

G.R.S. Form #114 B

To The A.I. G. O.

DATE 11/30/21

1. NAME CARBONI, Joseph OK

JUN 1 - 1923

SERIAL No. 3360769  
~~3467769~~

RANK Pvt. OK

ORGANIZATION & DIVISION Bty. A. 130th F. Arty. 35 Div

GRAVE LOCATION Amer. Cty. Vittel (Vosges)  
CTY. NAME

# 258  
NUMBER

GRAVE LOCATION GRAVE ROW PLOT  
214 26 Vittel Vosges

2. ORIGINAL BATTLE AREA GRAVE LOCATION  
GRAVE COMMUNE DEPT.

COORDINATES E.367.79 N.157.35 Map Mirecourt N.E.84

CONCENTRATED TO DATE GRAVE ROW PLOT  
Feb. 3, 1921 214

American E.F.Cty. Vittel 258  
CEMETERY CTY. NUMBER

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

Nothing of record

DATE OF DEATH Sept. 4, 1918

STATE FROM WHICH HE CAME Pennsylvania

SUBSEQUENT REBURIALS none MEDALS OR DECORATIONS AWARDED none noted

DATE GRAVE ROW PLOT CEMETERY

DATE GRAVE ROW PLOT CEMETERY

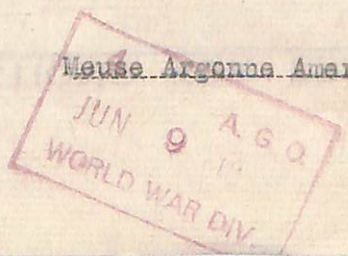
SIGNATURE, AREA SUPERVISOR

Stanley J. Grogan  
STANLEY J. GROGAN, Capt. Inf. USA.

3. FINAL GRAVE LOCATION 11/30/21 26 19 E  
DATE GRAVE ROW PLOT Block PLOT

AUDITED BY  
MME  
1-5-23

Meuse Argonne American Cty # 1232 Romagne sous Montfaucon  
CEMETERY



mk

# 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.



GRAVE LOCATION BLANK.

LOCATION OF THE GRAVE OF

Carboni ~~3367769~~ Joseph  
(Surname.) (Number.) (First Name and Initials.)  
Private 3467769 21 Batt. 1307 A.  
(Rank.) (Organization.)

DATE OF BURIAL Sept 6<sup>th</sup> 1918

PLACE OF BURIAL Amer Cemetery 258

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

Vittel

Vosges

France

GRAVE NUMBER 26

HOW MARKED: Name Peg? yes Cross? yes

Headboard? yes Bottle? .....

IDENTIFICATION TAGS:

Was one buried with body? yes

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

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

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

REPORTED BY:

Edward J. Feunoy  
(Signature and Rank of Reporting Officer.)

This portion to be forwarded to Adj. Gen'l., G.H.Q., A.E.F.

RECEIVED  
STATISTICAL DIVISION  
H. A. L. F.

11 SEP 1918

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	<i>Carboni</i>	3	318
	<i>Lapect.</i>		
BURIED	CEMETERY <i>1232</i>	1	1
	GRAVE <i>26</i>	2	26
	ROW <i>19</i>	2	19
	BLOCK <i>E</i>	1	5
STATE	<i>Pa</i>	2	44
RANK	<i>Priv.</i>	1	2
DIVISION	<i>35</i>	2	35
ORGANIZATION	<i>130</i>	3	130
ARM	<i>A.D.</i>	1	3
MARITAL	<i>no</i>	1	2 <i>MM</i>
NAME	<i>CARBONE</i>	3	318
	<i>CAR</i>		
RESIDENCE	<i>Mo. Elizabeth</i>	2	
	<i>No loc.</i>	2	
		3	
RELATION	<i>mother</i>	1	1
OTHER		1	
ELIGIBILITY	<i>foreign</i>	1	4
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE	<i>Italy</i>	1	
<i>29/514</i>		2	01

