

(10/25/50)
SAC, NEW YORK

(10/25/50)

RE: CIGARETTES IN NEW YORK
RE: CIGARETTES IN NEW YORK
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G. R. S. Form #124
Disposition Status -
OFFICE MEMORANDUM. -

REGISTRATION SECTION.
GRAVES REGISTRATION SERVICE
CEMETERIAL DIVISION.

File No. 91986
OSPSS Ref. NO. 92-42
Follow-up No. 3178

TO: Inquiry Section .
From: Overseas Project Sub-Section.

I. GENERAL INFORMATION on Cemetery No. (furnished by: 92 W.S.) (date 7-10-20)

Data sent Overseas None
Operations to commence (approx.) Have not been advised yet
Operations to be completed (approx.) -
Bodies shipped from European Port -
Bodies arrived at Hoboken -

II. CASE OF Capella, Joe, Pvt Baty # 114 F. A. # 1984867

The following information was abstracted (Date) 7-10-20 from: Form 115

SOURCE	CLK.	in OFFICE		CLK.	in OFFICE
A G. O. Cards	<u>ah</u>	<u>Yes</u>	Shppg. Inquiry (sent <u>6/8/20</u>)		
A.G.O. Corresp.	<u>FL</u>	<u>None</u>	To <u>Sister</u>	<u>Yes</u>	<u>Yes</u>
G.R.S. corresp. relative to disp.	<u>esc</u>	<u>None</u>	OSP S-S Corresp (see Remarks.)		

DESIRES as to Disposition.

ago card:

Name of Relative	RETURN.			SPECIAL
	N. C.	Pvt. Int.	REMAIN	
Widow				
Children (Name oldest first)				
Father				
<input checked="" type="checkbox"/> Mother <u>Justina Capella</u>			<u>✓</u>	
Brothers <u>Box # 5</u>				
Sisters <u>Beula, Ill.</u>				

Body to be shipped to _____ was shipped (Date) _____

REVIEWED 6/27-10-20
USP SS.

REMARKS Ch 92 forms 120 Dist
Corresp dated 6/14/20 noted on #115 BSB 7/2-20
Form 120-6/14/20 States that Pvt. Capella was unmarried
(signed by Adelaide Basso, (sister) Beula, Ill)

TO:- REGISTRATION BRANCH, G.R.S.

Date 6/26/20

FROM:- INQUIRY BRANCH.

Please furnish information as checked (✓) below regarding the following soldier:

NAME *Capella, Joe*

Serial Number

RANK *Priv*

ORGANIZATION

NO.	QUESTION	REPLY
1.	Do particulars of soldiers given above agree with Records?	1-No. Batty F. 114th I. A. 1984867.
2.	Date of Death.	2-1-21-19
3.	Cause and place of death.	3-Fractured skull rec'd in R. R. Wick
4.	Number of Casualty Cablegram.	4. CC-440
5.	Date buried.	5-1-22-19
6.	Grave Location. (a) Complete record required (b) Name of Cemetery or Commune only required. (c) Note reinterments.	6-Grave 364, Amer Cly 92, Remancourt (Hauti-Marne)
7.	Who reported burial?	
8.	Confirmed by G.R.S.?	
9.	Report as to Grave Marker.	
10.	Identification Tags: (a) Buried with body? (b) Attached to grave marker?	10 - no record.
11.	Complete Emergency Address?	10 b. Yes
12.	Has been notified? (Give date)	11 - Mrs Juistana Capella Beuld, Ill
13.	Report the exact position of your inquiry on this case. (Reply in all cases if no information on record)	12-3-1-20
14.	What is the Photograph No.?	14-10-1339
15.	Inquiry made by?	M.M.G.

N.B. All Proper names to be typewritten, or printed in PLAIN BLOCK LETTERS.

Released by Information Control Dept.
Directory
Cards 5x8
Cards 4x6

REVIEWED
OSP SS.

M.M.G.