

No claim. norecord of wife or parents in file

289

G.R.S. Form #114-B CAUSE OF DEATH - *W. P. J. A.*

FULL NAME *CARRAVETTA, Pasquale* *O.K.*

RANK *Private* SERIAL *2061193* *O.K.*

DIVISION & ORGANIZATION *Co. D, 28th. Inf.* *O.K.* *1st Div.*

DATE OF DEATH *7-24-18* *O.K.*

STATE FROM WHICH HE CAME *Illinois*

MEDALS OR DECORATIONS AWARDED

cited in g.o. 1, 1st Div. dated Jan. 1, 1920

FINAL GRAVE LOCATION 51 7 B
Date Grave Row Block

A. G. O.
MAY 9 1927
WORLD WAR DIV.

61457-346
ADMITTED BY

..... 1764

Cemetery

1725

23/306/ARK

C.E.C. - 7/3 5/23/17

GRAVE LOCATION BLANK

Location of the grave of
Carravetta, No. 2061193, Pasquale,
Private, Co. D, 28th Infantry,

Date of burial,: July 25, 1918.

Place of burial: Requisition Cem.,
Sery-Magneval,
Dept. Oise,

Grave Number: 64,

How marked: Cross,

Identification tags:

One buried with body,
None on cross, but name stenciled
on,

Reported by:

Arthur Wausley
1st Lieut., Q. M. C., N. A.,
S. O., E. H. #5.

A. G., G. H. Q., AEF.,

uale 0 9
ki - Pvt. 2961183

h of July, during
the Marne. He was
buried on the Field

. 2056362
y
1.

t Lieutenant,

Co. D, 28th
1st

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where he wa

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Arthur Wansley
1st Lieut., Q. M. C., N. A.,
S. O., E. H. #5.

A. G., G. H. Q., AEF.,

Co. D, 28th Infantry
1st Division

Pasquale *D 9*
CARRAVETTA, Casdyaki - Pvt. 2961183

Pvt. CARRAVETTA was killed on the 19th of July, during the operations against Soissons, 2nd battle of the Marne. He was hit by a 37 mm shell and died instantly. He was buried on the Field where he was killed.

Informant : STROUSE Howard, Pvt. 2056362
Co. D, 28th Infantry

Home : Rockwell, Iowa, R.R # 1.

Sig. ned : O.G. LIPPINATH, 1st Lieutenant,
28th Infantry

J.R.

Received

A. G. O.

- 1 AUG 1918

G. H. Q. A. E. F.

Some on cross but some standing



CODE SLIP

✓

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>Carravetta</i>	<i>Car</i>	3	<i>3108</i>
PASQUALE BURIED <i>S# 2061193</i> <i>D.D. 7/24/18</i>	CEMETERY <i>1764</i>	1	<i>4</i>
	GRAVE <i>51</i>	2	<i>51</i>
	ROW <i>07</i>	2	<i>07</i>
	BLOCK <i>B.</i>	1	<i>2</i>
STATE	<i>Ill</i>	2	<i>13</i>
RANK	<i>Pvt</i>	1	<i>2</i>
DIVISION	<i>1</i>	2	<i>01</i>
ORGANIZATION	<i>28</i>	3	<i>028</i>
ARM	<i>Inf</i>	1	<i>1</i>
MARITAL <i>Father</i>	<i>NO</i>	1	<i>2</i>
NAME <i>Carravetta</i>		3	
<i>Mr. Antonio</i>	STATE	2	
	COUNTY	2	
	CITY	3	
RELATION <i>Mother</i>		1	<i>1</i>
OTHER		1	<i>1</i>
ELIGIBILITY <i>Dead</i>		1	<i>6</i>
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	AUG 18 1952
DATE OF	MO.	1	<i>RS</i>
TRIP	YR.	1	
ACCEPTANCE <i>29/514</i>		1	

AUDITED

KPS

Italy

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

DATE 8-25-31

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
Carravetta, Pasquale	Pvt.	2061193	Co. D, 28th Inf.	7-24-18

STATE	CTY. NO.	GRAVE	ROW	BLOCK
	1764	51	7	B

NAME AND ADDRESS	Check relationship	Living - Deceased	
		Living	Deceased
	<u>MOTHER</u>	:	: ✓ :
	STERMOTHER (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)	:	: :
	<u>WIDOW</u> (Who has not remarried)	:	: :

Single man

*Father
Antonio Carravetta
for Pasquale
Lappano
Provi di Cosenza
Italy*

Veterans Bureau Claim Number XC 32960
29/156

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Carravetta, Pasquale
1764

Aug. 21, 1929.