AUDITED  
 MAR 22 1954  
*Rom*

*Pa*  
 ACCEPTANCE  
 29/514  
*Pa County*

*Rom*

C. 126 446

DATE January 16, 1930

NAME Giuseppe Carboni, Joseph RANK Pvt. SERIAL 3360769 ORGANIZATION Bty. A. 130th F.Arty DATE OF DEATH Sept. 4, 1918

STATE Pennsylvania CTY. NO. 1232 GRAVE 26 ROW 19 BLOCK E

Check relationship Living - Deceased

MOTHER	<u>com + in</u>	<input checked="" type="checkbox"/>	:	:
STEPMOTHER (For the year prior to commencement of service)			:	:
MOTHER THRU ADOPTION (For the year prior to commencement of service)			:	:
MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)			:	:
WIDOW (Who has not remarried)			:	:

NAME  
AND  
ADDRESS

(m)  
Elizabeth Caruso in  
Carboni  
Wolfgang  
Prov. de Reggio  
Calabrial, Italy

Single

Veterans Bureau Claim Number 29/156/

3-17-33

1897  
1497  
1974  
Q-126446

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

June 29, 1929.

Carboni, Joseph

Mr. Frank Caruso,  
108 Dock St.,  
Harrisburg, 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 uncle of the late Pvt. Joseph Carboni, Btry A, 130th F.A., whose remains are now interred in the Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon, Meuse, 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,

2 incls.  
Act of Congress.  
Envelope.

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

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Carboni, Jos.  
1232.

Sept. 4, 1929

Mr. Frank Caruso,  
108 Dock St.,  
Harrisburg, Pa.

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated June 29, 1929 making inquiry concerning the name and address of the mother and widow of the deceased service man above named. These addresses are desired with a view to ascertaining the number of mothers and widows who desire to make a pilgrimage to the cemeteries of Europe in which the remains of their sons and husbands are interred.

Will you please fill in the answers to the following questions in the space provided on this letter, and return the letter to this office in the enclosed envelope which requires no postage?

Write answers in space below

1. Is the deceased survived by a widow who has not since remarried? If so, give her complete address:

2. If he is survived by a mother, stepmother, mother thru adoption, or any other woman who stood in loco parentis to him, according to the terms of Section 4 of the enclosed Act, give her name, address, and relationship in the space opposite.

3. If survived by a widow or mother does she desire to make the pilgrimage?

For The Quartermaster General,

Very truly yours,

2 Incls.  
Act of Congress  
Envelope

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

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

June 29, 1929.

Carboni, Joseph

Mr. Frank Caruso,  
108 Dock St.,  
Harrisburg, 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 **uncle of the late Pvt. Joseph Carboni, Btry A, 180th P.A., whose remains are now interred in the Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon, Meuse, 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,

2 incls.  
Act of Congress.  
Envelope.

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

In reply refer to:  
293.8 C-R #12712

March 1, 1923.

Mr. Frank Caruso,  
108 Dock St.,  
Harrisburg, Pa.

Dear Sir:

The Quartermaster General desires that you be informed that the permanent grave of the late Private Joseph Carboni, Battery A, 130th Field Artillery, is Grave 26, Row 19, Block E, Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon, Department of Meuse, France.

This is one of the permanent American military cemeteries to be maintained by this Government in Europe. Each grave will be marked by a headstone of white marble, of suitable design, with name, rank, organization, date of soldier's death and State from which he came. The headstones will be placed at all graves in connection with the improvement work now in progress, as soon as possible and without waiting for special action or request on the part of relatives.

In effecting removal, the utmost care and reverence were exacted and more than willingly accorded by those performing this sacred duty. The grave of the deceased will be perpetually maintained by this Government in a manner befitting the last resting place of our heroes.

MAILED

Very truly yours,

MAR 1 1923

H. J. Conner,  
Assistant.

G.R.S.

201. Carboni, Guisep

2nd Ind.

CG/ls.

