

291  
2/9/26

To The A. G. O.

3332

G.R.S. Form #114-B

MAR 10 1926

DATE Nov. 23, 1921.

m1

1. NAME CEKOWSKI, Ignatz SERIAL No. 1386627  
 RANK Pvt ORGANIZATION Co. B, 131st Inf.  
 GRAVE LOCATION Meuse-Argonne, Amer. Cty, ROMAGNE-sous-MONTFAUCON #1232 sec 49  
CTY. NAME (Meuse) NUMBER  
207 49 4  
GRAVE sec ROW PLOT

8 DIVISION - 33

2. ORIGINAL BATTLE AREA GRAVE LOCATION 20 Consenvoye, Meuse cty #1707  
GRAVE COMMUNE DEPT.  
 COORDINATES Verdun 35 NE 281.39 N 323.09 E  
 CONCENTRATED TO 5/9/19 207 Sec 49 4  
DATE GRAVE ROW PLOT  
Meuse Argonne Cemetery 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 Ill

MEALS OR DECORATIONS AWARDED none  
SUBSEQUENT REBURIALS

DATE	GRAVE	ROW	PLOT	CEMETERY

ccg Bert G. Davis,  
Major General,  
The Adjutant General.  
By RVB  
MAR 15 1926

SIGNATURE, AREA SUPERVISOR M. E. BIRDSEYE  
1st Lt., Q.M. Corps, U.S. Army

3. FINAL GRAVE LOCATION Nov. 23, 1921 12 38 B  
DATE GRAVE ROW Block

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

AUDITED BY  
2024-11-23

MAR 17 A.G.O.  
WORLD-WAR DIV

# 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.

DIVISION OF DEATH

MAR 16 28  
M & R BRANCH  
Q. M. G.

Sub Par. 33 00309 now rep Ria 10/10/18

R

**GRAVE LOCATION BLANK**

LOCATION OF THE GRAVE OF

Cekowski 1388627 Ignatz

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

Co B

131

(Rank).

(Organization).

PLACE OF DEATH: .....

CAUSE OF DEATH: .....

DATE OF BURIAL: .....

PLACE OF BURIAL: .....

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

22.5 - 813 Mt Kauson

GRAVE NUMBER: .....

Co B 131  
33 Divi

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

Headboard? .....

Bottle? .....

Ignatz Pvt 1386627  
Park Ave Margeutte  
Mich

IDENTIFICATION TAGS:

Was one buried with body? .....

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

October 10, 1918

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

ton St Chicago Ill

NEAREST RELATIVE: .....

ADDRESS: .....

RELATIONSHIP: .....

REPORTED BY: Carstensen

(Signature and Rank of Reporting Officer).

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

Kill  
at Consenvoye Fra

Witne  
Cpl J  
Co B 131 Infantry

Emergency address  
Stanley Cekowski

YS

Co B 131 Infantry  
33 Division.

<sup>W</sup>  
CEKOZSKI Ignatz Pvt 1386627  
Home. Park Ave Marquette  
Mich

Killed instantly by a bursting shell on October 10, 1918  
at Consenvoye France.

Witnesses  
Cpl John H. Fichter Jr 1386659, 1330 Wellington St Chicago Ill  
Co B 131 Infantry

Not signed.

Emergency address.  
Stanley Cekowski

YS

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	CEKOWSKI	3	35-1 <sup>0</sup>
BURIED	CEMETERY 1232	1	1
	GRAVE 12	2	12
	ROW 38	2	38
	FLOCK B	1	2
STATE	Ill	2	13
RANK	Priv	1	2
DIVISION	33	2	33
ORGANIZATION	131	3	131
ARM	Inf	1	1
MARITAL	no	1	2
NAME	Czechowska	3	3 <sup>12</sup> 65-
	Marianna		
RESIDENCE	STATE	2	
	COUNTY	2	
	CITY	3	
RELATION	all rel. foreign 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 TRIP	MO.	1	
	YR.	1	
ACCEPTANCE	country Poland	1	10
		2	