Mr. Joseph Carravetta,
836 Garibaldi Place,
Chicago, Ill.

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated June 11, 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,


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
Carravetta, Pasquale

in died,

June 11, 1929.

Mr. Joseph Carravetta,
836 Garibaldi Place,
Chicago, Ill.

21
Antonio Carravetta, 9/6 P
Lappano,
Cosenza,
Italy.
XL 32960

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 Private Pasquale Carravetta, Co. D, 28th Inf. whose remains are now interred in the Aisne Marne American Cemetery, Belleau, 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

Carravetta, Pasquale
1764

Aug. 21, 1929.

Mr. Joseph Carravetta,
836 Garibaldi Place,
Chicago, Ill.

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated June 11, 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

O. U. M. G. : M & R. DIV.

RECD JUN 12 PM 2 04

June 11, 1929.
DISPATCHED

IN REPLY REFER TO QM 293 A-C

Carravotta, Pasquale

Mr. Joseph Carravotta,
336 Caribald Place,
Chicago, Ill.

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 Private Pasquale Carravotta, Co. D, 28th Inf. whose remains are now interred in the Aisne Marne American Cemetery, Belleau, 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.

DATE _____

1. NAME CARRAVETTA, PASQUALE SERIAL No. 2061193

RANK PVT. ORGANIZATION CO. D 28 Inf.

GRAVE LOCATION AEF Cty. Sery Magneval, Oise 346
CTY. NAME NUMBER

27

GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION 64 Amer. Cem. #346, Sery-Magneval, (Aisne).

GRAVE COMMUNE DEPT.

COORDINATES 33 S.W. E-145.2 N-284.65

CONCENTRATED TO _____

DATE GRAVE ROW PLOT

CEMETERY CTY. NUMBER

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

(Information in paragraph 2 taken from Forms 1 & 1-A).

SUBSEQUENT REBURIALS 12-15-22 27 #346, Sery-Magneval.

DATE GRAVE ROW PLOT CEMETERY

DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR G.F. WAUGH, Major, Inf., Supervisor, Area #2.

3. FINAL GRAVE LOCATION 12/15/22 51 7 B

DATE GRAVE ROW PLOT

Aisne Marne Amer. Cty. #1764, Belleau, Aisne

CEMETERY

ADDED BY

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 16, 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.

Cost of purchase

10668

From

Cost of purchase

15779

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

OCT 27 1920

FROM: Chief, Graves Registration Service, Q. M. C.

To: Mr. Joseph Carravetta, 836 Garibaldi Place, Chicago, Ill.

SUBJECT: Remains of Pvt. Pasquale Carravetta, Serial No. 2061193.
Co. D, 28th Inf.

The records of this office show that you have requested that his body remain in Europe.

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

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

By authority of the Quartermaster General.

CHARLES C. PIERCE,
Major, U. S. A.

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 these relatives are STILL LIVING.

NAME OF—	NO. AND STREET.	TOWN.	STATE.
Was soldier married?			
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 _____

IMPORTANT.—CAREFULLY read instructions before filling out this paper.

RECEIVED

1920

I, the undersigned, am the _____ and nearest living relative 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.)

CENTRAL DIVISION
OVERSEAS PROJECT SUB-SEC.

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 instruction as to the disposition of a body are not received from the nearest relative 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 living relatives 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 relative, please ask the nearest relative, if living near you, to fill out this paper.