Central Records Office, A.G.D., A.P.O. 902, June 26th 1919 - To Chief, Graves  
Registration Service, A.P.O. 717, requesting location of grave of Pvt.  
Guiseppe Carboni, #3360769, late of Battery E. 130th Field Artillery, be  
furnished writer direct. 44712

This soldier died of lobar pneumonia September 4th 1918.

D.L. STONE,  
Col. General Staff.  
Commanding.



Commanding  
Co. General Staff  
D.G.S.

This order of the General Staff is hereby published for the information of all concerned.

Approved by the General Staff

General Staff, 10 July 1919

Central Office, 10 July 1919

General Staff, 10 July 1919

and has

cc/10

14712

**GRAVE LOCATION CARD**

LOCATION OF THE GRAVE OF

*Barboui Joseph*

(Surname.) (Number.) (First Name and Initials.)

*Private 3467769 E. Batt. 130th A.*

(Rank.) (Organization.)

DATE OF BURIAL *Sept 6th 1918*

PLACE OF BURIAL *Amed Cemetery 258*

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

*Vittel*

*Vosges*

*France*

GRAVE NUMBER *26*

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

Headboard? *Yes* Bottle? .....

IDENTIFICATION TAGS:

Was one buried with body? *Yes*

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

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

REPORTED BY:

*Ernest Feeney*  
(Signature and Rank of Reporting Officer.)  
*Chaplain 2nd*

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

13 SEP 1918

Name *3467769 14712*  
*Carbone* *Suscept*

Rank *Pvt* Co *Batt C* {Corps Regt.} *130 FA*

Date of Death *Sept 4/18*

Place *B H 36*

Cause *Phenamine lobs,*  
*right lower lobs*

Date of Burial *Sept 6/18*

Grave No. *26*

Cemetery *AEF 258*

Identified by { Tag }  
{ Papers }  
{ Clothing }

*258*

List of Effects

Field Record Made by *Cpl E C Hlavni*

Company ..... Graves Registration Service

For additional data use reverse side

*[Faint, illegible handwriting on lined paper]*



12  
11  
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1

SEP 28 1920

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 Sept. 27, 1920

*Special*

File No. *147121* Registration.

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 *Carboni* f. Date of death *9/4/18* *OK.*
- b. Christian name *Joseph* *OK.* Guiseppe or Guiseppe g. Cause of death *Lobar Pneumonia* *OK.*
- c. Serial Number *3467769* or *3360769* h. Authority (C.C.#) *#266*
- d. Organization *Baty. E. 130th F.A. i.* Emergency address *Frank Coan*  
or *Btry. E. 150th F. A.* *108 Block St.*
- e. Rank *Pvt.* *OK.* j. Relationship *Uncle Harrisburg, Pa.*

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 |

**FILE**

*X*

*SM*

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

CEMETERY NO: 258

BY: *H. J. Conner*

SHEET NO: 35  
TYPED BY: FFD

H. J. CONNER,  
Capt. Q.M.G.,  
1st Lieut. Q. M. G.

S-713/MB

*Honnelly 29*  
*E.P.S.W 7-9-28*  
*SEP 28 1920*

CARBONI, GUISSERPE

14712

Pvt. Battery E, 130th F. A.

DD: 9/4/18

Buried #258, New Amer Cem At Vittel

258

B 508

G.R.S. FORM #105 - Reply to Casualty Div. A.G.O.

WAR DEPARTMENT  
The Office of Director Purchase & Storage.  
Washington, D.C.

14712 file

MEMORANDUM TO: Casualty Division, Adjutant General's Office  
6th & B Streets, n.w., Washington, D.C.

Attached papers are returned with the information that the files of the Graves Registration Service show that:  
Carboni, (3360769) Guiseppe, Pvt., Bty., E, 130th F. A.

is buried ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~ was disinterred and reburied in  
Grave #26,  
Amer. Cty. #258, Wittol, (Vosges)

By authority of the Quartermaster General,  
Director of Purchase and Storage.

Charles C. Pierce,  
Colonel, Q.M.C.  
Chief, Graves Registration Service.

