

171

To The A. S. C.

G.R.S. Form #114-B

2133

JAN 7 - 1926

FULL NAME CAPUZZI, Carmine

RANK..... Private, First Class

SERIAL..... 540667

DIVISION & ORGANIZATION Company A, 7th Infantry

3rd Div

DATE OF DEATH.....

7-15-18

STATE FROM WHICH HE CAME.....

Pa

MEDALS OR DECORATIONS AWARDED.

W. Med none

FINAL GRAVE LOCATION.....

Date

Grave

Row

Block

608

Cemetery

Rec'd World War Div

3 MAR 12 1928

23/306/ARK

8 A.G.O. 7 1926
WORLD WAR DIV.

*File
SIC
2-13-29*

AUDITED BY
1227-24-24

(Signature)



Co A 7th Infantry.
3rd Division

CAPUZZA Carmine Pvt 540667

Killed on the MARNE 15th July 1918 buried near LAROQUE FARM.

Informant: Blevens, Harry Sgt 540612
Co A 7th Infantry.
Home: 406 Greenup Ave. Ashland. Ky.,

Not signed;

Killed in action by shell fire July 16th 1918 (Record at
Statistical Section Hdqrs 3rd Division)

YS

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

QM 293 A-C

CAPUZZI, Carmine - Pvt.1cl

November 3, 1925

Mr. Nicola Capuzza,
Chester Valley,
Pa.

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,

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

1 Incl.
Record card.

RD
JAL

25/560/EYS



WAR DEPARTMENT

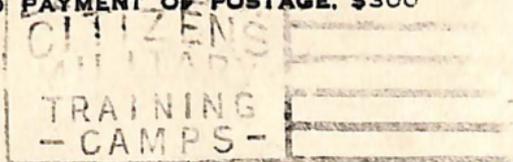
OFFICE OF THE QUARTERMASTER GENERAL

WASHINGTON, D. C.

OFFICIAL BUSINESS



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



Use for better address

RETURN TO
MAIL





1962
JUN 27

Date June 8, 1919.REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Name: Carmine Capuzza.Number: 540667.Rank: PvtOrganization: Co A 7 Inf.

Disinterment and Reburial made by Group

Unit 304.Disinterred (Date) June 8, 19.

From (Give complete location)

Cemetery # 715. Grave 62.Reburied (Date) June 8, 19.

in: (Give complete location)

Cemetery # 608 Seringes-et-Nesles (Aisne). Map 33 S. E.Grave 39 Plot 1 Section G.*Body found in grave #6.**June 3-11-22*

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

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

Note:

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

Supervised by: Cpl L E Wright1st Lt O W ForsbergC.O. GroupUnit 304.117321

CONFIRMED N° D

STATE OF TEXAS, COUNTY OF DALLAS

Know all men by these presents that the undersigned, the State of Texas, do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears from the records of the State of Texas.

Witness my hand and seal of office at the City of Austin, Texas, this 2nd day of July, 1914.

Attest: My hand and seal of office at the City of Austin, Texas, this 2nd day of July, 1914.

Notary Public in and for the State of Texas

My commission expires on the 2nd day of July, 1914.

STATE OF TEXAS, COUNTY OF DALLAS

Know all men by these presents that the undersigned, the State of Texas, do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears from the records of the State of Texas.

Witness my hand and seal of office at the City of Austin, Texas, this 2nd day of July, 1914.

Attest: My hand and seal of office at the City of Austin, Texas, this 2nd day of July, 1914.

Notary Public in and for the State of Texas

My commission expires on the 2nd day of July, 1914.

