

To The A. G. O.

6662

G.R.S. Form #114-B

MAY 14 1923

rme.

DATE 3/2/22

1. NAME **CARTAZZO, Emelio** SERIAL No. 1698935

RANK **Pvt.** ORGANIZATION **Co.C. 305th Inf. & DIVISION**

GRAVE LOCATION **Meuse Argonne American, Romagne/s/Montfaucon, Meuse. 1232, Sec.15**

CTY. NAME NUMBER

186

Sec.15

4

GRAVE

ROW

PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION **1 Isloated Marcq (Ardennes).**

GRAVE

COMMUNE

DEPT.

COORDINATES **35NW 284.3N 295.6E.**

CONCENTRATED TO **4.11.19.** 186 15 4.

DATE

GRAVE

ROW

PLOT

Meuse Argonne 1232.

CEMETERY

CTY. NUMBER

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

Tag on body and cross.

DATE OF DEATH **Oct 10, 1918**

STATE FROM WHICH HE CAME **n. y.**

SUBSEQUENT REBURIALS

hb

MEDALS OR DECORATIONS AWARDED

DATE

GRAVE

ROW

PLOT

CEMETERY

SIGNATURE, AREA SUPERVISOR

MS. B. BIRDSEYE
1st Lt., Q. M. Corps, U.S. Army

3. FINAL GRAVE LOCATION **3/2/22** 22 29 **Block D.**

DATE

GRAVE

ROW

PLOT

Meuse-Argonne Amer. Cty. 1232, Romagne-sous-Montfaucon, Meuse.

CEMETERY

AUDITED BY

B.W. 3/17/23



MAY 19 1923

A. G. O.
MAY 15 1923
WORLD WAR DIV.

RECEIVED
REGISTRATIONS



6 19 1922

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.

not Rep 12/13/18 gae

GRAVE LOCATION BLANK

Cortazzo
LOCATION OF THE GRAVE OF
CORTAZZO - 1698935 - EMILIO
(Surname). (Number) (First Name and Initials).

PRIVATE Co. C. 305th INF.
(Rank). (Organization).

PLACE OF DEATH:

CAUSE OF DEATH:

DATE OF BURIAL: Oct. 11, 1918

PLACE OF BURIAL:

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

Near the village of Marceg
95.55 - 84.2. Bunyancy

GRAVE NUMBER:

HOW MARKED: Name Peg? No Cross? Yes

Headboard? No Bottle? No

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:

NEAREST RELATIVE:

ADDRESS:

RELATIONSHIP:

REPORTED BY:
DUNCAN H. BROWN E. CHAPLAIN. 305th INF.
(Signature and Rank of Reporting Officer).

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

Date 13th May 1919REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Name: *Barlazzo, Amelio*
~~GORTAZZO, Amelio,~~

Number: 1698935

Rank: ~~Unkn.~~ *Pvt*

Organization: Co C 305 Inf.

Disinterment and Reburial made by Group

Unit

Disinterred (Date)

From: (Give complete location)

11th April 1919Isolated Gra ve,MARCO? ARDENNES. 35 NW 295.6E 284.3N

Reburied (Date)

in: (Give complete location)

11th April 1919Grave No 186 Sec 15 Plot 4.Argonne American Cemetery #1232.ROMAGNE, MEUSE. 35 NE 308.16E 284.87N

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

Buried in uniform, advanced decomposition, burial poor.

Was one identification tag found upon the body? No.

What other means of identification were found on the body? None.

CONFIRMED No. 10896

Note:

If upon disinterment, effects are found upon bodies, they will be promptly sent to the Effects Depot direct as is required by G.O. 170, G.H. 2, 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: Lt. Zama.R. H. ROSENTHAL2nd Lieut. Q.M.C.U.S.A.
C.O. Group _____ Unit _____

RJB.

100

Received by: _____

Name: _____



_____ (Date)

_____ (Date complete receipt)

_____ (Date)

_____ (Date complete receipt)

BEFORE OF DISTRICTERS AND RECEIVED

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	CARTAZZO	3	318
	EMELIO		
BURIED	CEMETERY 1232	1	1
	GRAVE 22	2	22
	ROW 29	2	29
	BLOCK D	1	4
STATE	Ny	2	37
RANK	Pvt	1	2
DIVISION	77	2	77
ORGANIZATION	305	3	305
ARM	Inf	1	1
MARITAL	Not	1	2
NAME	Cartazzo	3	318
RESIDENCE	Catrina Longo in		
	all rel foreign		
STATE		2	
COUNTY		2	
CITY		3	
RELATION	mother	1	1
OTHER		1	
ELIGIBILITY	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	
29/514		2	01