G.R.S. FILE NO.  
CCP/  
NS-2849-ad  
eas

Correspondence from:

Margaret Ringland  
Harrisburg Chapter, Red Cross,  
Harrisburg, Pa.

Request death certificate of Guiseppe Carboni.

14712

Carboni

(Surname.)

Pvt.

*Joseph. 258-35*  
~~Giuseppe~~

(Christian name in full.)

Btry E 150 F A

(Rank and organization.)

3,360,769

(Army serial number)

Dup

State your relationship to the deceased

*uncle*

Do you desire the remains brought to the United States?

*no*

(Yes or no.)

If remains are brought to the United States, do you  
desire 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)

*Frank Caruso*

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

3-6713

*love*

Mr. Frank Caruso  
108 Deck St.,  
Harrisburg, Pa.

10-28-20

of York  
R. E. G.

*Original*

Place *Vittel (Vorges)*

REPORT OF DISINTERMENT AND REBURIAL

Date *2/3/21*

1. REMAINS OF *CARBONI, JOSEPH*

SERIAL NUMBER *3360769*  
*3467769*

RANK *Pvt.*

ORGANIZATION *Bty. A-1307A*

2. Disinterred (date): *2/3/21*

From (give complete location): *Vittel (Vorges)*

*Grave 26 - Amer. Cty. #258*

By: Group *4*

Unit *Sec. One*

3. Reburied (date): *2/3/21*

In (give complete location): *Vittel (Vorges)*

*Grave 214 - Amer. Cty. #258*

By: Group *4*

Unit *Sec. One*

Nature of reburial *Blanket in box*

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

*Ch. O. O. U.S. uniform, in pine box, badly decomposed, unrecognizable. No shoes. Cross at feet.*

5. (a) Identification tags: Buried with body? *yes*

On grave marker? *yes*

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

*No indications of having been hospitalized. Both discs read, "Joseph Carboni, U.S.A. 3360769"*

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

(a) Height (actual measurement) *Impossible to determine*

(b) Weight (estimated) *Impossible to estimate*

(c) Hair—Color *Impossible to determine*

Quantity *Abundant*

Characteristics *Straight*

(d) Hair on face—Color *No hair on face*

Location *None*

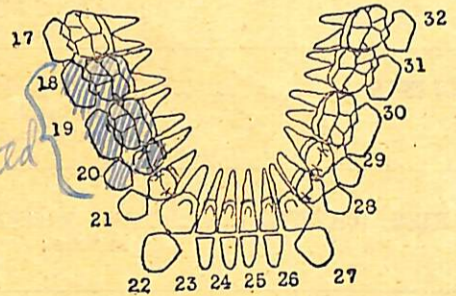
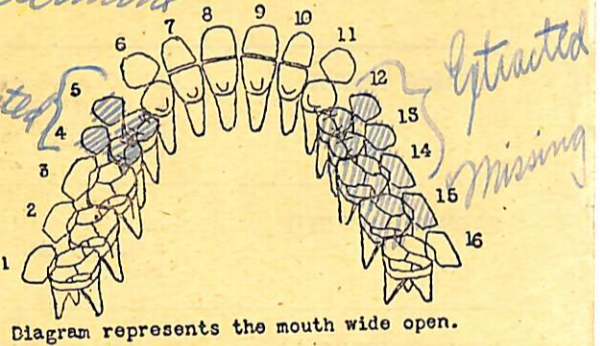
Quantity *None*

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

*Impossible to determine*

(f) Wounds or missing parts (received at time of casualty)

*Impossible to determine*



7. Disinterment supervised by *A.B. Proctor*  
*(A.B. Proctor)*  
1st Lt. QMC. Inspector

*Val E. Miltenberger*  
Approved *(Val E. Miltenberger)*  
Major (1st Lt.) M.C. Mas. of Sec. #1






8. Reburial supervised by *A.B. Proctor*  
*(A.B. Proctor)*  
1st Lt. QMC. Inspector

*Val E. Miltenberger*  
Approved *(Val E. Miltenberger)*  
Major (1st Lt.) M.C. Mas. of Sec. #1

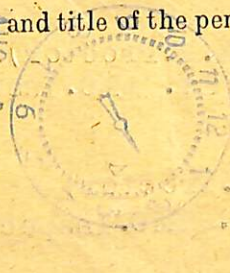
**INSTRUCTIONS FOR THE PROPER COMPLETION OF G. R. S. FORM NO. 16-A**

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.

