

OK m 5 x 8
G.R.S. Form #114-B

To The A. C. O.

1740

169

2/25

Domènec JAN 7, - 1926
FULL NAME *CAPO, Dominick* *Seg.*

RANK *Private* SERIAL *1239915*

DIVISION & ORGANIZATION *Company C, 110th Infantry* *29 Div*

DATE OF DEATH *7-15-18*

STATE FROM WHICH HE CAME *P.A.*

MEDALS OR DECORATIONS AWARDED. *none*

FINAL GRAVE LOCATION
Date Grave Row Block

195230

608
Cemetery

file
2-13-29
AUDITED BY
227-29-24

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

23/306/ARK

(signature)



Co.C, 110 th Inf.
28 th Div.

CAPO, Dominick - Pvt. I239915

Co. C. 110th INFANTRY.

CAPO, Dominice. Pvt.

Pvt. Capo was killed on July 15, 1918 in the woods north of St Agnan. He was hit in the head with a rifle shot and died instantly. I do not know where he was buried.

He was killed when the enemy made a raid and captured about 30 of the Company to the right of Casteau Thierry on the Marne. He was probably buried by our men.

Informant: Ritz, John - Pvt. I239891
Co.C, 110 th Inf.
Home : Somerset - Pa.

Co. C. 110th Infantry.
Home: 1222 Cadwalader st. Phil.
February 11, 1919.
Searcher : William C. Truxal

Wanda Cleveland, Searcher.
Brest.

Wanda Cleveland, Searcher.
Brest.

M.S.

Co.C, 110 th Inf.
28 th Div.

CAPO, Dominick - Pvt. I239915

~~Co. C. 110th Infantry.~~

~~CAPO, Dominick, Pvt.~~

Pvt. Capo was killed on July 15, 1918 in the woods north of St Agnan. He was hit in the head with a rifle shot and died instantly. I do not know where he was buried.

Informant: Ritz, John - Pvt. I239891
Co.C, 110 th Inf.
Home : Somerset - Pa.

Searcher : William C. Truxal

128

REFERENCE: WALLRATH C. DANKER

HOME: BOMELAGE - 15

CO. C. 110th INF.

INFORMANT: WALLRATH HENRY - 1239853

WHERE HE WAS BURIED

He was hit in the head with a little spot and died instantly. I do not know
of a place where he was buried. He was killed on July 12, 1918 in the woods north of
Co. C, 110th Inf.
CAPO, Demminico - Pvt. 1239853

Co. C. 110th INFANTRY.

CAPO, Demminico, Pvt.

11
it

"He was killed when the enemy made a raid and captured about
30 of the Company to the right of Chateau Thierry on the Marne. He was
probably buried by our men."

Informant: Wallrath, Henry, 1239853.
Camp Pontanezen.
Co. C. 110th Infantry.
Home: 1222 Cadwalader st. Phil.
February 11, 1919.

Maude Cleveland, Searcher.
Brest.

FR.

88

RECORDED: SECTION 2

1919

NAME: CLEVELAND, MAUDE

CO. C. 110th INFANTRY

HOME: 1355 BROADWAY ST. BOSTON

CO. C. 110th INFANTRY

CAMP PONTANEZEN

INCIDENT: MARCH 11, 1919

He was killed when the enemy made a raid and captured about 30 of the Co. He was probably buried by our men.

He was killed at the right of Chateau Thierry on the Marne when the enemy made a raid and captured about 30 of the Co. He was probably buried by our men.

Co. C. 110th INFANTRY.

CAPO, Dominico, Pvt.

28

"He was killed at the right of Chateau Thierry on the Marne when the enemy made a raid and captured about 30 of the Co. He was probably buried by our men."

Informant: D'Pola, Tony, Pvt.
Camp Pontanezen.
Co. C. 110th Infantry,
Home: Hooverville, Pa.
February 11, 1919.

Maude Cleveland, Searcher.
Brest.

FR.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON .

QM 293 A-C

IN REPLY REFER TO _____

SUBJECT: Identification of body.

TO: The Adjutant General, Washington, D. C.