AUDITED
 JAN 26 1952
 R.M.

em/

WAR DEPARTMENT
 OFFICE OF THE QUARTERMASTER GENERAL
 WASHINGTON

DATE 8/22/31

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
Cartazzo, Emelio	Pvt.	1698935	Co. C, 305th Inf.	10/10/18

STATE	CTY. NO.	GRAVE	ROW	BLOCK	D
	1232	22	29		

NAME AND ADDRESS	Check relationship	Living	Deceased
	MOTHER	Comp + Ins	Ins
STEMOTHER (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)			
<i>Single man</i>			

in land in U.S. until 1919
Caterina Longo in
Cartazzo
Castino
Prov. di Salerno
Italy

Veterans Bureau Claim Number XC 88 977

29/156

all ul freige 1-13-32

In reply refer to:
293 C-R

June 6, 1923.

Mrs. Longo Caterino Cartazzo,
Rutino, Prov. Salerno,
Italy.

Foreign

Dear Madam:

The Quartermaster General desires that you be informed that the permanent grave of **Private Emelio Cartazzo, Company C, 305th Infantry, is Grave 22, Row 29, Block D, Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon (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, division, 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.

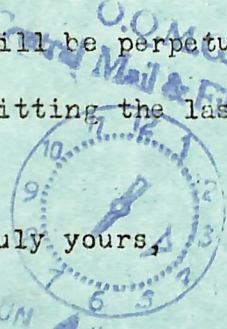
In effecting removal, the utmost care and reverence were exacted and more than willingly accorded by those performing this sacred duty. The grave of the deceased will be perpetually maintained by this Government in a manner befitting the last resting place of our heroes.

Very truly yours,

H. J. Conner,
Assistant.

ED
L. O. K.

23/236/ARK



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 4/5/21, 1920

Section # 15
par # 2 - Not to be returned - AD

IX.

CORRECTIONS

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

X. SUSPENSION REMARKS:

B. G. W. R. Mrs. Longo Caterina (M)
Rutina Prov. Salerno, Italy ^{*Cortazzo*} _{*4-30-21 E.M.P.*}

Location Index

.....
..... Discrepancies

Name

Rank

Serial No.

Org.

Remarks

.....

A.G.O. Card & Corr.

..... Discrepancies

Name

Rank

Serial No.

Org.

Remarks

.....

G. R.-S. Corr.

..... Discrepancies

Name

Rank

Serial No.

Org.

Remarks

.....

Checkers

..... Discrepancies

Name

Rank

Serial No.

Org.

Remarks

.....

.....

*4. SW sent,
3-29-21,
H.P. & C.*

*checked H.P.
3-28-21*

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

*Please
insert*

<u>Harlow C.W.</u>		
NAME OF DECEASED SOLDIER	CEMETERY NO.	DATE
<u>Cartazzo, Emelio, Pvt.</u>	<u>1232-Sec.15 - 21</u>	<u>3/29/21.</u>
SERIAL NUMBER	ORGANIZATION	DATE OF DEATH
<u>1698935</u>	<u>Co. C, 305th Inf.</u>	<u>10/10/18.</u>

WAR RISK INSURANCE INFORMATION

C-88977

Copy forwarded to
Adjustment Department

DATE _____

Date 4-30-21 E.M.

PERSON NAMED BY SOLDIER TO BE BENEFICIARY OF INSURANCE RELATIONSHIP

ADDRESS

Mrs Longotaterino Cartazzo *M*
PERSON RECEIVING DEATH COMPENSATION RELATIONSHIP

Putino Proc. Salerno, Italy
ADDRESS

RECEIVED

APR 29 1921

Cemeterial Division
Overseas Project Sub-Section

OFFICE OF THE SUPERVISOR
GENERAL INVESTIGATION DIVISION

Place Romagne

REPORT OF DISINTERMENT AND REBURIAL

Date March 1, 1922

1. REMAINS OF CARTAZZO, Emelio SERIAL NUMBER 1698935
RANK Pvt. ORGANIZATION Co. C, 305th. Inf.

2. Disinterred (date) : March .1, 1922 From (give complete location) : Gr 186, Sec. 15, Plot 4, C ty. 1232
By : Group 3 Unit Section 1

3. Reburied (date) : Mch 2, 1922, Meuse Argonne Cty 1232, gr 22, bl. D, row 29 In (give complete location) :
By : Group Reburial S Unit _____ Nature of reburial unlined casket