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

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


  
 RECEIVED  
 4 1927  
 G. R. S.  
*W. J. D.*

Place Vittel, (Vosges) France.

# REPORT OF DISINTERMENT AND REBURIAL

Date October 18th 1921.

1. REMAINS OF CARBONI, JOSEPH. SERIAL NUMBER ~~3467769.~~ 3360769

RANK Pvt. ORGANIZATION Bty. A 130th F.Apt.

2. Disinterred (date) : October 18th 1921. From (give complete location) : Grave 214. American Cemetery, G.R.S. Code # 258, Vittel, (Vosges) France.

By : Group 1 Unit Section 4.

3. Reburied (date) : Nov. 30, 1921. In (give complete location) : Meuse Argonne Cemetery #1232. Grave 26, Row 19, Block E

By : Group Re-burial S Unit \_\_\_\_\_ Nature of reburial Lined Casket

4. Report as to nature of original burial and condition of body upon disinterment : Buried in wooden box, uniform and blanket. 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) Weigh, (estimated) Unable to estimate.

(c) Hair—Color None.

Quantity None.

Characteristics None.

(d) Hair on face—Color None.

Location None.

Quantity None.

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

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

Nos. 2, 5, 6, 7, 8, 9, 10, 11, 16, Missing after death.  
Nos. 4, 12, 13, 14, 15, 18, 19 Missing before death.  
Nos. 20, 31 Silver fillings.  
No. 32 Not cut.

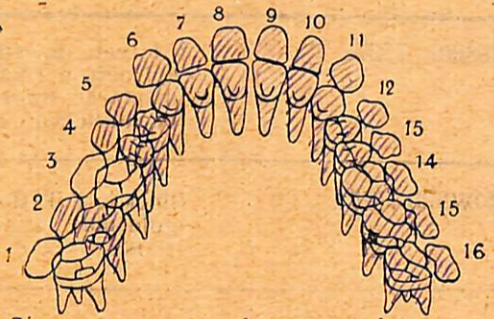
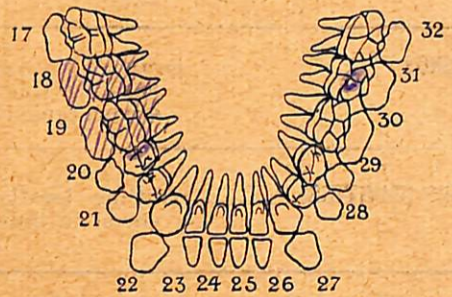


Diagram represents the mouth wide open



7. Disinterment supervised by W.R. Tomlinson

Approved : D.E. Lowry 60469  
tap. D.E. LOWRY, hon  
(Title) 1st Lt. Q.M.C.

8. Reburial Supervised by A.U. Dufault  
cbr

Approved James W. Younger  
(Title) Captain, QMC

## 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 Questions 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 :



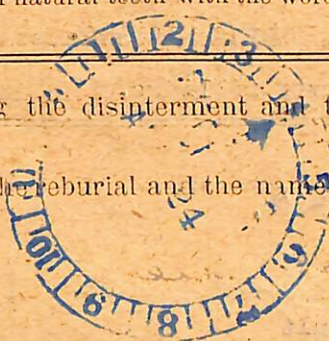
**CARIES (CAVITIES)** ..... Outline location and size of cavity, shade in thus :