1. You are informed that the investigation in the case of the soldier named above has been successful. His body was reburied from the following location as an Unknown American Soldier:

2. The remains are now interred in Grave Row Block

For The Quartermaster General:

CODE SLIP



HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	Capo	3	31%
BURIED	CEMETERY	1	2
	GRAVE	2	38
	ROW	2	09
	BLOCK	1	2
STATE	Pa.	2	44
RANK	Pub.	1	2
DIVISION	28	2	28
ORGANIZATION	110	3	110
APM	Inf.	1	1
MARTIAL	no	1	2
NAME	Christopher	3	31%
RESIDENCE	STATE	2	37
	COUNTY	2	38
	CITY	3	137
RELATION	brother	1	1
OTHER		1	
ELIGIBILITY	Dead	1	6
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE		1	

bro

brother
no SM
(Relative foreign)

AUDITED
AUG. 4. 1932 M B

RM

AcB

29/514/PJ.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

July 8, 1930

Capo, Domenick 608-B

Mr. Christopher Capo
~~422 State St.~~
Rochester, 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:

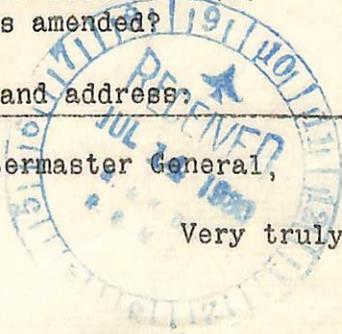
3. Is the deceased survived by any woman who stood in loco parentis to him according to the terms of Section 4 (a) of the enclosed Act as amended?

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

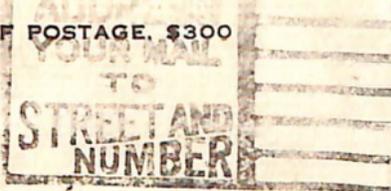
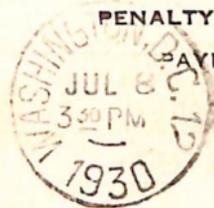
OFFICE OF THE QUARTERMASTER GENERAL

WASHINGTON D. C.

OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID

PAYMENT OF POSTAGE, \$3.00



REASON FOR NON-DELIVERY CHECKED

Unclaimed Unknown

Deceased For better address

Moved, Left no address Refused

No such post office in state named

REASON FOR NON-DELIVERY CHECKED

Moved to Refused

Unknown

No such Deceased

Firm dissolved no longer

Carrier's initials *W.D.* Route No. *5*

RETURN TO SENDER UNCLAIMED



A
T
U

Rochester N.Y. August 8/29

War Department
Washington D.C.

In re: QM 293 A-C- Capo Domenick

Dear Sir:

In reply to your of June 25th, I wish to inform that the late Capo Domenick is not survived by either mother or widow, to avail of your generous opportunity to visit remains of said veteran in France.

Deeply appreciating the spirit of your offer, and thanking you for it;

I am most respectfully yours:

Capo Anthony

for

Capo Christofaro



WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Capo, Domenick

June 25, 1929.

Mr. Christopher Capo,
422 State St.,
Rochester, 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 brother of the late Domenick Capo, Pvt., Co. C, 110th Inf., whose remains are now interred in the Oise-Aisne American Cemetery, Seringes-et-Nesles, Aisne, France.

Will you please advise this office whether or not he is survived by a mother or widow who is entitled under the provisions of the above quoted Act, to make the pilgrimage, and if so, will you please furnish the full names and addresses of the mother and widow in order that action may be taken to extend invitations to them to make the pilgrimage. Both mothers and widows are entitled to make the pilgrimage.

Your attention is particularly invited to Section 4 of the enclosed Act, which defines the terms "mother" and "widow". If the relative is a stepmother, mother through adoption, or any woman who stood in loco parentis to the decedent, a statement as to her relationship is requested. If he was survived by a widow who has since remarried it is also requested that a statement to that effect be made.

For your reply, you may use the enclosed envelope which requires no postage.