AUDITED  
MAY 15 1950  
PAM

29/514

PK

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

DATE 8/22/31

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
Cekowski, Ignatz	Pvt.	1386627	Co. B, 1313st Inf.	10/10/18

STATE	CTY. NO.	GRAVE	ROW	BLOCK
	1232	12	38	B

NAME AND ADDRESS	Check relationship	Living	Deceased
		<del>MOTHER</del> <i>conf</i>	<input checked="" type="checkbox"/>
	STEMOTHER (For the year prior to commencement of service)	<input type="checkbox"/>	<input type="checkbox"/>
	MOTHER THRU ADOPTION (For the year prior to commencement of service)	<input type="checkbox"/>	<input type="checkbox"/>
	MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	<input type="checkbox"/>	<input type="checkbox"/>
	<del>WIDOW</del> (Who has not remarried)	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Single man</i>	<input type="checkbox"/>	<input type="checkbox"/>

*all rel. foreign*  
*3-6-33*  
*M. /*  
*Marjanna Czechowska*  
*Kozie Las*  
*gmina Zielan*  
*powiat Mlawa*  
*woj. Warszawskie*  
*Poland*

Veterans Bureau Claim Number C 148 477  
29/156



subek laseq pa: sp. siokeo.



aretaoi aiii se nase era...  
eifoi eaiue coliditid...  
seu; to spu. Eifoeie...  
If abou qatitueitue...  
eifoeie era tonu abou...  
eifoeie era tonu abou...

note:

What other names of identification were found on the body? None

Was any identification tag found upon the body? Yes

Body parts or to include any partial decomposed? Nothing found.

Notes as to include of evidence taken and condition of body when discovered:

REMARKS

RECOVERED FROM... 1944

Reported (Date) 8 MAY 1944  
Time (Date and time recovered)

NO. 32 IN R 282 38 R 397 20

Disturbance and results, such as blood  
Disturbance (Date) 8 MAY 1944  
Time (Date and time recovered)

Name: BAC  
Occupation: Co. B 1st Inf.  
Name: SIKOMSKI I. J.  
Number: 128882

Remarks of:

OFFICE OF DISSEMINATION AND SECURITY

Date: 10 MAY 1944

FORM NO. 10

REMARKS

4M 293 A-C

Cekowski, Ignatz Pvt.

October 19, 1923.

Mr. John Czechowski,  
Wies Kozl Lsa Gmina Zielun,  
Pow, Mlanski, Govt. of Plock,  
Poland.

Dear Sir:

In reply to your letter of recent date, the Quartermaster General desires you to be informed that the permanent headstone to be erected at the grave of your son, the late Private Ignatz Cekowski, Company B, 131st Infantry, will be at the expense of the United States Government.

Very truly yours,

O.Q.M.G.  
Central Mail & Files Bldg

R. L. FOSTER,  
Assistant.



OCT 20, 1923  
H.R.

LN  
WPR  
EED

*Lu*  
*wpr*  
*EED*  
*1923*

War Department  
Office of Quartermaster General  
Washington

Dear Sir:

You are asking me shall  
you build headstone on Ignaty Lekuski  
grave. Now I say you can build  
it, and headstone on his grave.

Only I want to know how much  
you will charge for the headstone on his  
grave?

O. Q. M. G.  
MAIL & RECORDS SECTION



OCT 19 1923  
RECEIVED

Very truly yours  
John Kuchowski

Ignaty Lekuski

OCT 19 1923



In reply refer to:  
QM - 293 C-R

August 2, 1923.

Mrs. Marjanna Czechowska,  
Wies Kozl Las Gmina Zielun,  
Pow. Mlawski, Govt. of Plock, Poland.

Dear Madam:

The Quartermaster General desires that you be informed that the permanent grave of Private Ignatz Cekowski, Co. B, 131st Infantry, is Grave 12, Row 38, Block B, 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 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.