4. Report as to nature of original burial and condition of body upon disinterment : Decomposed unrecognizable, U.S. Uniform, burlap & ~~box~~

5. (a) Identification tags: Buried with body? no On grave marker? no
(b) Other means of identification found upon disinterment, and general remarks : G.R.S. Plaque on body reads Cartazzo, ----lio"

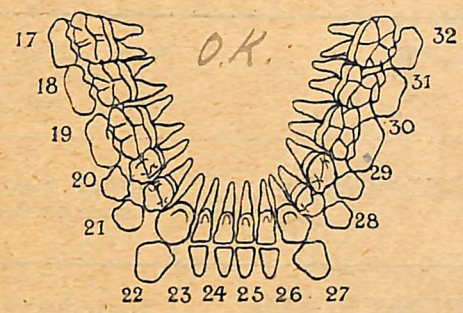
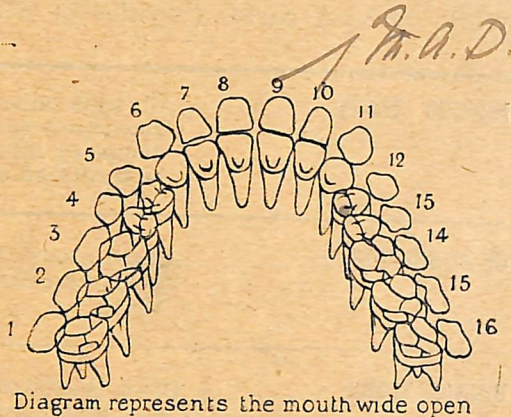
6. What does examination of body show as regards the following identifying items ?
(a) Height (actual measurement) Imp. to Det.

(b) Weight (estimated) do

(c) Hair—Color do
Quantity do
Characteristics do

(d) Hair on face—Color do
Location do
Quantity do

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



(f) Wounds or missing parts (received at time of casualty) Right humerus fractured in upper third, left tibia & fibula shattered in lower third.






7. Disinterment supervised by H.E. Strong
H.E. STRONG
8. Reburial supervised by concentration
W.B. Shield

Approved: F. Overheiser
(Title) Captain, QMC
Approved: A.E. Dewey
(Title) 1st Lt, 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 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 March 1 1922

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

rme.

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name <u>CARTAZZO, Emelio</u>	10. Name
2. No. <u>1698935</u>	11. No.
3. Rank <u>Pvt.</u>	12. Rank
4. Org. <u>Co. C. 305th Inf.</u>	13. Org.
5. D.D. <u>10-13-18</u>	14. (a) D.D.
6. C.D. <u>KIA</u>	(b) D.B. <u>None</u>

Discrepancy found upon disinterment

7. Grave No. <u>186</u> Sec. <u>15</u>	15. Grave No.	Sec.
8. Plot <u>4</u> Row	16. Plot	Row
9.	17. <u>none</u>	
18. Cemetery <u>Meuse Argonne American.</u>	19. Commune or town <u>Romagne/s/Montfaucon.</u>	
20. Dept. or County <u>Meuse.</u>	21. Country <u>France.</u>	
22. G.R.S. Hdqrs. Code No. <u>1232, Sec. 15</u>		
23. Disinterred (Date) <u>March 1 1922</u>	By <u>H E Strong</u>	
24. Inscription on grave marker:		
Name <u>Emelio Cartazzo</u>	Serial No. <u>1698935</u>	
Rank <u>Pvt</u>	Organization <u>Co C 305 Inf</u>	
25. Was identification disc found on grave marker? <u>No</u> On body? <u>No</u>		

John H Crawford
Signature Junior Technical Assistant

John H Crawford

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).

GRS plaque on body reads: Cartazzo Emelio27. Condition of body Badly decomposed, features unrecognizable28. Nature of burial US Uniform burlap and box

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

None30. Body prepared and placed in casket: Date March 1 1922 By H E Strong31. Casket sealed by H E StrongSignature of Embalmer, (Supervisor H E Strong)H E Strong

SHIPMENT. (Show actual marking of box.) Box No. C-21864

32. Designation of body:

Name Emilio CARTAZZO Serial No. 1698935

Rank Pvt. Organization Co. C, 305th Inf.

33. Consigned to:

Name of Permanent Cemetery Meuse Argonne American, 1232, Romagne/s/Montfaucon, Meuse.