Name: _____ State: _____

Number of:

STATE OF TEXAS, COUNTY OF DALLAS

Date: _____

STATE OF TEXAS, COUNTY OF DALLAS

By: _____



540667
7-15-18

CODE SLIP



HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	Capuzzi Cap	3	316°
BURIED	CEMETERY 608	1	2
	GRAVE 3	2	03
	ROW 20	2	20
	BLOCK B	1	2
STATE	Pa	2	44
RANK	Pvt/C	1	2
DIVISION	3	2	03
ORGANIZATION	7	3	007
ARM	Inf	1	1
MARITAL	M	1	2
NAME	Capuzzi Cap	3	316°
RESIDENCE	Mariagiovanna Elisio	2	
	STATE	2	
	COUNTY	2	
	CITY	3	
RELATION	mother	1	1
OTHER	All rel foreign	1	
ELIGIBILITY	no loss no sn Foreign	1	4
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE	Italy	1	
	Foreign Country		01

AUDITED
12-5-32
MB

29/514
Foreign Country

du

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

DATE 8/22/31

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
Capuzzi, Carmine	PFC	540667	Co. A, 7th Inf.	7/15/18
STATE Pa.	CTY. NO. 608	GRAVE 3	ROW 20	BLOCK B

Check relationship

Living - Deceased

MOTHER

~~STEPMOTHER (For the year prior to commencement of service)~~

NAME

AND

ADDRESS

~~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)

Single man

Living : : Yes : deceased in U.S.
 Deceased : : (Pa) : 1-25-24
 : : (m)
 : : Maria Giovanna Elisii
 : : in Capuzzi
 : : Guardiagrele
 : : Prov. di Chieti
 : : Italy

*no loco
all rel. foreign
12-2-31*

Veterans Bureau Claim Number XC-26503
29/156

OFFICE C

IN REPLY REFER TO QM 293 A-C

Capuzzi, Carmine

Mr. Nicola Capuzza,
Chester Valley, Pa.

26 8-05-
✓
(m) maria giovanna Elisio Capuzzi
Guardiagrele, Prov. Chieti
(Adj. Serv. Comp. - Benef.) Italy.

Bro died 3-1-24

X

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 Pvt. 1/c Carmine Capuzzi, Co. A. 7th Inf., whose remains are 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
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

June 24 , 1929.

Capuzzi, Carmine

Mr. Nicola Capuzza,
Chester Valley, Pa.

LC-265
7/1/29

THROUGH COORDINATION SERVICE
Yesterday

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 Pvt.1/c Carmine Capuzzi, Co. A. 7th Inf., whose remains are 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

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

2 incls.
Act of Congress.
Envelope.

DAILY MAIL REF

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-0

June 24, 1923

General, Germany

Mr. Nicole Garmann,
Chassen Valley, Pa.

Your attention is invited to the enclosed copy of an Act of Congress approved March 2, 1920, entitled an Act "To enable the mothers and widows of the deceased soldiers, sailors and marines of the American forces now interned in the cemetery of Europe to make a pilgrimage to these cemeteries."

The records of this office show that you are the brother of the late Pvt. Garmann, Co. A, 7th Inf., whose remains are interred in the Ossage-Alexander Cemetery, Arlington Heights, Illinois.

Will please advise this office whether or not he is survived by a mother, widow or child entitled under the provisions of the above quoted Act to receive a pilgrimage, and if so, will you please furnish the full name and address of the mother and widow in order that action may be taken to enable them to make the pilgrimage. Both mother and widow are requested to make the pilgrimage.



Particularly invited to Section 4 of the above Act is a stipulation that a statement be made by the parent or the descendant, 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 F. HARRIS
Major, U.S. Army
Assistant

2 Encls.
Act of Congress
Envelope

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

June 24, 1929.

Capuzzi, Carmine

Mr. Nicola Capuzza,
Chester Valley, Pa.

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 Pvt. 1/c Carmine Capuzzi, Co. A, 7th Inf., whose remains are 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 OF THE ARMY

CEMETERIAL DIVISION

WASHINGTON

Hoboken, N. J.

FEB 1 1921

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

To: Mr. Nicolo Capuzza, Chester Valley, Pa.

SUBJECT: Remains of Pvt. L. Carmine Capuzza, Ser. No. 540667, Co. A, 7th 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 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.

FILE UNDER NO. 7178, Capuzzi, Carmine

INDEX SHEET

SYNOPSIS

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

DOCUMENT FILED UNDER NO.

ECC

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

3-0042

Capuzyt

540667

Name

7178
Charles Carmine

Rank

Co.

A.

{ Corps
Regt. }

7th Inf.

Date of Death

July 1918

Place

Cause

Date of Burial

Disinterred & reburied 9/25/48

Grave No.