**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 October 18th 1921.

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name CARBONI, Joseph

10. Name \_\_\_\_\_

2. No. 3360769  
~~3467769~~

11. No. 3360769

3. Rank Pvt.

12. Rank \_\_\_\_\_

4. Org. Bty. A. 130th F. Arty.

13. Org. \_\_\_\_\_

5. D.D. Sept. 4/18.

14. (a) D.D. \_\_\_\_\_

6. C.D. Lobar Pneumonia

(b) D.B. \_\_\_\_\_

Discrepancy found upon disinterment

7. Grave No. 214 Sec. \_\_\_\_\_

15. Grave No. \_\_\_\_\_ Sec. \_\_\_\_\_

8. Plot \_\_\_\_\_ Row \_\_\_\_\_

16. Plot \_\_\_\_\_ Row \_\_\_\_\_

mg 9. \_\_\_\_\_

17. No Discrepancies.

18. Cemetery Amer. Cty.

19. Commune or town Vittel

20. Dept. or County Vosges

21. Country France

22. G.R.S. Hdqrs. Code No. 258

23. Disinterred (Date) Oct. 18th 1921.

By W.R. TOMLINSON.

24. Inscription on grave marker:

Name JOSEPH CARBONI

Serial No. ---

Rank Pvt.

Organization Bty. A 130th F. Art. Gr. 214.

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

Thos. A. Face  
Signature Junior Technical Assistant  
THOS. A. FACE.

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. Reburial record found on body checks. Form Ba accomplished.

27. Condition of body Badly decomposed, recognition impossible.

28. Nature of burial In wooden box, uniform and blanket.

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? See number 11.

30. Body prepared and placed in casket: Date Oct. 18th 1921. By W.R. TOMLINSON.

31. Casket sealed by W.R. TOMLINSON.

Signature of Embalmer, (Supervisor) W.R. Tomlinson  
W.R. TOMLINSON.

SHIPMENT. (Show actual marking of box.) Box No. **C-11157**

32. Designation of body:

Name **CARBONI, Joseph**

Serial No. **3467769**

Rank **Pvt.**

Organization **Bty. A.130th F.Arty.**

33. Consigned to:

Name of Permanent Cemetery **Meuse Argonne Amer. Cty. #1232  
Romagne-sous-Montfaucon (Meuse)**

34. Casket boxed and marked (Date) **October 18th 1921.**

By **W.R. TOMLINSON.**

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

*D.E. Lowry*  
**D.E. LOWRY,  
1st Lt. Q.M.C.**

hem

36. Remarks

37. Shipped from point of Operation: (Date) **October 18th 1921.**

To point of Concentration **Neufchateau, (Vosges) France.**

(Name)

Convoyer **Signature Shipping Officer **Capt. Q.M.C.****

38. Received at Railhead or Point of Concentration: Date

By G.R.S. Representative

39. Shipped from Railhead or Point of Concentration: Date **30 Oct 1921**

To Permanent Cemetery **Romagne-sous-Montfaucon, (Meuse) France.**

(Name)

Convoyer **C. L. RIELEY** Signature Shipping Officer **W. R. Tomlinson, 1st Lt. Q.M.C.**

40. Received: Date

G.R.S. Representative

41. Reinterred: **Meuse Argonne Cemetery #1232. Nov. 30, 1921.**

(Date)

42. Grave No. **26, Romagne-sous-Montfaucon** Section

43. **Plot Block B** Row **19**



G.R.S. Representative

*James V. Younger*  
**James V. Younger  
Captain, RSC**

chr

# COMPILATION OF DISPOSITION OF REMAINS DATA

**I. LOCATION INDEX CARD:**

File # 14712

(a) Name CARBONI, ~~Guiseppe~~ Joseph (9-30) Ser. No. 3360769  
3467769  
 (b) Rank Pvt. Organization Baty. E, 130th F.A.  
 (c) Date of death 9/4/18 (d) Cause of death Lobar, Pneumonia

EXHUMED FOR CONCENTRATION

11-15-21

TYP. EK  
 CKR. EK

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

(a) Grave No. 26 Row -- Plot -- Sec. -- TYP. EK  
 (b) Emerg. Address --

**III. Files of soldiers dying from contagious diseases**

NO CARD

CKR. EK

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

Date of receipt None

(a) Name Frank Caruso (b) Relationship Uncle  
 (c) Address 108. - Deck St., Harrisburg, Pa. (mum)  
 (d) Remains to be brought to U. S.? No  
 (e) To be interred in National Cemetery in U. S. at 0

(f) Shipping instructions upon arrival of body in U. S. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (g) Disposition instructions if not brought to U. S. \_\_\_\_\_  
 \_\_\_\_\_

Examiner's Initials JOB Date 9/23/, 1920.