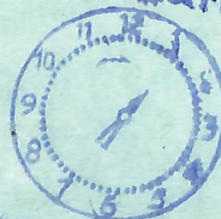
In effecting removal, the utmost care and reverence were exacted and more than willingly accorded by those performing this sacred duty. The grave of the deceased will be perpetually maintained by this Government in a manner befitting the last resting place of our heroes.

Very truly yours,

H. J. Conner,  
Assistant.

2

O.Q.M.G.  
Central Mail & File B.



AUG 2 1923  
B. O. C.

SEB

23/494/WTV

In reply refer to:  
QM - 293 C-R

August 2, 1923.

Mr. Stanley Cekowski,  
Park Avenue,  
Marquette, Mich.

Dear Sir:

The Quartermaster General desires that you be informed that the permanent grave of

Private Ignatz Cekowski, Co. B, 131st  
Infantry, is Grave 12, Row 38, Block B, 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 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.

SEB

23/494/WTV

# COMPILATION OF DISPOSITION OF REMAINS DATA

File #83653

## I. LOCATION INDEX CARD:

(a) Name CEKOWSKI, Ignatz Ser. No. 1386627  
 (b) Rank Pvt. Organization Co. B, 131st Inf.  
 (c) Date of death 10-10-18 (d) Cause of death K/A

TYP. als  
 CKR. Sp

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

(a) Grave No. 207 Row -- Plot 4 Sec. 49 TYP. als  
 (b) Emerg. Address Mr. Stanley Cekowski, (Father) Park Ave., Marquette, Mich.

III. Files of soldiers dying from contagious diseases / no card in file 48 4-21-21 CKR. Sp

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

Date of receipt \_\_\_\_\_

(a) Name \_\_\_\_\_ (b) Relationship \_\_\_\_\_  
 (c) Address \_\_\_\_\_  
 (d) Remains to be brought to U. S.? \_\_\_\_\_  
 (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 \_\_\_\_\_ Date \_\_\_\_\_, 1920.

## V. A. G. O. CORRESPONDENCE shows communication from \_\_\_\_\_

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

Examiner's Initials \_\_\_\_\_ Date \_\_\_\_\_, 1920.

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

no request for disposition

(a) Cancellation memos referred to? no

Examiner's Initials HR Date 4-21, 1920.

COUNTRY FRANCE CEMETERY No. 1232-Sec. 49 SHEET No. 33.

RPW  
8/4/21

checked  
7-8-21

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 4-29-, 1920

Section 49  
Par. 2. Not to be returned (J&N)

IX.

**CORRECTIONS**

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

X. SUSPENSION REMARKS: B.A.W.R. Mrs. Marianna Czechowska (mother)  
Wies Kozie Las Gmina pow. Mlawski Govt. of Plock Poland  
20-11-21  
msc.

To be prepared in triplicate.

DATE Nov 23, 1921.

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

COMPARATIVE REPORT

ml

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name <u>CEKOWSKI, Ignatz</u>	10. Name
2. No. <u>1386627</u>	11. No.
3. Rank <u>Pvt.</u>	12. Rank
4. Org. <u>Co, B, 131st Inf,</u>	13. Org.
5. D.D. <u>Oct 10th</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>207</u> Sec. <u>49</u>	15. Grave No.	Sec.
8. Plot <u>4</u> Row	16. Plot <u>none.</u>	Row
9.	17.	

18. Cemetery <u>Meuse-Argonne, Amer.</u>	19. Commune or town <u>ROMAGNE-sous-MONTFAUCON</u>
20. Dept. or County <u>Meuse</u>	21. Country <u>France</u>
22. G.R.S. Hdqrs. Code No. <u>#1232 sec 49</u>	

23. Disinterred (Date) Nov 23, 1921 By E.E. Goodrich.

24. Inscription on grave marker:

Name <u>Ignatz Cekowski.</u>	Serial No. <u>1386675</u>
Rank <u>Pvt.</u>	Organization <u>Co. B. 131st Inf.</u>

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

E. Luyth O'Meara  
Signature Junior Technical Assistant

PREPARATION

C.S. O'Meara.