For The Quartermaster General,

Very truly yours,

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

2 incls.
Act of Congress.
Envelope.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

July 8, 1930

Capo, Domenick 608-B

Mr. Christopher Capo
422 State St.
Rochester, 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
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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.

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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.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

QM 293 A-C

CAFO, Domenick - Pvt.

November 3, 1925

Mr. Christopher Capo,
422 State St.,
Rochester, N.Y.

Dear Sir:

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.G.,
Assistant.

RD
YAK

25/560/EYS



WAR DEPARTMENT

**OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
CEMETERIAL DIVISION**

WASHINGTON
Hoboken, N.J.

FEB 14 1921

FROM: Chief, Cemeterial Division, O. Q. M. G.

To: Mr. Cristaforo Capo, 422 State St., Rochester, N.Y.

SUBJECT: Remains of Pvt. Domenick Capo, Ser. No. 1239915
Co. C, 110th Inf.

The records of this office show that you have requested that the body of the above-named soldier
remain in Europe

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

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

By authority of the Quartermaster General.

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

If all blank spaces below are not filled out, it will necessitate a return of this paper and a SERIOUS DELAY in the shipment of this body. State in each case WHETHER or not these relatives are STILL LIVING.

Was soldier married?

NAME OF—	NO. AND STREET.	TOWN.	STATE.
Soldier's widow			
Soldier's children. { (Name oldest first.)	1		
	2		
	3		
Father			
Mother			
Brothers. { (Name oldest first.)	1		
	2		
	3		
Sisters. { (Name oldest first.)	1		
	2		
	3		

Date

Signature

Address

Relationship

I, the undersigned, am the _____ and nearest living next of kin of the within-named
(Relationship.)

soldier, and desire the following disposition of his remains, viz:
(Strike out all except the one showing the disposition desired.)

1. As stated on first page of this sheet.

2. To be returned to the U. S. and shipped to _____
(Name.)

_____ (R. R. station.) _____ (State.)

3. To be returned to the U. S. and buried in _____ National Cemetery.

4. To remain in Europe, for burial in a permanent American Cemetery.

Signature _____

INSTRUCTIONS FOR FILLING OUT.

1. If definite instructions for the disposition of a body are not received from the next of kin within two weeks of its arrival at New York, burial will be made without further notice in the World War Section of Arlington National Cemetery.

2. The transfer of bodies will be made ENTIRELY at Government expense.

3. This paper MUST BE SIGNED BY THE PERSON WHO IS THE NEXT OF KIN IN THE ORDER shown in the square on the other side of this sheet.

4. This paper must be returned showing the name and address of each of the nearest next of kin in the spaces provided therefor on the other side of this sheet.

5. If there are minor children of the deceased soldier and no widow, the LEGALLY APPOINTED GUARDIAN of the children should ascertain their wishes and act for them in this matter.

6. If YOU are not the nearest next of kin, please ask the nearest next of kin, if living near you, to fill out this paper.

7. If YOU are not the nearest living next of kin and do not know who or where the nearest relatives are, please fill out this paper AT ONCE and mail to this office.

8. You are requested to return this paper AT ONCE in order to avoid delay in the case of this body.

9. Use the inclosed envelope—pay no postage.

NOTE.—INSTRUCTIONS FOR THE DISPOSITION OF REMAINS will be issued by this office upon the properly executed authority of the legal next of kin in each case. The widow is the first person having disposition of the remains of her husband. Should there be no widow or children, the father and, in turn (upon his decease), the mother, is the proper authority. The brothers, in order of seniority, and then the sisters in order of seniority, if there are no brothers, rank next in authority to decide. Under an opinion rendered by the Judge Advocate General of the Army, if a widow has remarried she forfeits her right, and the next of kin as given above will make decision.

NAVY DEPARTMENT

NAVY DEPARTMENT
WASHINGTON, D. C.

111911

From

83107



Q. M. C. FORM No. 487.
Approved Nov. 8, 1915.

SYNOPSIS O

DATED:

FROM:

TO:

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

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

Date 12/15/20.

File No. Registration.