7. If YOU are not the nearest living relative 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.

3-7860

WASHINGTON
SERVICES REGISTRATION SERVICE
OFFICE OF THE GOVERNMENT GENERAL OF THE ARMY
WAR DEPARTMENT

PRINTED IN GREAT BRITAIN
BY THE GOVERNMENT PRINTER

GRAVE LOCATION BLANK

Location of the grave of

Carravetta, No. 2061193, Pasquale,

Private, Co. D, 28th Infantry,

Date of burial, : July 25, 1918.

Place of burial: ~~Requisition Cem.,~~
~~Sery-Magneval,~~
~~Dept. Oise,~~

Grave Number: 64,

How marked: Cross,

Identification tags:

One buried with body,
None on cross, but name stenciled
on,

Reported by:

Arthur Wansley
1st Lieut., Q. M. C., N. A.,
S. O., E. H. #5.

Chief of Graves Registration Service.

81 JUL 1918

15779 58 AVR 1918
GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

CANARETTA, 2061193, Pasquale
(Surname). (Number). (First Name and Initials).

Pvt. Co. D 28th., Infantry
(Rank). (Organization).

PLACE OF DEATH:

CAUSE OF DEATH:

DATE OF BURIAL:

PLACE OF BURIAL:

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

Records in this office show this soldier missing in action at the battle of Soissons

GRAVE NUMBER:

HOW MARKED: Name Peg?.....Cross?.....

Headboard?..... Bottle?.....

IDENTIFICATION TAGS:

Was one buried with body?.....

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

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

NEAREST RELATIVE:

ADDRESS:

RELATIONSHIP:

REPORTED BY:

George E. Butler, Capt 28th Inf
(Signature and Rank of Reporting Officer)



10668

Carravitta Pasquale # 061193

Co D. 28th Inf.

Buried Sery-Magneval (Dept. Oise)

Gr 64

346

B 435

CENTRAL DIVISION
REGISTRATION SECTION

FILE

July 25, 1921.

~~XXXXXXXX~~

MEMO FOR:

Cards Department.

1.

CASE OF:

Co. D, 28th Inf.

ORGANIZATION (Old)

CANARETTA, 2061193, Pasquale

Pvt.

(Name)

FILE

Correction or additional data changes as shown below have been made on the Registration Card of the above-mentioned soldier and a corresponding change will be necessary on the Organization Card:

ORGANIZATION (New)

FILE NO.

SURNAME

SERIAL NUMBER

FIRST NAME AND INITIALS

RANK

DATE OF DEATH

CAUSE OF DEATH

	Date	Place	F-1A No.
Orig.			D-
1st Reb.			D-
2nd Reb.			D-
3rd Reb.			D-

(Note: In the above spaces below double line fill in ONLY the new data and data correcting previous information)

5 X 8 White Card File #15779 cancelled in favor of White Card File #10668
CARRAVETTA, Pasquale.

BY: Margaret K. McCarthy

Investigation and Adjustment
(Department)

5 x 8 card was sent to file.

Corrections made
on Organization
File Card:

By MKB.

S/1105/LML

G.R.S. FORM NO. 12.

GENERAL HEADQUARTERS
AMERICAN EXPEDITIONARY FORCES
ADJUTANT GENERAL'S OFFICE

[Handwritten initials]
[Handwritten initials]
[Handwritten initials]
c3

FROM : ADJUTANT GENERAL. *(0)*
TO : G.O.Co. D 28th., Infantry
SUBJECT : Information for Serial Register.

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

By Command of General Pershing:

Robert C. Davis
Adjutant General.

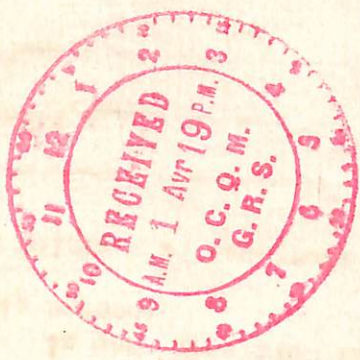
Note:

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

Nearest relative of deceased:

Relationship: _____

Address: _____



[Faint, illegible text and markings on the document, including a rectangular box and horizontal lines.]