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, features not recognizable.

28. Nature of burial wooden box and burlap and uniform.

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 23, 1921 By E.E. Goodrich.

31. Casket sealed by E.E. Goodrich.

Signature of Embalmer, (Supervisor) E.E. Goodrich.  
E.E. Goodrich.

SHIPMENT. (Show actual marking of box.) Box No. **C-15753**



32. Designation of body:

Name **Ignatz, CEKOWSKI** Serial No. **1366627**

Rank **Pvt.** Organization **Co, B, 131st Inf**

33. Consigned to:

Name of Permanent Cemetery **Meuse-Argonne, Amer. Cty #1232, ROMAGNE-sous-MONTFAUCON (Meuse)**

34. Casket boxed and marked (Date) **Nov 23, 1921** By **H.E. Goodrich.**

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

**H.C. Worthington, 1st Lt. U.S.A.**

36. Remarks

**None.**

**Nov 23, 1921.**

37. Shipped from point of Operation: (Date)

To point of Concentration **Romagne Morgue.**

Convoyer **W.J. Royed.** (Name)

Signature Shipping Officer **J. Gerald Cole**  
**J. GERALD COLE**  
Captain, C. A. 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

Convoyer Signature Shipping Officer

40. Received: Date

G.R.S. Representative

41. Reinterred

**Meuse Argonne Cemetery # 1232** ~~xxxxxxx~~ **Nov 23rd 1921**  
(Date)

42. Grave No.

**1232** Section

43. Plot

**Block B** Row **38**

G.R.S. Representative

**James W. Younger, Capt Q. C.**

**jt.**

# COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

File #83653

(a) Name CEKOWSKI, Ignatz Ser. No. 1386627  
 (b) Rank Pvt. Organization Co. B, 131st Inf.  
 (c) Date of death 10-10-18 (d) Cause of death K/A

TYP. als

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

(a) Grave No. 207 Row -- Plot 4 Sec. 49 TYP. als  
 (b) Emerg. Address Mr. Stanley Cekowski, (Father) Park Ave., Marquette,  
Mich.

*AP (4-27-21) E. XI*

III. ~~Files of soldiers dying from contagious diseases/~~

CKR. *[Signature]*

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

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

V. Following advice forwarded to Europe by { cable on \_\_\_\_\_, 192  
 letter of transmittal on 4-29-, 192/  
Section 49  
Par. 2 - Not to be returned (GEN)

VI. Form 115 forwarded to G. R. S., Hoboken, N. J., \_\_\_\_\_, 192

VII. SUPPLEMENTARY REQUESTS.

Date of and source.	Relationship and name.	Desires.	Action taken.
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

VIII. Form 115 received from G. R. S., Hoboken, N. J. \_\_\_\_\_, 192

COUNTRY \_\_\_\_\_ CEMETERY No. \_\_\_\_\_ SHEET No. \_\_\_\_\_

# REPORT OF DISINTERMENT AND REBURIAL

Place Rommel 1232  
Date Nov 23, 1921

1. REMAINS OF CEKOWSKI, Ignatz. SERIAL NUMBER 1386627  
RANK Pvt. ORGANIZATION Co. B. 151st Inf.

2. Disinterred (date): Nov 22, 1921 From (give complete location): gr 207, sec 49, plot 4.  
23  
By: Group Goodrich. Unit sec 1

3. Reburied (date): Nov 23rd In (give complete location): 1921 Meuse Argonne Cemetery # 1232 Gr 12 block B row 38  
unlined casket  
By: Group re-burial S Unit  Nature of reburial

4. Report as to nature of original burial and condition of body upon disinterment :  
wooden box and burlap and uniform, badly decomposed, features not recognizable.

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

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

Body tag reads: Ignatz, Cekowski, Pvt. Co. B. 151st Inf 1386621

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

(a) Height (actual measurement) impossible to determine.