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

- 711 -
- | | |
|--|----------------------------------|
| a. Surname <u>Capo,</u> | f. Date of death <u>7/15/18.</u> |
| b. Christian name <u>Dominick (Domenick)</u> | g. Cause of death <u>WRIA.</u> |
| c. Serial Number <u>1239915.</u> | h. Authority (C.O.#) |
| d. Organization <u>Co. C, 110th Inf.</u> | i. Emergency address |
| e. Rank <u>Pvt.</u> | j. Relationship |

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

- a. Age of enlistment
b. Color of eyes
c. Color of hair
d. Height
e. Weight
f. Permanent marks and physical defects at enlistment (Old fractures or breaks)

DENTAL CHARTS
(See Physical report of examination prior to enlistment)

a. Strike out teeth missing
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
upper right upper left
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
lower right lower left

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

BY: *H. J. Conner*
H. J. CONNER,
1st. Lieut. Q.M.G.

CEMETERY NO: 608.

SHEET NO: 465.
TYPED BY: rln.

8/713/LML

Honnelly, rln
Ent. Pub. Sec
12-16-20

DEC 16 1920

Copy

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

Harlow G. K.

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

Capt. Dominick, Pvt.

608 - 465 Dec. 15, 1920

SERIAL NUMBER

ORGANIZATION

1239915

Co. C. 110th Inf.

Date of death - 7-15-18

Adjustment Made
FEB 12 1921

111911
J

WAR RISK INSURANCE INFORMATION

Original attached to #115

FILE

DATE

File No. 4-21

NAME OF BENEFICIARY

RELATIONSHIP

Mrs. Christopher Capo

Brother

Address

432 State St. Rochester, N.Y.

S-709/MB

A

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

Case Rush

Harlow C. W.

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

C 195230

Capo, Dominick, Pvt.

608

- 465

Dec. 15, 1920

SERIAL NUMBER

ORGANIZATION

1239915

Co. G. 110th Inf.

Date of death - 7-15-18

WAR RISK INSURANCE INFORMATION

Copy fwd to Adj. Dept.

DATE

2-4-21

NAME OF BENEFICIARY

RELATIONSHIP

Mr. Christopher Capo

Brother

Address

422 State St., Rochester, N.Y...

S-709/MB

73107

RBS

1214
111911

1239915

Name... Enecke, Tom

Rank... Pvt... Co... C... (Corps) 110 Inf (Regt)

Date of Death... July 1918

Place... Meudun

Cause... H. in C.

Disinterred and reburied
Date of Burial... 10/18/18

Grave No. 72

Cemetery... Meudun (Aisne)

Identified by (Tag) Papers (Clothing)

List of Effects...

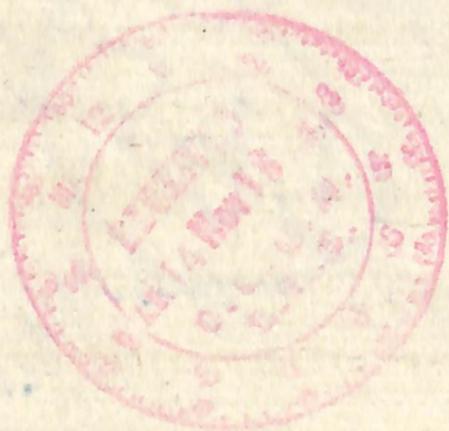
397

Field Record Made by... GROUP N° 2

Unit 303. G. R. S.

Company... Graves Registration Service

For additional data use reverse side



111911
5/15/19

G.R.S. Form No. 8: General Records Liaison.

Memo. For: G.R.S. representative. G.R.O.

FILE.

Subject: Information required for G.R.S.

1. Items checked are to be completed:

- () Surname: ~~EMERICK~~ **CAPO**
- () Number: 1239915
- () First Name: ~~Dom~~ **Domerrick**
- () Rank: Pvt
- () Company: C.
- () Organization: 110th. Inf.
- () Date of Death:
- () Cause: **OVER**
- () Place: **PPHRIA**

Location of hospital:

Number " "
Class " "

- () Relative: **Christopher Capo**
- () Relationship: **13 brother**
- () Address: **7319 Borden St. Swissvale Penna.**
- () Authority: **498 AP 133**
- Cablegram No.:
- Telegram from:

dated:

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

(Underscore the "official" C.C.)