CEMETERY DIVISION
REGISTRATION SECTION
FILE

December 21 1921

MEMO FOR: Cards Department.

1. CASE OF:

Co. D. 28th Inf.

ORGANIZATION (Old)

GARRAVETTA 2061193 Pasquale Pvt.,
(Name)

Correction or additional data changes as shown below have been made on the Registration Card of the above-mentioned soldier and a corresponding change will be necessary on the Organization Card:

ORGANIZATION (New)

FILE NO.

SURNAME

SERIAL NUMBER

FIRST NAME AND INITIALS

RANK

DATE OF DEATH

CAUSE OF DEATH

	Date	Place	F-1A No.
Orig.			D-
1st. Reb.	11/22/20	346	D- 30112
2nd Reb.			D-
3rd Reb.			D-

(Note: In the above spaces below double line fill in ONLY the new date and data correcting previous information)

BY: Miss Lannon

Card.
(Department)

5 x 8 card was sent to file.

Corrections made
on Organization
File Card:

By *B*
S/3324/LML

FILE

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL

WASHINGTON, D. C.

OFFICIAL BUSINESS

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

WASHINGTON, D. C.
AUG 22
7-Plw
1922

ADDRESS
YOUR MAIL
TO
STREET AND

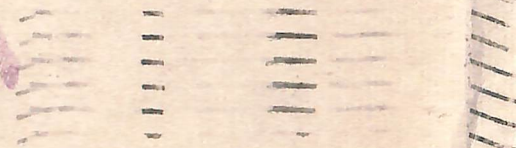
over left no address-739

W



DO NOT REPEAL IN THIS ENVELOPE

RETURNED TO SENDER
UNCLAIMED FROM
STATION C
CHICAGO, ILL.



CHICAGO, ILL.
AUG 26
5 PM
1929
STA. C.



Carravetta, Pasquale

346-13

2,061,193

(Name.)

(Christian name in full.)

(Army serial number.)

Pvt Co D 28th Inf.

(Rank and organization.)

State your relationship to the deceased.

my brother

Do you desire the remains brought to the United States?

(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:

(Name of person to receive remains.)

(Express office.)

(Telegraph office.)

(Number and street.)

(City or town.)

(State.)

(Sign here)

Joseph Carravetta

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

Original let sent to-
Mr. Joseph Carravetta,
836 Garibaldi Place
Chicago, Ill

Place Sery Magneral Cais
Date Nov 22-20

REPORT OF DISINTERMENT AND REBURIAL

1. REMAINS OF CARRAVETTA, PASQUALE SERIAL NUMBER 2061193
RANK PVT. ORGANIZATION Co D 28th Inf

2. Disinterred (date): Nov 22-20 From (give complete location): Gr. 64
Fr. Mil Cem Sery Magneral Cais 346
By: Group McClure Unit _____

3. Reburied (date): Nov 22-20 In (give complete location): Gr. 27
Same Cem.
By: Group McClure Unit _____ Nature of reburial Blanket & Coffin

4. Report as to nature of original burial and condition of body upon disinterment:
5 ft Earth In grave Box Blanket Badly Disintegrated
Features Not Capable of Recognition

5. (a) Identification tags: Buried with body? yes On grave marker? yes
(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) 5ft 9in