34. Casket boxed and marked (Date) March 1 1922 By H B Strong

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 F Overheiser

36. Remarks F Overheiser, Capt. QMC

37. Shipped from point of Operation: (Date) March 1 1922 cc

To point of Concentration Morgue Romagne

Convoyer F H Doran Signature Shipping Officer G F Spann

38. Received at Railhead or Point of Concentration: Date G F Spann, Capt. QMC

By G.R.S. Representative

39. Shipped from Railhead or Point of Concentration: Date

To Permanent Cemetery

Convoyer (Name) Signature Shipping Officer

40. Received: Date

G.R.S. Representative

41. Reinterred, Meuse Argonne Cty 1232, Mch 2nd 1922

(Date)

42. Grave No. 22 Section

43. BLOCK Plot D Row 29

G.R.S. Representative A. E. Dewey

A. E. Dewey, 1st Lt, QMC.

DATE

STATION

47861

ex 5/11

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Bartazzo

CORTAZZO 1698935 EMILIO
(Surname) (Number) (First Name and Initials)

Private Co. C. 305th INF.
(Rank) (Organization)

PLACE OF DEATH:

CAUSE OF DEATH:

DATE OF BURIAL:

Oct 11, 1918

PLACE OF BURIAL:

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

Near the village of Marceg

95.55-84.2 Bluzancy

GRAVE NUMBER:

HOW MARKED: Name Peg? *No* Cross? *Yes*

Headboard? *No* Bottle? *No*

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:

Marceg (Ardennes)

NEAREST RELATIVE:

(254) St. 35 No. { 6.295⁵⁵ m 284² }

ADDRESS:

RELATIONSHIP:

REPORTED BY: DUNCAN H. BROWNE, CHAPLAIN, 305th INF.

(Signature and Rank of Reporting Officer)

Annual List No. _____

129-252

Report No. _____

47861 79060

1. G. S. Form No. 1. Hq. G. F. File

2. Soldier's No. 1698935 *bratizzo*

3. *AMELIO CORTEZZO*
Surname (in block letters) First Name and Initials

4. *X* Rank *X* Company *X* Regt. or Corps

5. *X* Date of Death *IN ACTION* Cause, if known

6. *X* Date of Burial *ISOLATED* Cemetery

7. *NEAR MARCQ ARDENNES*
Town or Commune (in block letters) Department

8. *1 D (SKETCH 31)*
Grave No. Plot No. or Letter

9. Name Peg? *X* Cross? *X* Headboard? *X* Bottle? *X*
Check Method of Marking

10. Buried with Body? *X* Attached to Grave Marker? *X*
Identification Tags

11. If name unknown and tags missing, give marks and description.

Marcq (Ardennes)
35 N.W. (E 295.6 N 284.2)

12. *VERDUN N.W 35*
Map reference, if interment is outside of cemetery

284-1 N 295-7 E

13. *R.B. 1550*
Give name of Chaplain or Burial Officer

Signature *Thomas L. Mander*

Group *4* Unit *305* G. R. S.



47861

47861

G.R.S Form No. 8-W; Central Records
Card Section #3, Liaison.
January 26, 1920

Memo For: G.R.S. representative, C.R.O.
Subject: Information required for G.R.S.

1. Items checked are to be completed:

✓ Surname: Cartazzo, ~~i~~
✓ Number: 1698935
✓ First name: Emelio
✓ Rank: Pvt.
✓ Company: Co..C,
✓ Organization: 305th Inf.
✓ Date of death: ~~10-13-18~~ 10/20/18
✓ Cause: K/a
✓ Place:

OK.
10/20/18

✓ Location of hospital:

Number " " " "
Class " " " "

FILE

✓ Emergency address *Catherine J. Cartazzo*
688 - Sixth Ave, Brooklyn, N.Y.
✓ Relationship: *mother.*

✓ Authority:

✓ Cablegram No: ~~306~~ *571-139*
✓ Telegram from:

dated:

✓ Reported to Washington:
C.C.Nos.

✓ (Underscore the "official" C.C.)

Remarks:

Papers charged out 1/27/20
to Mr. Diamond
Sasser
1/29/20
M. T. G. Y.

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

MS-3404/MB

G
ESM *W*

Co. C. 305th. Inf.
77th. Division.

CARTAZZO, Emelis.-Pvt. 1698935
688- 6th. Avenue
Brooklyn N. Y.

On Oct. 10, 1918 we were making advance in the Argonne toward the Aire River. We met heavy opposition just as we reached the town of Marcq. The shell and machine gun fire was so terrific we were forced to dig in on the road, 100 yds to the left of Marcq. A boche shell made a direct hit among a group of men, on the road, one of which was Cartazzo, He died instantly.