- () Remarks:
- () Show present status on reverse side.

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

Initials of Reporter:

Swissvale Pa.

vbr

th

Reburied 10-18-18.

Cty. 597

Amer. B/A Cty. Courtemont, Varennes, (Aisne)

Reported by G. R. S.

RECEIVED
7 - JUL 1919
J. C. Q. M.
G. R. S.

"C" files

Address Reply To
QUARTERMASTER GENERAL
DIRECTOR OF PURCHASE & STORAGE
Munitions Building
G.R. S. Form 8-W A
Information requested of A.G.O.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
DIRECTOR OF PURCHASE AND STORAGE
WASHINGTON

From O.Q. M. C.
Cemeterial Division
Munitions Building
Room 1123
PLEASE Expediate

Spur

Date

File No. Registration. *28*

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 **ENECKCAFO** *Capo*
- b. Christian name **DOM** *Dominick*
- c. Serial number **1239915** ✓
- d. Organization **CO.C. 110th Inf.,**
- e. Rank **Priv**
- f. Date of death *July 15-18*
- g. Cause of death *M. Rec. 9 A.*
- h. Authority (C.C.#) *498-135*
- i. Emergency address *Joseph Capo
7319 Borden St.
Swissvale, Pa.*
- j. Relationship *Brother*

BODY DESCRIPTION

(See page #2 of the Service Record)

- a. Age at 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)

*Correct name
Dominick Capo
S# 1239915*

DENTAL CHART
(See Physical report of examination prior to enlistment)

a. Strike out teeth missing

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
upper right								upper left							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
lower right								lower left							

*Donnelly CL7 Sergeant
H343 5-29-20*

H. L. ROGERS,
Quartermaster General, U.S.A.,
Director of Purchase & Storage.

By:

H. J. Conner

H. J. CONNER,
Captain, Q.M.C.

*Rec'd
Donnelly-7B8
H343-337
5/29/20*

Rec'd World War Div.
Date **MAY 26 1920**

REC'D S. & S. DIV. A. G. O. MAY 25 1920

Address Reply To
QUARTERMASTER GENERAL
DIRECTOR OF PURCHASE & STORAGE
Munitions Building
G.R. S. Form 8-W A
Information requested of A.G.O.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
DIRECTOR OF PURCHASE AND STORAGE
WASHINGTON

ROOM 1123, RICHARDS
CTY.#608

"C" files

Special

Date 5-25-20

File No. 11196111 Registration. 28
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 ENECKCAFO *Capo* c. Date of death *July 15-18*
- b. Christian name DOM *Dominick* g. Cause of death *M. Rec. D.A.*
- c. Serial number 1239915 h. Authority (C.C.#) *498-135*
- d. Organization CO.C. 110th Inf., i. Emergency address *Joseph Capo*
(Bro) 7319 Borden St.
- e. Rank *Pvt* j. Relationship *Swissvale, Pa*
(Brother)

BODY DESCRIPTION

(See page #2 of the Service Record)

- a. Age at 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)

*Correct name
Dominick Capo
S# 1239915*

DENTAL CHART
(See Physical report of examination prior to enlistment)

a. Strike out teeth missing

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
upper right								upper left							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
lower right								lower left							

*Donnelly C27 Seru Sect.
H343 5-29-20*

H. L. ROGERS,
Quartermaster General, U.S.A.,
Director of Purchase & Storage.

By: *H. J. Conner*

H. J. CONNER,
Captain, Q.M.C.

Rec'd World War Div.
date **MAY 26 1920**

REC'D S. & S. DIV. A. G. O. MAY 25 1920

*Pvt
Donnelly - P34
H343-337
5/29/20*

ser.

608

1239915

Capo D'omenich Prof. C.C. - 110 ~~of~~ Dry. d/d.

Date parents death?