62

Com. Fossey

Cemetery

Amer. B. & F. (La. Pine Farm) (Usine)

Identified by

{ Tag
Papers
Clothing }

Commune of

List of Effects

*49 ~~66~~ E 18985
N 25690*

Field Record Made by

Reth #1

GROUP N° 2

Unit 303. G. R. S.

Company..... Graves Registration Service

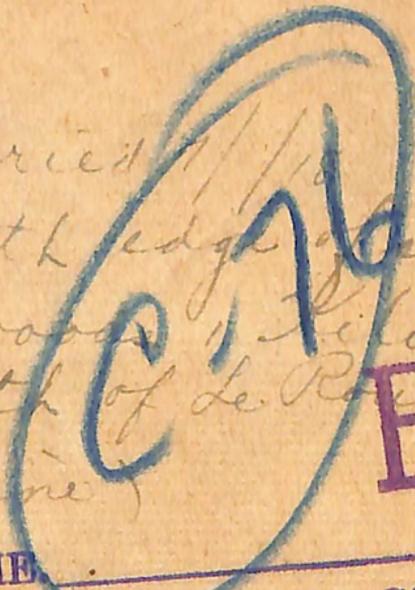
NBY 13067

7178 #540667

Carrine, Capuyza
Port. Co A. 7th Inf.

CMME. Hosoy (Aisne) C-76
49N.E. E 189.55 N 256.0

Buried 1/1/44
South edge of small clump
of woods, 1 kilo directly
south of Le Roi Farm.
(Aisne)



FILE.

CMME _____
(C-____) SHT. _____ COORD _____

Group #2
Unit 303. GRS
3 Lin Sq

17 AUG 1944

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

G.R.S. Form 2-W-A
Information requested of A.G.O.

Date **March 9, 1922.**

File No. **7178** Registration.
From: The Quartermaster General, U. S. Army, (Cometerial 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 **Capuzzi** *OK* ✓ f. Date of death **7/15/18** *OK* ✓
b. Christian name **Carmine** *OK* ✓ g. Cause of death **K/A** *OK* ✓
c. Serial Number **540667** *OK* ✓ h. Authority (C.O.#) **210**
d. Organization **Co. A, 7th Inf.** *OK* ✓ i. Emergency address **Mrs. Marie Allies** *OK*
Guerlagrala, Italy.
e. Rank **Pvt. 1/c** *OK* ✓ j. Relationship **Mother** *OK* ✓

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

- a. Age of enlistment **22 yrs. 2 mos.**
b. Color of eyes **Brown.**
c. Color of hair **Black.**
d. Height **5 ft. 6 3/4 in.**
e. Weight **152 1/2 lbs.**

f. Permanent marks and physical defects at enlistment (Old fractures or breaks)

R. M. rt. back
P. J. lower rt. back
vac 1/2 left breast
2 S. 1 in. left index finger

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

CEMETERY NO:

SHEET NO:
TYPED BY:

S/3310/LML

Wilson

BY:

Charles J. Wynne
Charles J. Wynne,
Captain, C.M.C., U.S.A.

P. C. Harris
The Adjutant General
per H. L. R. 3/11/22.

REC'D ARCHIVES BR.

MAR 10 1922

Address reply to

Division

DIRECTOR OF PURCHASE
Munitions Building

WAR DEPARTMENT
PURCHASE, STORAGE, AND TRAFFIC DIVISION
OFFICE OF THE DIRECTOR OF PURCHASE AND STORAGE
WASHINGTON

No:

From:

To:

Subject:

RECEIVED
GENERAL DIVISION



MAR 13 1922

1922
MAR
11



Adjustment Made
DEC 22 1920
File No. 7178

WAR. DEPARTMENT

Office of the Quartermaster General of the Army
Washington

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

Date 12/15/20.

File No. Requisition.

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 ~~Capuzze, (Cappuzza)~~ ^{Capuzzi, Carmine}
- b. Christian name ~~Carmine (Carmen)~~
- c. Serial Number 540667 ~~(540667)~~
- d. Organization Co. A, 7th Inf.
- e. Rank ~~Pvt. (Pvt. 1/cl.)~~
- f. Date of death 7/15/18.
- g. Cause of death K/A.
- h. Authority (C.O.#)
- i. Emergency address ^{Mrs. Marie Altes}
^{Merlagnala, Italy}
- j. Relationship ^{mother}

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. FOGERS,
Quartermaster General, U.S.A.