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

\_\_\_\_\_, dated \_\_\_\_\_  
 confirming request in Par. IV., item \_\_\_\_\_, above, or requesting that \_\_\_\_\_  
no correspondence

Examiner's Initials BER Date 9-23-, 1920.

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

no request for disposition

(a) Cancellation memos referred to? yes L.B.H.  
 Examiner's Initials L.B.H. Date 10-28-, 1920.

COUNTRY France CEMETERY No. 258 SHEET No. 35

G. R. S. Form No. 115  
 Amended April 6, 1920  
**FORM 115 - A COMPLETED**

Make Form No. 114

11-10-20

Checked  
L.B.H.  
10-28-20

C



COMPILATION OF DISPOSITION OF REMAINS DATA

*See 115-11-15-21*

I. LOCATION INDEX CARD:

(9-30)  
 File # 14712  
 3360769  
 (a) Name..... *Joseph* CARBONI, ~~Giuseppe~~..... Ser. No. .... ~~3467769~~..... } TYP ..... **EX**.....  
 (b) Rank..... **Pvt.**..... Organization..... **Baty. E. 130th F.A.**..... }  
 Cause of death..... }  
 (c) Date of death..... **9/4/18**..... death..... **Lobar, Pneumonia**..... } *W.B.*

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

(a) Grave No. .... **26** Row ..... Plot ..... Sect. .... TYP **EX**.....  
 (b) Emerg. Address.....

III. Files of soldiers dying from contagious diseases..... **NO CARD**..... CKR *AGL*.....

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

*a. g. o. card Frank Caruso (uncle), 108  
 Deck St. Harrisburg Pa requests that  
 body be not returned. g.e.s. 11/15/20*

V. Following advice forwarded to Europe by - (cable on..... 192  
 (letter of transmittal on..... 192

**NOV 12 1920**

**PARAGRAPH 2 - NOT TO BE RETURNED**

VI. Form 115 forwarded to G.R.S. Hoboken, N.J. .... **NOV 23 1920** ..... 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. .... **7-1** ..... 192 **1**.....

COUNTRY

CEMETERY NO.

SHEET NO.

G.R.S. FORM 115-A  
 August , 1920

S-666/MB **France**

**258**

**35**

*11-16-20*

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

Date Sept., 13, 1919.

FROM:- INQUIRY BRANCH.

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

NAME Carboni, Guiseppe

Serial Number 3360769

RANK Pvt.

ORGANIZATION

Bty., E. 130th. F.A.

NO.	QUESTION	REPLY
1.	Do particulars of soldier given above agree with Records?	Card No. 3467769
2.	Date of Death.	
3.	Cause and place of death.	
4.	Number of Casualty Cablegram.	
5.	Date buried.	
6.	Grave Location. (a) Complete record required. (b) Name of Cemetery or Commune only required. (c) Note reinterments.	<p><del>American Cty</del> Grave # 26 <del>American</del> Cty. # 258 ✓ Wittel, Vosges. <del>American Cty.</del></p>
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?	
11.	Complete Emergency Address?	
12.	Has above been notified? (Give date)	
13.	Report the exact position of your inquiry on this case. (Reply in all cases if no information on record)	
14.	What is the Photograph No.?	
15.	Inquiry made by?	
<p>N.B. All Proper names to be typewritten, or printed in PLAIN BLOCK LETTERS.</p>		<p>Released by Information Control Dept.  <input checked="" type="checkbox"/> Directory  <input checked="" type="checkbox"/> Cards 5 x 8  <input type="checkbox"/> Cards 4 x 6</p> <p style="text-align: right;">J.B.</p>