(b) Weight (estimated) Impossible to Estimate

(c) Hair—Color Impossible to Determine

Quantity See

Characteristics See

(d) Hair on face—Color See

Location See

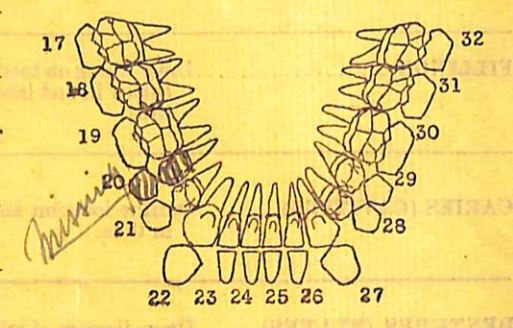
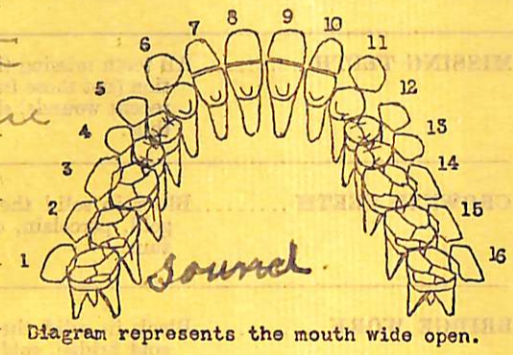
Quantity See

(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



10-30112






7. Disinterment supervised by Gravenkemper Approved: Wm. G. Burt
Charles W. GRAVENKEMPER, 2nd Lieut. Inf. (Title) Comdg. Sec. 6
INSPECTOR
8. Reburial supervised by Gravenkemper Approved: Wm. G. Burt
Charles W. GRAVENKEMPER, 2nd Lieut. Inf. (Title) Comdg. Sec. 6
INSPECTOR

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>CROWNED TEETH.....Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus:</p>	
<p>BRIDGE WORK.....Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:</p>	
<p>FILLINGS.....Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:</p>	
<p>CARIES (CAVITIES).....Outline location and size of cavity, shade in thus:</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.



To be prepared in triplicate.

DATE Nov 30-21

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 CARRAVETTA, PASQUALE

10. Name

2. No. 2061193

11. No.

3. Rank Pvt.

12. Rank

4. Org. Co.D 28 Inf.

13. Org.

5. D.D. 7-24-18

14. (a) D.D.

6. C.D. DOWRIA

(b) D.B.

Discrepancy found upon disinterment

7. Grave No. 27 Sec.

15. Grave No. Sec.

8. Plot Row

16. Plot Row

9.

17. None.

18. Cemetery AEF

19. Commune or town Sery Magneval

20. Dept. or County Oise

21. Country France

22. G.R.S. Hdqrs. Code No. 346

23. Disinterred (Date) Nov 30-21

By W.J. Logan

24. Inscription on grave marker:

Name Pasquale CARRAVETTA

Serial No.

Rank Pvt.

Organization Co.D. 28th Inf.

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

Wilbur H. Woodward
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).
None.

27. Condition of body Badly decomposed recognition impossible.

28. Nature of burial Blanket box found under cross.

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? None.

30. Body prepared and placed in casket: Date Nov 30-21 By W.J. Logan

31. Casket sealed by W.J. Logan

Signature of Embalmer, (Supervisor)

W.J. Logan

10/21/21
W.J. Logan

SHIPMENT. (Show actual marking of box.) Box No. C-17960

32. Designation of body:

Name PASQUALE CARRAVETTA Serial No. 2061193

Rank PVT Organization CO. D 28 Inf

33. Consigned to: Officer in Charge

Name of Permanent Cemetery Aisne Marne Amer #1764, Belleau, Aisne

34. Casket boxed and marked (Date) Nov 30-21 By W.J. Logan

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 J.P. Glandon Capt. Q.M.C.

36. Remarks

37. Shipped from point of Operation: (Date) Nov 30-21

To point of Concentration Aisne Marne Am. Cty. 1764 Belleau Aisne
(Name)

Convoyer J.S. Hughes Signature Shipping Officer J.P. Glandon 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

To Permanent Cemetery (Name)