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

CEMETERY NO: 608.

SHEET NO: 470.
TYPED BY: rln.

S/713/LML

Donnelly, Lila
Inf. Regt. Sec
Trq. 7 12/10/20

DEC 16 1920

Cappuzza,

(Surname.)

Carmen e

(Christian name in full.)

540,667

540,867

(Army serial number.)

Pvt *fel.*

Co A 7 Inf

(Rank and organization.)

State your relationship to the deceased Son

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

(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:

M (Name of person to receive remains.)

(Express office.)

(Telegraph office.)

(Number and street.)

(City or town.)

(State.)

(Sign here) Nicola Capuzza

Chester Valley, Penna.

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

Drawn by mks

608-470

12-13-20

checked
12-13-20
mks

SERINGES ET NESLES (AISNE)

Place CTY. 608

REPORT OF DISINTERMENT AND REBURIAL

Date.....5.13.21

1. REMAINS OF CAPUZZI, CARMINE SERIAL NUMBER...540667

RANK.....EEC ORGANIZATION.....CO. A. 7th. Inf.

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

5.13.21 Gr. 46 Sec. G. Pt. 1.

By : Group.....Bosse. Unit.....FIELD SECTION 7

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

5.13.21 Given new gr. location for purpose of concentration.
Gr. 133 Sec. B. Pt. 3.

By : Group.....Bosse Unit.....FIELD SECTION 7 Nature of reburial.....BURLAP & PINE BOX.

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

BADLY DECOMPOSED.
U.S. UNIFORM & BURLAP. FEATURES UNRECOGNIZABLE.

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

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

Body disc read: "CARMINE CAPUZZA 540667 PVT., CO. A. 7th. Inf. Body found under marker of "ROBERT E PARSONS" grave 46 Sec. G. Pt. 1. 5.75 frs. in coins found & sent to Hq. A.G.R.S.

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)

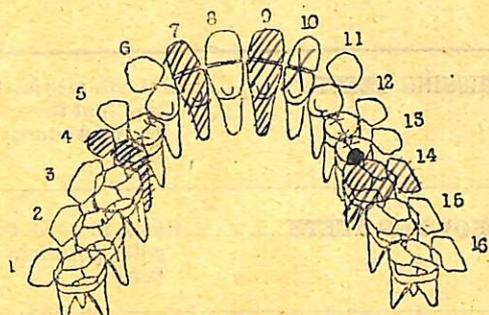
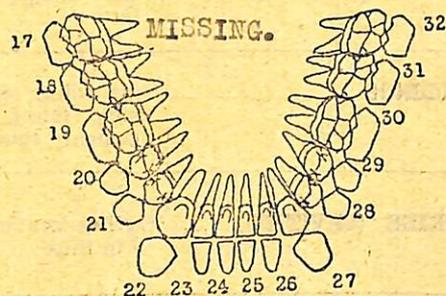


Diagram represents the mouth wide open.



4,7,14, ext; 9 mis.a.d; 10 undev; 13 al.fil.

7. Disinterment supervised by Hanya Bosse
H.V. BOSSE, SUP. EMB.

Approved : H.S. Harpole
(Title) H.S. HARPOLE. 1st. Lt. QMC

8. Reburial supervised by Hanya Bosse
H.V. BOSSE, SUP. EMB.

Approved : H.S. Harpole
(Title) H.S. HARPOLE. 1st. Lt. QMC

Handwritten: 20542

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

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

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.
2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
3. Give date and accurate information as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.
5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".
 (b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6.
6. Give all information as to body description and dental chart as nearly correctly as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

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



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



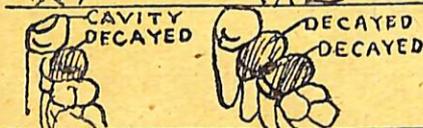
BRIDGE WORK.....Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



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



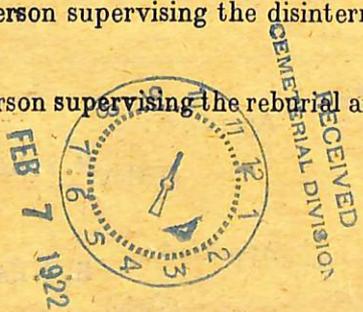
CARIES (CAVITIES).....Outline location and size of cavity, shade in thus:



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

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

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



To be prepared in triplicate.