Informant: McGuinness, George A. 1st. Sgt. 1697261
Home : Co. C. 305th. Inf.
464 Madison Str.
Brooklyn N. Y.

Emergency address:
Fortinata Di Fiore
688- 6th Avenue
Brooklyn N. Y.

EB.

WAR DEPARTMENT
Office of the Quartermaster General of the
Washington

FROM, O.Q.M.G.
CEMETERIAL DIVISION
Munitions Building
Room

PLEASE
EXPEDITE

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

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.

(SPECIAL)

1. It is requested that the items checked below be completed, Request confirmation of all information shown.

a. Surname Cartazzo ✓

b. Christian name Emelio ✓

c. Serial Number 1698935 ✓

d. Organization Co. C, 305th Inf. ✓

e. Rank Pvt. ✓

f. Date of death 10/10/18.

g. Cause of death K/A. ✓

h. Authority (C.O.#)

i. Emergency address Fartouhac Ri Fiore 689-6 Ave. Brooklyn, N.Y.

j. Relationship uncle

NOTED FORM 115

DATE 4/4/21

mcc

RECEIVED

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

Adjustment Made
14 1921
File No.

47861

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

BY: *[Signature]*
H. J. CONNER,
1st. Lieut. Q.M.C.

C.W.
CEMETERY NO: 1232-Sec.15.

SHEET NO: 21
TYPED BY: I.W.

3/713/LML

*Donnelly / RAA
2, P.O. 177.7*

3/31/21

Rec'd World War I
Dat MAR 31 1921

Rec'd S & S Div., A.G.O.

MAR 31 1921 6

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

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

Date 3/29/21.

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.

(SPECIAL)

1. It is requested that the items checked below be completed; Request confirmation of all information shown.

NOTED FORM 115
DATE 4/4/21
m300

a. Surname Cartazzo ✓

b. Christian name Emelio ✓

c. Serial Number 1698935 ✓

d. Organization Co. C, 305th Inf. ✓

e. Rank Pvt. ✓

f. Date of death 10/10/18. ✓

g. Cause of death K/A. ✓

h. Authority (C.O.#)

i. Emergency address Fantonoboe Rd. 710rd
689-6 Ave.

j. Relationship Aunt, Brooklyn, N.Y.

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

Adjustment Made
14 1921
File No.

47861 8

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

BY: *[Signature]*
H. J. GONNER,
1st. Lieut. Q.M.C.

C.W.
CEMETERY NO: 1232-Sec.15.

SHEET NO: 21
PREPARED BY: I.W.

8/713/LML

[Handwritten notes]
Soundly / RLL
P. O. N. 177.7

3/31/21

Rec'd S & S Div., A.G.O.

MAR 31 1921 6

Rec'd World War Dept
Est. MAR 31 1921

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

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

File No.

Registration

From:

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

To:

The Adjutant General of the Army, 4th & 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.

RECEIVED
APR 1 1921

APR 1 1921

RECEIVED

PHYSICAL DESCRIPTION

(See page 2 of the Service Record)

- a. Age of enlistment
- b. Color of eyes
- c. Color of hair
- d. Height
- e. Weight

- a. Strike out teeth missing
- b. Permanent marks and physical defects at enlistment (Old fractures or breaks)

Statement made
1921

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

BY:

H. L. CORNER
1st Lt. Col. A.G.O.

G. W. 1232-100.15.

PROPERTY NO:

SI
I.V.

TEST NO:
TEST BY:

1921/11

SPECIAL

OSP-SS
Form No. 1009

COPY

OFFICE OF THE QUARTERMASTER GENERAL
Adjustment Made
CEMETERIAL DIVISION
OVERSEAS PROJECT SUB-SECTION.
AUG. 13 1921



47861

Harlow C.W.
NAME OF DECEASED SOLDIER File No. CEMETERY NO. DATE

Cartazzo, Emelio, Pvt. 1232-Sec.15 - 21 3/29/21.
SERIAL NUMBER ORGANIZATION DATE OF DEATH
1698935 Co. C, 305th Inf. 10/10/18.

Original Attached to
Form 115

WAR RISK INSURANCE INFORMATION

Date 1-30-21 E.M. DATE _____

PERSON NAMED BY SOLDIER TO BE BENEFICIARY OF INSURANCE RELATIONSHIP

ADDRESS

Mrs. Longa Caterino (M)
PERSON RECEIVING DEATH COMPENSATION RELATIONSHIP

Rutino Prov. Salerno, Italy.
ADDRESS