Convoyer Signature Shipping Officer

40. Received: Date Dec 1 21

G.R.S. Representative Ad Skuss

41. Reinterred Dec. 15, 1922. Aisne-Marne Amer. Cem. 1764.
(Date)

42. Grave No. 51 Section

43. Plot Block B Row 7

G.R.S. Representative W.D. Cleary
W.D. CLEARY, Lt. Chaplain USA

Place **RY-MAGNEVAL**

REPORT OF DISINTERMENT AND REBURIAL

Date **Nov. 30, 21.**

1. REMAINS OF **CARRAVETTA, Pasquale.** SERIAL NUMBER **2061193**

RANK **Pvt.** ORGANIZATION **Co. D., 28th Inf.**

2. Disinterred (date): **Nov. 30, 21** From (give complete location):
Grave 27, Cemetery 346.

By : Group **4** Unit **Field Section 3.**

3. Reburied (date): **Dec. 15, 1922.** In (give complete location):
Grave 51, Row 7, Block B, Cem. 1764, Bellœu (Aisne)

By : Group **re-burial group** Unit _____ Nature of reburial **lined casket**

4. Report as to nature of original burial and condition of body upon disinterment :
Blanket. Box. Under cross.
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 :

Bottle record found on body checks with form 114a dated Nov. 22, 1920.

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

(a) Height (actual measurement) **Imp. to det.**

(b) Weight (estimated) **Imp. to det.**

(c) Hair—Color **Imp. to det.**

Quantity **Imp. to det.**

Characteristics **Imp. to det.**

(d) Hair on face—Color **Imp. to det.**

Location **Imp. to det.**

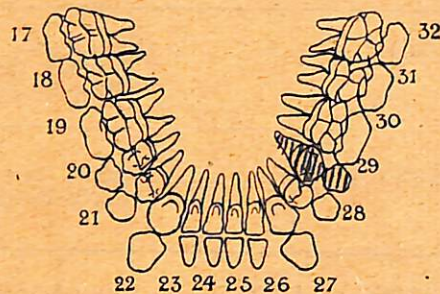
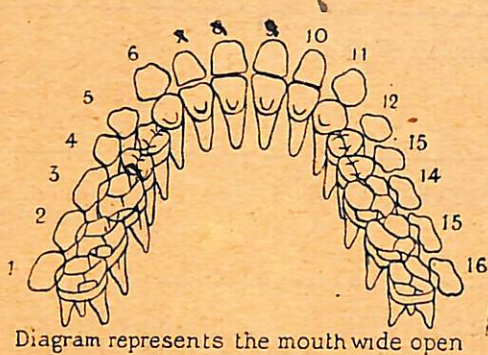
Quantity **Imp. to det.**

(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

Cav. 4. MAD. 7, 8, 9.
MBD. 29.



7. Disinterment supervised by _____

W.J. Logan.

Approved: **J.P. Glandon, Capt. QMC.**
(Title)

8. Reburial supervised by _____






L.D. HAYS

Approved: **W.D. Cleary**
W.D. CLEARY, Lt. Chaplain USA.
(Title)

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

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

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

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.

Place RY-MAGHEVAL

REPORT OF DISINTERMENT AND REBURIAL

Date Nov. 30, 21.

1. REMAINS OF GARRAVETTA, Pasquale. SERIAL NUMBER 2061193
RANK Pvt. ORGANIZATION Co. D., 28th Inf.

2. Disinterred (date): Nov. 30, 21 From (give complete location):
Grave 27, Cemetery 346.

By : Group 4 Unit Field Section 3.

3. Reburied (date): Dec. 15, 1922. In (give complete location):
Grave 51, Row 7, Block B, Gen. 1764, Belleau (Aisne)

By : Group re-burial group Unit _____ Nature of reburial lined casket

4. Report as to nature of original burial and condition of body upon disinterment :
Blanket. Box. Under cross.
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 :
Bottle record found on body checks with form 114a dated Nov. 22, 1920.

6. What does examination of body show as regards the following identifying items ?
Cav. 4. MAD. 7, 8, 9.
MBD. 29.

(a) Height (actual measurement) Imp. to det.

(b) Weight (estimated) Imp. to det.

(c) Hair—Color Imp. to det.

Quantity Imp. to det.

Characteristics Imp. to det.

(d) Hair on face—Color Imp. to det.