7-15-18

Active add. of brother? - Italy - ins

Locs or SU? ~~Bro address?~~ @ 1952 30

father died before 1918

Mother Maria Vincenza (Chinese name) Capo
Italy

living in 1978 - no later info

u B

ORGANIZATION

FILE NO.

SURNAME	SERIAL NO.	FIRST NAME AND INITIALS	RANK

DIED—(DATE)

(CAUSE)

BURIED AND REBURIED

DATE	PLACE	FORM #1-A NO.
ORIG.		D—
REB.		D—
REB.		D—
REB.		D—

3-7896

WAR DEPARTMENT.

Graves Registration

Service

OFFICIAL BUSINESS.

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



235 Gow road address

Mr. Joseph Capo,

7319 Borden St.,

Swissvale, Pa.

FILE

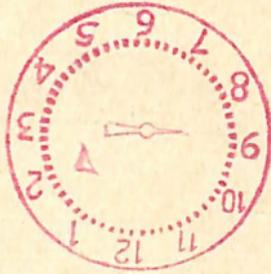
11611

UNCLAIMED

Handwritten scribbles and signatures in blue ink.



G. K. S.
JUN 28 1920



RECEIVED

Capo,
(Surname.)

Domenick
(Christian name in full.)

1,239,915
(Army serial number.)

Pvt.

Co C, 110th Inf.

(Rank and organization.)

State your relationship to the deceased

Brother

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.)

State 422

(City or town.)

Rochester N. Y.

(State.)

(Sign here)

Cristoforo Capo

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

Drawn by mks

608-465

12-13-30

checked
12/13/30



Place SERINGES ET NESLES. 608.

REPORT OF DISINTERMENT AND REBURIAL

Date 5.12.21

1. REMAINS OF CAPO, DOMENICK SERIAL NUMBER 1239915

RANK PVT ORGANIZATION 388 CO. C. 110th Inf.

2. Disinterred (date): 5.12.21 From (give complete location): Gr 39 Sect H Plot 1

By: Group FOSTER Unit FIELD SECTION 47

3. Reburied (date): 5.12.21 In (give complete location): GIVEN NEW LOCATION FOR PURPOSE OF CONCENTRATION

By: Group FOSTER Unit FIELD SECTION 47 Nature of reburial PINE BOX & BURLAP

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

BADLY DECOMPOSED

FEATURING UNRECOGNIZABLE

UNIFORM AND BURLAP

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

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

NONE

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)

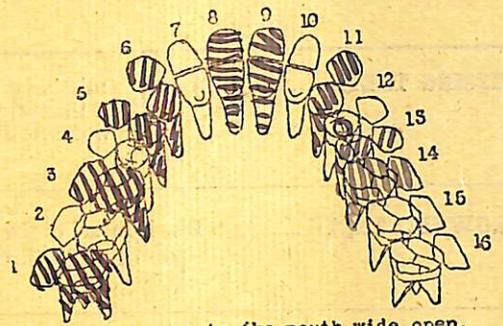
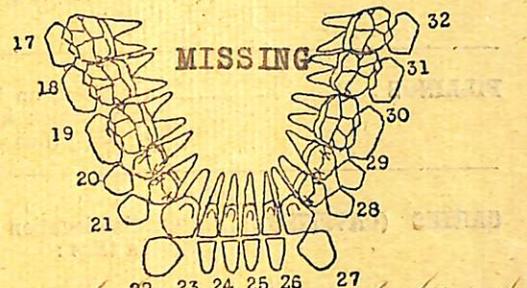


Diagram represents the mouth wide open.



1, 3, 13, 14, ext. 5, 6, 8, 9, 11, mis. a. d. 12, cav.

IMPOSSIBLE TO DETERMINE

IMPOSSIBLE TO DETERMINE

IMP TO DETER

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

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

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

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

tlc. fh

30580

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

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



To be prepared in triplicate.