DATE January 23, 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 CAPUZZI, Carmine *Pa.*

10. Name _____

2. No. 540667

11. No. _____

3. Rank Pvt. 1/cl.

12. Rank _____

4. Org. Co. A. 7th Inf. 3rd Div

13. Org. _____

5. D.D. July 15, 1918

14. (a) D.D. _____

6. C.D. K.I.A.

(b) D.B. _____

Discrepancy found upon disinterment

7. Grave No. 3 Sec. _____

15. Grave No. _____ Sec. _____

8. Plot Block B Row 20

16. Plot _____ Row _____

9. _____

17. _____

18. Cemetery Oise-Aisne

19. Commune or town Seringes-et-Nesles

20. Dept. or County Aisne

21. Country France

22. G.R.S. Hdqrs. Code No. 608

23. Disinterred (Date) January 23, 1928

By P. N. McCabe

24. Inscription on grave marker:

Name CAPUZZI, Carmine

Serial No. 540667

Rank Pvt. 1/cl.

Organization Co. A. 7th Inf.

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

Signature Junior Technical Assistant

PREPARATION

26. What other means of identification were on body? (If no disc or other means of identification on body, give description of body in detail).

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 23, 1928 By P. N. McCabe

31. Casket sealed by P. N. McCabe

Signature of Embalmer, (Supervisor)

P. N. McCabe
P. N. McCabe

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

32. Designation of body:

Name CAPUZZI, Carmine Serial No. 540667

Rank Pvt. 1/cl. Organization Co. A. 7th Inf.

33. Consigned to:

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

34. Casket boxed and marked (Date) January 23, 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 _____

(Name)

Convoyer _____ 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 _____

(Name)

Convoyer _____ Signature Shipping Officer _____

40. Received: Date _____

G.R.S. Representative _____

41. Reinterred: January 23, 1928, Oise-Aisne American Cty.

(Date)

42. Grave No. 3 Section _____

43. Plot Block B Row 20

G.R.S. Representative William E. Moore

William E. Moore, Superintendent

REPORT OF DISINTERMENT AND REBURIAL

Date January 23, 1928.

1. REMAINS OF CAFUZZI, Carmine SERIAL NUMBER 540667
 RANK Private 1st Cl. ORGANIZATION Co. A, 7th Inf.

2. Disinterred (date): January 23, 1928. From (give complete location):
Grave 3, Block B, Row 20.

By: Group Cty. Unit _____

3. Reburied (date): January 23, 1928. In (give complete location):
Grave 3, Block B, Row 20.

By: Group _____ Cty. _____ Unit _____ Nature of Reburial Box.

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

5. (a) Identification tags: Buried with body? T.O.B. On grave marker? Il. 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 _____ 4 & 5 MBD

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)

Right and left fibula and tibia shattered; right & left pelvis and coccyx shattered.

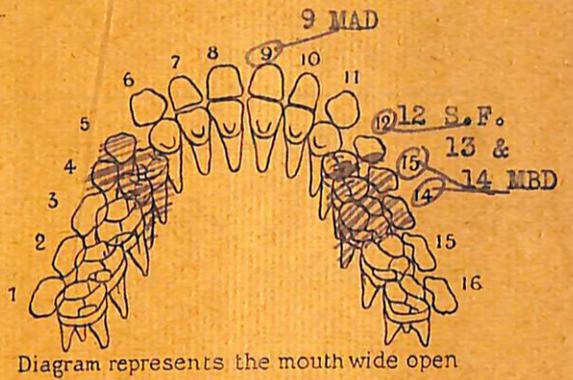
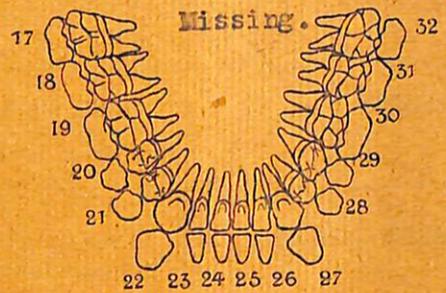


Diagram represents the mouth wide open



7. Disinterment supervised by P. J. McCabe Approved: _____

(Title) _____

8. Reburial supervised by _____ Approved: _____

(Title) _____

W. G. M. 0022

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

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

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.
2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
3. Give date and accurate information as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.