(b) Weight (estimated) do

(c) Hair—Color do

Quantity do

Characteristics do

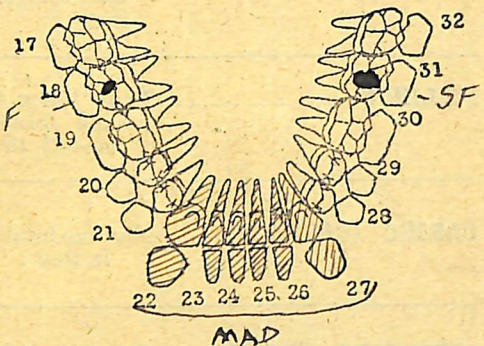
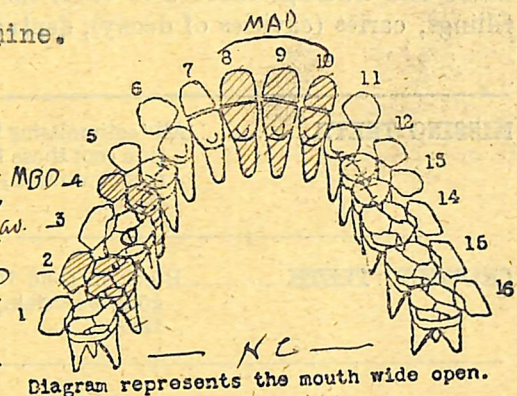
(d) Hair on face—Color do

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) skull fractured.



7. Disinterment supervised by E. E. Goodrich  
E. E. Goodrich.

Approved: R. C. Worthington  
R. C. Worthington, 1st Lt. Q. M. C.  
(Title)



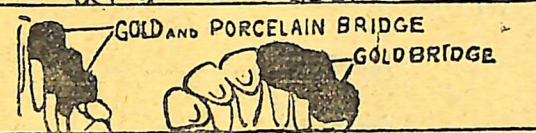


8. Reburial supervised by A. U. Dufault  
A. U. Dufault

Approved: James W. Younger  
James W. Younger, Capt QMC.  
(Title)

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

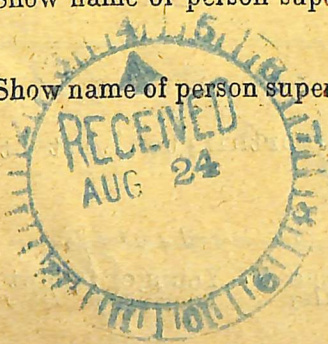
Enter information, as noted below, on reverse side of sheet in the *corresponding numbered space*. This form is supplemental to and is to be forwarded with G. R. S. Form 1-a, reporting reburial locations. To be used in answer to Question 26, Form 114, in case no means of identification on body.

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.

<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.



OSP-SS  
Form No. 1009

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

*R. J. ...*  
*...*

*adj. ...*  
*file no. 83653*

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

Cekowski, Ignatz, Pvt. 1232-Sec. 49 - 33 4/22/21.  
SERIAL NUMBER ORGANIZATION DATE OF DEATH

1386627 Co. B, 131st Inf. 10/10/18.

WAR RISK INSURANCE INFORMATION

DATE C-148477

Mrs Maryanna Czechowska (Mother)  
PERSON NAMED BY SOLDIER TO BE BENEFICIARY OF INSURANCE RELATIONSHIP

Vies Kozl Las. Gmina Zielon, pow. Mlawski, Gort.  
ADDRESS

No address **NO PLATE** (of Plock, Poland)

PERSON RECEIVING DEATH COMPENSATION RELATIONSHIP

83653

**GRAVE LOCATION BLANK**

LOCATION OF THE GRAVE OF

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

(Rank). (Organization).

PLACE OF DEATH: .....

CAUSE OF DEATH: .....

DATE OF BURIAL: .....

PLACE OF BURIAL: .....

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

22.5 - 813 Gutfaycon

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?