DATE January 11, 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 CAPO, Domenick *Pa.*

10. Name _____

2. No. 1239915

11. No. _____

3. Rank Pvt.

12. Rank _____

4. Org. Co. C. 110th Inf. 28th Div

13. Org. _____

5. D.D. July 15, 1918

14. (a) D.D. _____

6. C.D. Died of Wounds

(b) D.B. _____

Discrepancy found upon disinterment

7. Grave No. 38 Sec. _____

15. Grave No. _____ Sec. _____

8. Plot Block B Row 9

16. Plot _____ Row _____

9. _____

17. _____

18. Cemetery Oise-Aisne Cty.

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) January 11, 1928 By P. N. McCabe

24. Inscription on grave marker:

Name CAPO, Domenick

Serial No. 1239915

Rank Pvt.

Organization Co. C. 110th Inf.

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

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).

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 January 11, 1928 By P. N. McCabe

31. Casket sealed by P. N. McCabe

Signature of Embalmer, (Supervisor) *P. N. McCabe*

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

32. Designation of body: _____

Name CAPO, Domenick Serial No. 1239915

Rank PVT. Organization Co. C. 110th Inf.

33. Consigned to: _____

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

34. Casket boxed and marked (Date) January 11, 1928 By C. 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 C. E. Spahn

36. Remarks _____

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, January 11, 1928, Oise-Aisne American Cty.
(Date)

42. Grave No. 38 Section _____

43. Plot Block B Row 9

G.R.S. Representative William E. Moore

William E. Moore, Superintendent

Place Oise-Aisne Cty. 608

REPORT OF DISINTERMENT AND REBURIAL

Date Jan. 11, 1928.

1. REMAINS OF CAPO, Domenico SERIAL NUMBER 1239915

RANK Pvt. ORGANIZATION Co.C, 110th Inf.

2. Disinterred (date) : Jan. 11, 1928. From (give complete location) : Grave 38 Block B Row 9

By : Group Cty. Unit _____

3. Reburied (date) : Jan. 11, 1928. In (give complete location) : Grave 38 Block B Row 9

By : Group Cty. Unit _____ Nature of reburial Metal Casket

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

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

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

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 _____

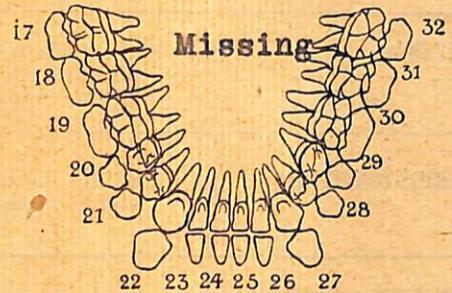
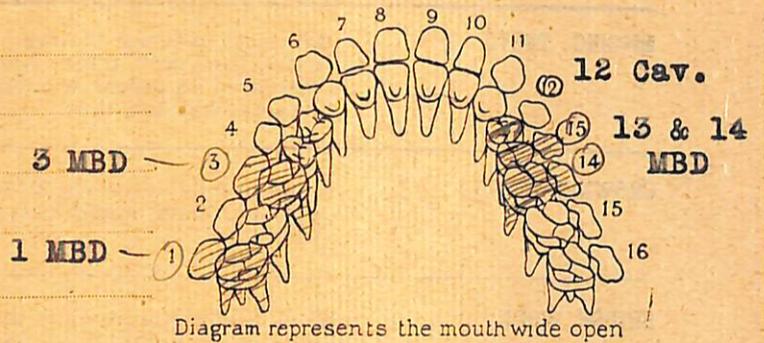
(d) Hair on face—Color _____

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 P. H. M. Cab. Approved : _____

(Title) W. E. Moore

8. Reburial supervised by Charles E. Fisher Approved : _____

(Title) _____

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

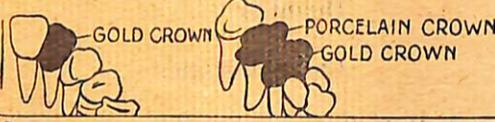
Enter information, as noted below, on reverse side of sheet in the *corresponding numbered space*. This form is supplemental to and is to be forwarded with G. R. S. Form 11-a, reporting reburial locations. To be used in answer to Question 26, Form 114, in case no means of identification on body.

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.