5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".

(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No 6.

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

MISSING TEETH

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



CROWNED TEETH

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



BRIDGE WORK

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



FILLINGS

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



CARIES (CAVITIES)

Outline location and size of cavity, shade in thus:



DENTURES (PLATES)

Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"

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

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

7734 **COMPILATION OF DISPOSITION OF REMAINS DATA**

File # 7178

I. LOCATION INDEX CARD:

(a) Name CAPUZZA, Carmine ^{I (12-18)} *ok.* Ser. No. 540667 ^{ok (12-18)}
 (b) Rank Pvt. 1/c ^{ok (12-18)} Organization Co. A, 7th Inf. TYP. EK
 (c) Date of death 7/15/18 (d) Cause of death IK/A CKR. *[Signature]*

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

(a) Grave No. 39 ⁴⁶ Row 26/22 Plot 1 Sec. G TYP. EK
 (b) Emerg. Address Mrs. Marie Alles (Mother) Guerlagriva, Italy
Angelo Capuzza, Berwyn, Pa. ^(over)

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

IV. A. G. O. DISPOSITION CARD:

Date of receipt ---
 (a) Name Nicola Capuzza ^{ok card (12-18)} (b) Relationship Son
 (c) Address Chester Valley - Pa
 (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 mks Date 12-13, 1920.

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

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

no com

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

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

No request for disposition

(a) Cancellation memos referred to? Yes aff

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

COUNTRY France

CEMETERY No. 608

SHEET No. 470

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

3-7729

Make Form No. 114

CARDED

FORM 115 - A COMPLETED
JAN 24 1921 — *ap*

checked 7-11-18

Rev. 5-10-21 60

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

Typed by -----, Checked by -----, 1920.

VIII. FINAL ACTION:

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

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

Capuzzi, Carmine

IX.

CORRECTIONS

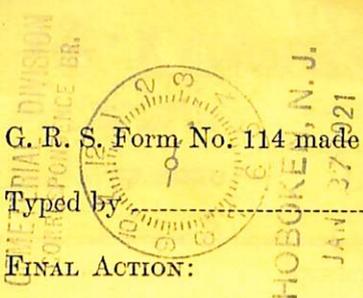
CHANGE OF ADVICE.

ACTION TAKEN.

Desires body be -----

Body to be shipped to -----

X. SUSPENSION REMARKS: *E.A. ACO gives: Mrs. Marie Allie (mother) Guerlagrala, Italy (12-18) M. Investigation made by this office and grave location shown on Form 115 is correct B/9/21*



COMPILATION OF DISPOSITION OF REMAINS DATA

File # 7178

I. LOCATION INDEX CARD:

(a) Name ^{I (12-18) ok} CAPUZZA, Carmine Ser. No. ^{ok (12-18)} 540667 TYP BK
 (b) Rank Pvt. ^{Organization} 11/c ^{Co: A, 7th Inf.} Cause of death IK/A
 (c) Date of death 7/15/18

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

(a) Grave No. ⁴⁶ 39 ^{Plot} 1 TYP BK
 (b) Emerg. Address ^{Mrs. Marie Alice (Suzanna) Italy} Angelo Capuzza, Berwyn, Pa.

III. Files of soldiers dying from contagious diseases. CKR

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

ago card - Nicola Capuzza (son) - Chester Valley Pa., desires body to remain in Europe. (L.S. 11/2/21)

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.)

Capuzzi Carmine

JAN 26 1921

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. **5/3** 192 **1**

COUNTRY CEMETERY NO. SHEET NO.
 G.R.S. FORM 115-A August, 1920
 9-666/LB France 608 470

JAN 24 1921 - *ap*