OMME, Consenroye (Meuse)

(C 285) SHIT, 35NE (E 374.5)

ADDRESS: .....

RELATIONSHIP: .....

REPORTED BY: .....

(Signature and Rank of Reporting Officer).

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



1001-285

Number of Copies No. \_\_\_\_\_  
Date of Issue No. \_\_\_\_\_

File 83653

Reg/ Cards.

April 1919

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

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

Subject: Information required for G.R.S.

1. Items checked are to be completed:

- ( ) Surname: **Cekowski**  
( ) Number: 1386627  
( ) First Name: **Ignatz**  
( ) Rank: **Pvt**  
( ) Company: **Co B,**  
( ) Organization: **131st Inf**  
( ) Date of Death: **Oct 10th 1918**  
( ) Cause:  
( ) Place:

Location of hospital:

- Number " "  
Class " "  
( ) Relative: **Mr. Stanley Cekowski**  
( ) Relationship: **father**  
( ) Address: **Park Ave., Marquette, Mich.**

- ( ) Authority:  
Cablegram No.:  
Telegram from:

dated:

- ( ) Reported to Washington:  
C.C. Nos: 359 subpar.33

( ) (Underscore the "official" C.C.)

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

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

Initials of Reporter:

Burial notification was sent to this address  
and returned, advise correct address, give more  
complete address if possible.

RECEIVED  
14 MAY 1919  
O. C. Q. M.  
G. R. S.

WAR DEPARTMENT  
Office of the Quartermaster General of the Army  
Washington

G.R.S. Form 88W-A-H  
Information requested of A.G.O.

Date 4/22/21.

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.

(SPECIAL)

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 Cekowski ✓

f. Date of death 10/10/18. ✓

b. Christian name Ignatz ✓

g. Cause of death K/A. ✓

c. Serial Number 1386627 ✓

h. Authority (C.O.#) 305.

d. Organization Co. B, 131st Inf. ✓

~~i.~~ Emergency address

e. Rank Pvt. ✓

~~j.~~ Relationship brother

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

BOY 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)

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

BY:

H. J. CONNER,  
1st. Lieut. Q.M.C.

CEMETERY NO:

C.W.  
132-Sec.49

SHEET NO:

33

TYPED BY:

I.W.

S/713/LML

Rec'd World War Div.  
Date... APR. 23. 1921...

Donnelly  
Apr 23 11 24 AM '21

NOTED FORM 115  
DATE 4-27-21 E.M.

FILE

Enlistment Made  
JUN 8 1921  
File No. 83653

WAR DEPARTMENT  
Office of the Quartermaster General of the Army  
Washington

Date 4/22/21

U.S. Army  
Information requested by A.G.O.  
Requestion  
File No.  
JUN 1 1921  
Department Made

**(SPECIAL)**

To: The Adjutant General of the Army, 4th & B Sts., N.W., Washington, D.C.  
From: The Quartermaster General, U.S. Army, (Comptrol Division)  
Subject: Information required for G.R.S.

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

- a.  Surname  Gokowski
- b.  Christian name  Ignatz
- c.  Serial Number  138827
- d.  Organization  Co. B, 1st Inf.
- e.  Rank  Pvt.
- f.  Date of birth
- g.  Cause of death
- h.  Authority (G.O.#)
- i.  Emergency address
- j.  Relationship

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

**PHYSICAL DESCRIPTION**  
(See page 42 of the Service Record)

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

2. Height

3. Color of hair

4. Color of eyes

5. Age at enlistment

6. Weight

7. Strike out teeth missing

8. Upper right

9. Lower right

10. Upper left

11. Lower left

H. L. ROGERS  
Quartermaster General, U.S.A.  
**APR 26 1921**

**RECEIVED**

BY: H. J. COOPER  
1st Lt. 9.M.C.

SERIAL NO: 1382-22-29  
SHEET NO: 23  
TYPED BY: I.W.  
DATE: APR 23 1921