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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</p>
CARIES (CAVITIES)	Outline location and size of cavity, shade in thus :	 <p style="text-align: center;">CAVITY 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.

7733

COMPILATION OF DISPOSITION OF REMAINS DATA

File # 111911

I. LOCATION INDEX CARD:

(a) Name CAPO, Dominick e (12-18) Ser. No. 1239915
(b) Rank Pvt. Organization Co.C, 110th Inf.
(c) Date of death 7/15/18 (d) Cause of death WRIA

TYP. EK
CKR. [Signature]

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

(a) Grave No. 39 Row -- Plot 1 Sec. H TYP. EK
(b) Emerg. Address Joseph Capo (brother) 7319 Borden St., Swissvale, Pa (over)

III. Files of soldiers dying from contagious diseases --- CKR. [Signature]

IV. A. G. O. DISPOSITION CARD:

Date of receipt ---

(a) Name Cristoforo Capo (b) Relationship Brother
(c) Address 422 Stuyvesant - Brooklyn - NY
(d) Remains to be brought to U. S.? no
(e) To be interred in National Cemetery in U. S. at ---
(f) Shipping instructions upon arrival of body in U. S. ---
(g) Disposition instructions if not brought to U. S. ---

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

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

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

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

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

No request for disposition
(a) Cancellation memos referred to? Yes. E.M.

Examiner's Initials E.M. Date 12-13, 1920.

COUNTRY France CEMETERY No. 608 SHEET No. 465

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

Make Form No. 114

FORM 115 - A COMPLETED

CARDED

FEB 5 1921

Rev. 5-10-21 EO

CEMETERIAL DIVISION

RECEIVED

VII. G. R. S. Form No. 114 made _____, 1920.

MAY 8 1921

Typed by _____, Checked by _____, 1920.

CEMETERIAL DIV.
OVERSEAS PROJECT

VIII. FINAL ACTION:

Following advice forwarded to Europe by { cable on _____, 1920
letter on JAN 15 1921, 1920

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

Capo, Domenick

IX.

CORRECTIONS

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

X. SUSPENSION REMARKS:

B. & N. P. - Mr. Christopher Capo (Brother)
422 State St. Rochester, N. Y.
2-4-21

Location Index

Discrepancies

Name

Location Index

Discrepancies

Name

Rank

Serial No.

Org.

Remarks:

A. G. O. Card & Corr.

Stevens
12-13-30

Discrepancies

Name

Rank

Serial No.

Org.

Remarks:

EX

G. R. S. Corr.

Discrepancies

Name

Rank

Serial No.

Org.

Remarks:

Checkers

Discrepancies

Name

Rank

Serial No.

Org.

12/15/20

Remarks:

J. S. W. Sent.

*checked
12/13/20*

COMPILATION OF DISPOSITION OF REMAINS DATA

File # 111911

I. LOCATION INDEX CARD:

(a) Name CAPO, Dominick Ser. No. 1239915 } TYP EK
 (b) Rank Pvt. Organization Co.C, 110th Inf. } SA
 (c) Date of death 7/15/18 Cause of death WRIA

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

(a) Grave No. 39 Row --- Plot 1 Sect. H TYP EK
 (b) Emerg. Address Joseph Capo (brother) 7319 Borden St., Swissvale, Pa

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

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

ago card - Kristofors Capo (brother) - 422 State, -
Rochester, N.Y. - desires body to remain in
Europe. (L.S. 1/7/21)

V. Following advice forwarded to Europe by (cable on 192)
 (Letter of transmittal on JAN 15 1921)

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

VI. Form 115 forwarded to G.R.S. Hoboken, N.J. FEB 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. 5/3 192 1

COUNTRY France CEMETERY NO. 608 SHEET NO. 465

G.S.S. FORM 115-A
 AUGUST 1920
 5-666/MB
 FEB 5 1921 AP

16
B.A.N.R. Mr. Christopher Capo (Brother)
422 State St Rochester, N.Y. 2-4-21 ©

FEB 3 1921

RECEIVED

[Faint, illegible handwriting]

(1) ...
(2) ...
(3) ...
(4) ...

CONFIDENTIAL