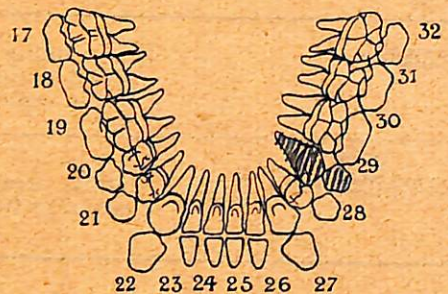
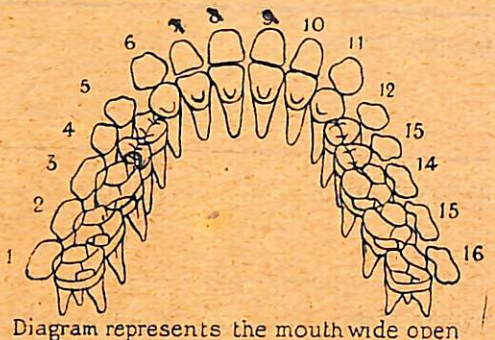
Location Imp. to det.

Quantity Imp. to det.

(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



7. Disinterment supervised by [Signature] Approved: [Signature]

W. J. Logan.

(Title) Glandon, Capt. MC.

8. Reburial supervised by [Signature] Approved: [Signature]

L. D. HAYS

(Title) D. CLEARY, I. t. Chaplain USA.

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:



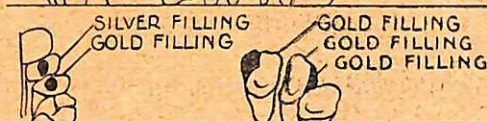
BRIDGE WORK

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



FILLINGS

Block in 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.

(S:IT)

: b9v0rqqA

(S:IT)

COMPILATION OF DISPOSITION OF REMAINS DATA

File # 10668

*3/14/22 Ethelind
32 Ethelind
for Co. Central Postal Directory
Laird - Name # 1764
at 4/3/22*

I. LOCATION INDEX CARD:

(a) Name CARRAVETTA, Pasquale Ser. No. 2061193
(b) Rank Pvt. Organization Co. D, 28th Inf.
(c) Date of death 7-24-18 (d) Cause of death DWRIA

TYP. DE

CKR. DE

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

(a) Grave No. 64 Row - Plot - Sec. - TYP. DE

(b) Emerg. Address Mr. Joseph Carravetta, (Brother) 836 Garibaldi Place, Chicago, Ill.

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

IV. A. G. O. DISPOSITION CARD:

Date of receipt home

(a) Name Joseph Carravetta (b) Relationship Brother

(c) Address 836 Garibaldi Place, Chicago, Ill.

(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 PM Date 9-15, 1920.

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

....., dated

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

no Correspondence
Examiner's Initials PM Date 9-16, 1920.

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

no request for disposition

(a) Cancellation memos referred to? Yes. PM

Examiner's Initials PM Date 9-16, 1920.

COUNTRY D FRANCE CEMETERY No. 346 SHEET No. 13

C

COMPILATION OF DISPOSITION OF REMAINS DATA

File # 10668

See Form 115
Att 4/3/22

I. LOCATION INDEX CARD:

(a) Name CARRAVETTA, Pasquale Ser. No. 2061193 } TYP DB
 (b) Rank Pvt. Organization Co. D, 23th Inf. } AGH
 (c) Date of death 7-24-18 Cause of death DWRIA }

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

(a) Grave No. 64 Row - Plot - Sect. - TYP DB
 (b) Emerg. Address Mr. Joseph Carravetta, (Brother) 836 Garibaldi Place, Chicago, Ill.

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

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

a.g.c. card Joseph Carravetta (brother)
836 Garibaldi Place, Chicago Ill.
requests that body be not returned.
10-6-20

V. Following advice forwarded to Europe by (cable on 192)
 (letter of transmittal on 9-22-1920)

Par 2 - Not to be returned (MCH)

VI. Form 115 forwarded to G.R.S. Hoboken, N.J. OCT. 21 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. 192

COUNTRY FRANCE CEMETERY NO. 346 SHEET NO. 13
 G.R.S. FORM 115-A
 August 1920

S-666/MB

HW 10-20-20